

Control Drug Logs: What is Expected and Helpful Tips

The goal of an audit is to verify that the **controlled drugs entered into the inventory=what is currently available minus what has been used/discarded/hub loss**. Significant discrepancies (see Standard) **must** be investigated to account for the imbalance. The most common explanation is that a patient's dose was not entered: this can be investigated more easily if audits are done regularly.

Based on the Standard, a drug audit of all Class I-IV drugs on Health Canada's Controlled drug list **must** be done every 2 weeks, with some clinics choosing to perform it weekly. Some tips:

- Follow the [Professional Practice Standard: Management and Disposal of Controlled Drugs & Guideline and Guide to Management and Disposal of Controlled Drugs](#)
- Maintain a running total of syringe/hub loss. That way you can account for many smaller losses as you go, instead of discovering a large cumulative loss at the end of the bottle. This is especially helpful for bottles like butorphanol, ketamine, etc. where you make many small withdrawals over a longer period.
- Don't forget to account for multiple syringes for a drug that is dispensed that way (ie. Buprenorphine)
- Use seals (examples) to cover the opening of bottles or to seal a bottle lid. If the seal has not been punctured or broken, that bottle does not need to be counted and you can log it as unused.
- Purchase a small scale and weigh (example) a bottle of liquid as it is entered into inventory. Then weigh it either with each use, or at the audit. For most liquids 1ml=1 gram. You can then subtract how much you used from the previous weight and verify that corresponds with the current weight. If it does not, you know further exploration is required.
- As they are finished, use empty bottles of a controlled drug. Fill them with saline, marking the gradations (what units you use may depend on the volume, ie 0.25 mL marks for a small vial like midazolam, 1 ml marks for propofol, 10 ml marks for a barbiturate) as you do. You can then keep that bottle to make visual checks. Hold the current bottle/vial up to the marked bottle and compare to estimate how much is in the in-use vial. Then compare to the volume you expect to have. This method would be helpful for smaller, opened bottles of drugs that are used frequently (ie. Propofol, hydromorphone). **Don't** draw up drugs to measure volume as this will lead to further hub loss and possible contamination.
- Log your Premises: enter individual drugs in their respective log, then create a sheet for the premix. Then you can log each animal the premix is used for as you go.
- Keep an up-to-date surgery/anesthesia/euthanasia log so it is easier to go back and crosscheck records to see if unlogged drugs may be account for loss.
- Set aside time to perform the audit. The Designated Registrant of the clinic is required to facilitate this process for staff.
- Make notes as to what is done to your expired controlled drugs. Controlled drugs must be disposed of properly (see Standard)
- Have back-up: 2 people are regulated to perform the audit, it would be best to have another who knows how to perform it in case of illness etc.
- Online references: sample forms on CVBC website; [Audit](#), [Dispensing](#), [Inventory](#); [CVO videos](#)
- Contact the College if you have questions