

ARTICLE 61-09
PRESCRIPTION DRUG INVENTORY OF AMBULANCE SERVICES

Chapter

61-09-01 Prescription Drug Inventory of Ambulance Services

61-09-02 Prescription Drug Inventory of Nursing Supply Kits

CHAPTER 61-09-01

PRESCRIPTION DRUG INVENTORY OF AMBULANCE SERVICES

Section

61-09-01-01 Prescription Drug Safeguard and Control Policy

61-09-01-02 Requirement of Supplier of Ambulance Service Drugs

61-09-01-01. Prescription drug safeguard and control policy. Each ambulance service shall adopt a written prescription drug safeguard policy which, as a condition precedent to obtaining prescription drugs for ambulance service purposes, at a minimum, must include the following requirements:

1. All prescription drugs must be obtained from a North Dakota licensed pharmacy or registered pharmacist, wholesaler or authorized prescriber which may include a hospital pharmacy, at the request of the ambulance service's medical director or designee. The prescription drugs must be the property of the pharmacy or pharmacist medical director and not the property of the ambulance service.
2. The initial inventory of prescription drugs must be obtained by an ambulance service only upon the written authorization of the ambulance service's medical director who must be a "practitioner" as defined by subsection 17 of North Dakota Century Code section 43-15-01.
3. The pharmacist-in-charge of the licensed pharmacy, ~~or the a registered licensed pharmacist, or the medical director~~ must be responsible for the security and accountability of the prescription drug inventory obtained by an ambulance service.
4. Dispensing or administration of all prescription drugs must be pursuant to a standing order, oral instructions, or prescription of a practitioner.
5. All medications administered must be promptly documented on a written prescription patient care report, signed reviewed by the prescribing practitioner or the advanced life support ambulance service's medical director on a monthly basis either directly or indirectly through a quality assurance process approved by the medical director.
6. ~~All replacement-~~ Replenishment of prescription drugs must be requested by a responsible individual. If obtained from a pharmacy the request must be documented on an administration record justifying the order written prescription and signed by a practitioner. If obtained by, or on behalf of, the medical director, drugs must be obtained from a North Dakota licensed pharmacy, wholesaler, or an authorized prescriber.
7. Expired, damaged, or unused prescription drugs must be returned to the a licensed pharmacy where obtained or pharmacist or disposed of by the medical director or their designee, according to a written protocol established for this purpose. ~~The pharmacist, on a monthly basis, shall either check the drug box or review a perpetual inventory for expired drugs.~~

8. ~~Replacement of~~ Lost, stolen, or misused prescription drugs requires written authorization of must be reported to the ambulance service's medical director or the pharmacy where they were obtained.
9. ~~At the beginning of each shift, ambulance (advanced life support) personnel shall conduct a checklist procedure to verify that the drug boxes contain all the required items and that the controlled substances are intact. The checklist procedure is not complete until it is signed by the individuals responsible for possible use of the drug boxes. The licensed ambulance service must have a process, approved by the ambulance service's medical director, or pharmacist-in-charge where the drugs were obtained that accounts for all scheduled II – III – IV controlled substances, at least daily. The daily accounting of schedule II controlled substances must balance and be documented on a daily log.~~
10. Controlled substances must be sealed in a double lock secure system. A record separate from the other prescription drugs is to be kept for schedule II controlled substances. Documentation on a duplicate form should include: A system approved by the ambulance service's medical director to account for the use and waste of schedule II, III and IV controlled substances must be used. The system must include:
 - a. Patient's name and address (if available);
 - b. Medication and strength or amount given and amount wasted (if any) ;
 - c. Date;
 - d. Physician's name; and
 - e. The signature of the individual administering the controlled substance.
11. Any unused portion of a prescription drug must be ~~returned for disposal or destruction to the emergency room where the patient is being brought for care. The return of the unused prescription drug should be documented in writing at the emergency room by the ambulance personnel and cosigned by a registered pharmacist or registered nurse as a witness~~ disposed of in a manner that it cannot be collected or recovered. The disposal of all controlled substances must be witnessed and co-signed by another person legally qualified to administer controlled substances.
12. ~~When a controlled substance needs replacement, a copy of the completed form with the necessary documentation is to be given to the licensed pharmacy or registered pharmacist, preferably the same facility where the original supply was obtained. This will ensure better control of the dispensing of these controlled substances. A form with serial and unit numbers must create an audit trail to account for all drugs and control sheets dispensed.~~

History: Effective July 1, 1990.

General Authority: NDCC 28-32-02, 43-15-10(12), 43-15-10(14)

Law Implemented: NDCC 28-32-03, 43-15-10(12), 43-15-10(14)

61-09-01-02. Requirement of pharmacy supplier of ambulance service drugs.

The pharmacist-in-charge of the licensed pharmacy or the pharmacist supplying prescription drugs to an ambulance service, prior to supplying said drugs, shall review the written prescription drug safeguard policy of the ambulance service to determine that all of section 61-09-01-01 requirements are contained therein and that the ambulance service is complying with those requirements. No prescription drugs may be supplied to an ambulance service if

the requirements of section 61-09-01-01 are not contained in the written prescription drug safeguard policy or if the ambulance service is not in compliance with these requirements.

History: Effective July 1, 1990.

General Authority: NDCC 28-32-02, 43-15-10(12), 43-15-10(14)

Law Implemented: NDCC 28-32-03, 43-15-10(12), 43-15-10(14)