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May 12, 2016

TO: All Anesthesia Providers
All Operating Room Nurses
All ICU and ED nurses

FROM: Tim Van Natta, MD
Chief Medical Officer

T.V.N.

Patricia Soltero Sanchez, RN
Acting Chief Nursing Officer

[Signature]

Jeanette Derdemezi, MD
Chair, Department of Anesthesia

J. Derdemezi

SUBJECT: Handling of Controlled Substance (including Propofol) Infusions and Transdermal Patches for Surgical Patients Being Transported to the Operating Room

Kim McKenzie, RN, MSN, CPHQ
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The use of controlled substances (which include most narcotics and sedatives, including fentanyl patches) as well as propofol, must be carefully monitored within the medical center in accordance to state and federal law. In the event that a patient receiving continuous delivery of controlled substance medications requires surgery, our processes must maintain the comfort of our patients and accountability for these medications. Most continuous infusions will need to be continued during transport to the Operating Room. In select cases in which an Anesthesia provider (Anesthesiologist or CRNA) will be in continuous contact with the patient during transport, controlled substance infusions / patches may be discontinued prior to transport and the Anesthesia provider will provide sedatives and analgesics as needed when they accompany patients to the Operating Room.

Regardless of when the controlled substance infusion / transdermal patch is discontinued, there is a requirement that the controlled substance be handled according to policy. Please see Hospital Policy #395 for additional information.

Procedure:

Controlled Substance Infusions/Transdermal Patches Which ARE Continued During Transport to the Operating Room:

When controlled substance infusions or transdermal patches are continued during transport to the OR:

1. When a patient **arrives to the Pre-Op Area** with controlled substance infusions or transdermal patches: (1) the Anesthesia provider may order the discontinuation of the medication in ORCHID AND (2) the Pre-Op Area nurse will acknowledge the order, discontinue the controlled substance infusion / transdermal patch, and waste the drug in accordance with hospital policy.
2. When a patient **arrives into the Operating Room** with controlled substance infusions or transdermal patches, **TWO Anesthesia providers** will secure the drug(s) in the controlled substance bin in the Operating Room by:



Health Services
www.dhs.lacounty.gov

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- a. Ensuring that each controlled substance is labeled with the patient name and medical record number.
 - b. Writing their names legibly on the label or bag.
 - c. Be present as the bag is placed in the narcotic box.
 - d. Pharmacy staff will record the volume present in the narcotic box and reconcile across the medication orders and administration record.
3. Drugs requiring wastage should not be returned to the originating unit for wastage. OR staff should not ask staff from the originating unit to come to the OR to perform wastage.
 4. Controlled substances and propofol must never be left unattended.
 5. All Operating Room workforce members should immediately report any unattended controlled substance infusion/transdermal patch and/or propofol infusion to his/her supervisor and the on-call anesthesiologist.

Controlled Substance Infusions/Transdermal Patches Which ARE NOT Continued During Transport to the Operating Room:

In those instances in which controlled substance infusions or transdermal patches are not continued for transport, departmental responsibilities are as follows:

1. If an Anesthesia provider is taking over care of the patient during transport, will be in continuous presence of the patient, and believes that the controlled substance infusion/transdermal patch can be safely discontinued, then the Anesthesia provider will place an order in ORCHID to discontinue the medication in the unit prior to transport. The nurse on the unit will acknowledge the order and discontinue the controlled substance infusion/transdermal patch. The nurse must waste all controlled substances in that unit.
2. This order to discontinue medications during transport must not be entered from a remote location if the Anesthesia provider is not physically present to monitor and take over care of the patient during transport. The order to discontinue sedation or analgesia represents the clinical decision and care plan of the anesthesia provider for that patient at the time the assume care.

Thank you for your assistance in ensuring our patients' comfort and safety through the proper management and accountability of controlled substances. If you have any questions, please contact Pharmacy at extension 2359.

BP/CC/TVN:sjs

Attachments

I have read and understood the above memo regarding the handling of controlled substance (including propofol) infusions and transdermal patches for patients being transported to the operating room.

cg

Print Name

Signature

Date