CHAPTER 6

OUTPATIENT SURGICAL CENTERS
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I. LICENSURE
   1. Modified II B Pharmacy license
   2. DEA license

II. REQUIREMENTS
   1. Formulary may be any drugs needed to meet the medical objectives.
   2. Consultant R.Ph. inspection 1 x per month unless otherwise ordered by the Board.
      (Inspections stored x 2 years)
   3. A perpetual inventory system for all controlled drugs injectables and other
      medicinal drugs as required by the pharmacy services committee.
   4. A policy and procedure manual which provides: the establishment of a pharmacy
      services committee which meets at least annually; an emergency medication kit
      including a log; for ordering, storage and record keeping of all medications; a
      diagram of the drug storage areas; maintaining records for two years.
   5. Requires a Pharmacy Services Committee

III. RESPONSIBILITIES OF THE CONSULTANT PHARMACIST
   1. Review storage areas to make sure drugs are:
      (1) stored under the required temperature range
      (2) labeled appropriately
      (3) in date – all expired drugs have been destroyed or placed in an area designated
         “quarantine”
   2. Review audit trail
      (1) drugs ordered
      (2) drugs received
      (3) drugs used (i.e. perpetual inventory)
      (4) drugs discarded
   3. Ensure that all drugs are being used on premises – no “take home” meds under this
      license
   4. Review control substances inventory
      (1) does perpetual inventory match actual drug count
      (2) do nurses do shift counts of all controlled substances
      (3) do perpetual logs match usage documented in the patient’s chart
      (4) if controls are wasted is the waste being documented by more than 1 nurse
   5. Chart reviews (DRR) are not legally required for this type of facility. However,
      your contract may require DUE or DRR responsibilities.
   6. Participate in the Pharmacy Services Committee to update procedures, address
      deficiencies and update the facility formulary
# INSPECTION REPORT OF MEDICATION STORAGE AREAS IN AN AMBULATORY SURGICAL CENTER

**CONSULTANT PHARMACIST** ________________________________

**INSPECTION DATE:** ____________ **TIME OF INSPECTION:** ____________

## I. MEDICATION ROOM

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the cabinet or drug room locked?</td>
<td></td>
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<tr>
<td>2. Are all drugs stored under proper security?</td>
<td></td>
<td></td>
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<tr>
<td>3. Are medications stored under appropriate temps?</td>
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<td>4. Is ventilation in the storage area adequate?</td>
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<tr>
<td>5. Are drugs stored separate from non-drugs?</td>
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<tr>
<td>6. Are externals &amp; poisons separated from internal products?</td>
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<tr>
<td>7. Are all medications and boxes stored off the floor?</td>
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<tr>
<td>8. Is the floor in the storage area clean?</td>
<td></td>
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<tr>
<td>9. Have all discontinued meds been removed from active storage areas?</td>
<td></td>
<td></td>
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<tr>
<td>10. All required licenses are posted and in-date?</td>
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</tr>
</tbody>
</table>

## II. RECOVERY STATION DRUGS AND SUPPLIES

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are arrangement and neatness satisfactory?</td>
<td></td>
<td></td>
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<tr>
<td>2. Are excessive quantities avoided?</td>
<td></td>
<td></td>
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<tr>
<td>3. Are all floor stock items properly labeled?</td>
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<td></td>
</tr>
<tr>
<td>4. Are all floor stock items in-date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are puncture dates/initials recorded on MDV injectables?</td>
<td></td>
<td></td>
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<tr>
<td>6. Are internals separated from externals?</td>
<td></td>
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<tr>
<td>7. Is documentation of receipt, distribution and disposal adequate to reconcile the inventory?</td>
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<tr>
<td>8. Are “sharps” stored under proper security?</td>
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<td></td>
</tr>
<tr>
<td>9. Are used “sharps” being properly disposed of?</td>
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</tr>
</tbody>
</table>

## IV. REFRIGERATORS
1. REFRIGERATOR READINGS
   STATION: MEDICATION ROOM  TEMP ___ F____
   RECOVERY STATION  TEMP ___ F____
2. Are only drugs requiring refrigeration stored
   in the refrigerator?  ____  ____
3. Are all drugs in refrigerator in-date?  ____  ____
4. Are puncture dates/initials recorded on MDV injectables?  ____  ____
5. Have all discontinued drugs been removed?  ____  ____
6. Is refrigerator temperature log current and complete?  ____  ____

V. CONTROLLED SUBSTANCE STORAGE AND HANDLING
1. Are all controlled substances stored under double lock and
   separate from other meds?  ____  ____
2. Is only the nurse in charge in possession of the keys or
   access codes?  ____  ____
3. Are shift counts taking place daily?  ____  ____
4. Are controlled substances in-date?  ____  ____
5. Do certificates of disposition check with physical inventory?  ____  ____
6. Are expired or discontinued controlled substances being
   disposed of properly?  ____  ____
7. Are copies of invoices for controlled substances on file as required
   by the Board of Pharmacy and the DEA?  ____  ____

VI. CRASH CART (EMERGENCY DRUG CART)
1. Is the cart stored appropriately within easy access to all patient
   care areas?  ____  ____
2. Is the contents list displayed?  ____  ____
3. Are all medications in date?  ____  ____
4. Is seal intact and checked daily?  ____  ____

VII. GENERAL OBSERVATIONS
1. Is a metric-apothecary conversion chart and
   poison control phone number displayed?  ____  ____
2. Are proper drug reference sources available?  ____  ____
3. Is the pharmacy procedure manual available
   in each medication storage area?  ____  ____
4. Has remedial action been taken on previous deficits?  ____  ____
   deficits?
I. MEDICATION ROOM STORAGE AREA

II. RECOVERY AREA FLOOR STOCK MEDICATIONS

III. REFRIGERATED MEDICATIONS

IV. CONTROLLED SUBSTANCES

V. EMERGENCY DRUG KIT (CRASH CART)

VI. REFERENCE MATERIALS

Comments:
# CONTROLLED SUBSTANCE AUDIT CHECK LIST

<table>
<thead>
<tr>
<th>ITEM TO CHECK</th>
<th>YES/NO</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA 222 FORMS TRACKED WHEN SENT/RECD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEA 222 FORMS MATCH INVOICES ON FILE AT NURSES' STATION</td>
<td></td>
<td></td>
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<tr>
<td>REC'D DRUGS ADDED TO MED ROOM PERPETUAL INVENTORY/USAGE SHEET MATCH INVOICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED ROOM CONTROLLED SUBST COUNTED AT START/END OF EACH DAY</td>
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<tr>
<td>PHYSICIAN'S ORDER PRESENT FOR DRUGS ADMIN IN RECOVERY ROOM</td>
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<tr>
<td>DOSES ADMIN TO RECOVERY ROOM PTS MATCH CHARTED DOSES</td>
<td></td>
<td></td>
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<tr>
<td>RECOVERY ROOM WASTED DOSES WITNESSED</td>
<td></td>
<td></td>
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<tr>
<td>MEDS ADDED TO ANESTHESIA LOCK BOX MATCH AMT TRANSFERRED FROM MED ROOM INVENTORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA LOCK BOX CONTROLLED SUBST COUNTED AT START/END OF EACH DAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOSES USED FROM ANESTHESIA LOCK BOX DURING PROCEDURES MATCH CHARTED DOSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA PROCEDURE WASTED DOSES WITNESSED</td>
<td></td>
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</tbody>
</table>