

Controlled Drugs

IMPORTANT: Readers should be aware that the regulations are regularly reviewed by the Royal College of Veterinary Surgeons (RCVS) and the Veterinary Medicines Directorate (VMD). This chapter will be updated as new guidance is released. ➔ Please see **Guidance** for current information.

KEY POINTS



- ▶ See **accompanying introductory video** for this chapter
- The Home Office has responsibility for the Misuse of Drugs Act 1971 and associated regulations and the police enforce the law for Controlled Drugs (CDs)
- Advice and guidance are provided by the Veterinary Medicines Directorate (VMD) and the Royal College of Veterinary Surgeons (RCVS)
- CDs are in very common use in veterinary practice and they must be strictly managed
- It is essential that veterinary surgeons (veterinarians) and veterinary nurses are familiar with the regulations
- Writing easy to follow standard operating procedures (SOPs) will demonstrate governance of CDs within the practice and can be used as a training tool

Many of the CDs that are abused (e.g. opioids, ketamine, benzodiazepines) are very commonly used in modern veterinary practice and are necessary to ensure the welfare of patients (e.g. analgesia). Legislation has been put into place, firstly in an attempt to control drug abuse by reducing availability, and secondly, to facilitate a practical way to safely manage CDs within a healthcare setting.

The legislation

Changes introduced in April 2019

Gabapentin and pregabalin have been reclassified as Class C, Schedule 3 CDs. They are exempt from safe custody requirements but must follow CD prescription writing requirements. Although not a legal requirement, the RCVS Code of Professional Conduct and Practice Standards Scheme (PSS) core standards require that all Schedule 3 drugs are locked away.

In the UK there are a number of legislative documents that describe how CDs must be regulated. However, interpretation of information contained within these documents can be difficult and time-consuming and much of the recent legislation does not apply to veterinary practitioners.

The Home Office is the parliamentary body responsible for writing, updating and enforcing legislation of CDs (i.e. the law). Much of the responsibility for overseeing the use of these drugs in veterinary medicine has been delegated from the Home Office to the veterinary medicines regulatory body – the VMD. The VMD guidance for veterinary surgeons can be found on their website (🌐).

The VMD also delegates some of this responsibility to the RCVS, and either of these regulatory bodies may inspect a veterinary practice to ensure that CDs are being stored and used responsibly.





For acute conditions, the VMD and RCVS advise that the maximum quantity of CDs prescribed should not exceed 30 days' worth; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded in the animal's clinical notes. One further prescription for the same product may be supplied without the need for a physical examination, but that there must still be a clinical assessment. For example, a veterinary surgeon may initially decide to prescribe 4 days' worth of CDs but towards the end of that period, may decide that the animal needs another few days' supply. This can be prescribed without another physical examination. However, if a further prescription is required, the veterinary surgeon should create a new prescription after following a clinical assessment, which includes a physical examination unless there are exceptional circumstances.

For chronic conditions, usually, the maximum quantity of CDs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded in the animal's notes.

Where a veterinary surgeon considers that prescribing more than 30 days' worth is appropriate but does not feel comfortable supplying more than that in one go, they may supply the medicine at intervals (where the client is buying from the practice) or give the client an instalment prescription to be fulfilled elsewhere. Where it is decided that it is justifiable to prescribe more than 30 days' worth of CDs or, exceptionally, the veterinary surgeon has decided to supply the whole quantity in one go, reasons for doing so (as per the above guidance) should be recorded including the following details:

- The product name
- The pack size/volume/quantity of the product
- The dosage instructions
- Any necessary warnings or instructions.

If it is decided that it is justifiable to prescribe more than 30 days' worth of CDs but wish to supply the medicine at intervals, in addition to the above, the amount to be supplied at each interval and the frequency/dates of the intervals must be recorded.

Where more than 30 days' worth of CDs are prescribed and the client requests a prescription to be fulfilled elsewhere, unless there are exceptional circumstances that mean this is not appropriate, the client can be issued with an instalment prescription to be dispensed by a supplier of their choice in order to reduce the risk of misuse. However, instalment prescriptions are not commonly used in this way in human medicine and, as such, pharmacists dealing with prescriptions from doctors may approach these with caution. Instalment prescriptions are instructions to supply and must be followed to the letter. Ensure the client is fully aware of what has been stated. If a specific amount must be supplied on a specific date, then that's what the dispenser must follow. When an instalment prescription is used, the client is unable to get it filled a day earlier or later for convenience, so consider this lack of flexibility before issuing one. For further information see VMD RCVS advice (🌐).

Misuse of Drugs Act 1971 (🌐)

This legislation controls the availability of drugs that are considered 'dangerous or otherwise harmful'. The Misuse of Drugs Act renders all activities associated with drugs contained within it as unlawful, but provision is made for the use of CDs within medicine. The Misuse of Drugs Act classifies CDs by letter (Class A, Class B and Class C) and describes the penalty associated with possession, intent to supply and use. Increasing evidence of physical (bladder dysfunction) and psychological damage associated with the recreational use of ketamine led to this drug being reclassified under the Misuse of Drugs Act in 2014 to a Class B drug. Offences under the Misuse of Drugs Act include 'allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs'. The Misuse of Drugs Act states that veterinary surgeons may prescribe, administer or supply CDs and may have CDs in their possession when acting as a veterinary surgeon.

Misuse of Drugs (Safe Custody) Regulations 1973 (🌐) as amended (2007) (🌐)

This legislation describes the requirements for CD cabinets, safes and rooms, and the standard to which they must be manufactured or built. It is important that the CD cabinet meets the requirements set out by these regulations, as deviation from the standards increases the risk of theft. These regulations are currently being revised by the Home Office. An assessment of the risk should be made and a cabinet commensurate with that risk purchased. It is advisable to ensure that any CD cabinet purchased complies with the Misuse of Drugs (Safe Custody) Regulations.





Misuse of Drugs Regulations 2001 (🌐)

This is the most relevant piece of legislation to the veterinary surgeon and classifies CDs into five Schedules. Drugs are scheduled according to a benefit:risk analysis of therapeutic value *versus* harm if abused.

Controlled Drug Schedules

There are five Schedules, as described by the Misuse of Drugs Regulations 2001.

Schedule 1

These drugs have little or no therapeutic value and are under the strictest control. Possession of these drugs requires a Home Office licence. They have no use within veterinary medicine (e.g. cannabis and lysergic acid diethylamide (LSD)).

Schedule 2

These drugs have much therapeutic value but are highly addictive and, therefore, subject to abuse. These drugs are subject to strict prescription, dispensing, destruction and record keeping requirements (e.g. morphine, methadone, pethidine, fentanyl, quinalbarbitone and ketamine) (Figure 4.1). All are subject to strict safe custody requirements, except quinalbarbitone, but the RCVS Code of Professional Conduct and PSS Core Standard requires all Schedule 2 CDs are locked away.



Figure 4.1: A sign inside a locked cabinet as a reminder to the team to sign out scheduled drugs before removing them.

Schedule 3

These drugs (e.g. barbiturates, buprenorphine and midazolam) also have therapeutic value, but the potential for abuse is less. They are, therefore, subject to less strict requirements compared with Schedule 2 drugs. Their use does not have to be recorded in a CD Register and they are not legally subject to safe custody requirements, apart from buprenorphine, diethylpropion, flunitrazepam and temazepam. However, the RCVS Code of Professional Conduct and PSS core standards requires that all Schedule 3 CDs are locked away.

Tramadol, gabapentin and pregabalin, which were previously uncontrolled, have now been classified as Schedule 3 (and Class C) CDs. They are legally exempt from safe custody requirements; however the RCVS requires that they are locked away (see RCVS advice above). They must follow CD prescription writing requirements.

Schedule 4

These drugs are not subject to safe custody or recording requirements and include diazepam and anabolic steroids.

Schedule 5

These very low strength preparations (e.g. Pardale – codeine/paracetamol) are exempt from all CD requirements, except that invoices must be kept for a minimum of 2 years.

Specific legal requirements

Specific requirements for scheduled drugs are listed in Figure 4.2. There is a list of all veterinary authorized medicines containing CDs available on the UK government website (🌐).





Requirement	Schedule			
	2*	3 *	4	5
Safe custody	✓ except quinalbarbitone	✗ exceptions apply	✗	✗
Extra prescription requirements	✓	✓	✗	✗
Prescription validity	28 days	28 days	28 days	6 months
CD Register	✓	✗	✗	✗
Independent witness for destruction	✓	✗	✗	✗
Invoice kept for 2 years	✓	✓	✓	✓

Figure 4.2: Table of scheduled drugs and their specific requirements. *RCVS Code of Professional Conduct and PSS core standards require that all Schedule 2 and 3 CDs are locked away.

Special cases

Quinalbarbitone

Quinalbarbitone is currently classified as a Schedule 2 CD but does not legally require safe custody; however, the RCVS Code of Professional Conduct and the PSS core standards requires that it is locked away. It does need to be recorded in a CD Register.

Buprenorphine

Buprenorphine is classified as a Schedule 3 CD and its use does not need to be recorded in the CD Register, but safe custody does apply.


Midazolam

Midazolam has been moved from Schedule 4 to Schedule 3 and therefore prescription requirements apply. It does not legally need to be kept in the CD cabinet (although the RCVS requires that all Schedule 3 CDs are kept in the CD cabinet) and recording in a CD Register is not required.

Ordering Controlled Drugs requisitions and stock

A requisition, for the purpose of this guide, is supply of a CD for stock purposes rather than for a named patient. A written requisition is required, which can be computer generated or handwritten. Requisitions must be signed in ink by the practitioner and it is good practice to include their RCVS number. It is an offence to supply a Schedule 2 or 3 CD from a faxed or electronic requisition. The medicine can be prepared so that it is ready for dispatch, but the original prescription must be received prior to dispatch. Copies of requisitions should be kept to assist with auditing.

As of 30 November 2015, a mandatory form for the requisition of Schedule 2 and 3 CDs is required. There are separate forms for England, Wales and Scotland.

- For England and Wales form FP10CDF – CD requisition form (Schedules 2 and 3) is available on the NHS Business Service Authority (NHSBSA) website () or from veterinary wholesalers.
- Scotland – all private prescribers must apply to join the Prescriber List for CDs by completing an Annex D Form. This is then signed by an Authorized Signatory for your Local Health Board and passed to eVadis to receive a Unique Prescriber Code. This enables you to purchase CDRF forms and order CDs from veterinary wholesalers.

On receipt, the requisitioned drugs must be stored safely as soon as possible and an entry must be made in the CD Register. This task can be delegated, but responsibility lies with the veterinary practitioner. Stock levels of CDs should be kept to a minimum based upon clinical requirements.

If, on receipt of CDs, there are vials or ampoules broken, or if what is supplied does not match what was ordered, then the wholesaler or pharmacist must be informed immediately and discrepancies clearly accounted for in the CD Register.





WARNING

It is an offence for one veterinary practice to supply another with CDs unless a wholesaler licence is in place. It may be possible to justify a one-off emergency supply if the welfare of a patient is at risk (e.g. if a practice runs out of methadone and needs to treat an animal in pain). The transaction should be clearly recorded in both the supplier's and the recipient's Registers.

Prescription requirements for Controlled Drugs

A prescription is the act of deciding and instructing on the use of a veterinary medicine. **Only a veterinary surgeon may prescribe a CD to an animal.** The prescription can be written or verbal. A written prescription is only required if the drug is to be supplied elsewhere. General prescription requirements detailed in the Veterinary Medicine Regulations (VMR) must be met. ➔ See also **Prescribing, supplying, dispensing and labelling procedures.**

In addition to the normal prescription writing requirements, when writing a prescription for a Schedule 2 or 3 CD the following must also be included:

- A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon's care
- Full name and address of the owner plus the name of the animal to whom the CD prescribed is to be administered
- Name and form of the drug, even if only one form exists
- Amount of the product prescribed in both words and figures
- Strength of the preparation (if more than one strength is available)
- Dose to be administered ('take as directed' or 'take as required' is not acceptable)
- The RCVS number of the prescribing veterinary surgeon.

The prescription must be written indelibly (or computer generated) and the signature must be in ink. It is an offence to supply a Schedule 2 or 3 CD from a faxed or electronic prescription.

Controlled Drugs and 'under care'

When prescribing a CD to an animal in the first instance, the veterinary surgeon will have to carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This should be recorded in the clinical notes.

It is acceptable to issue a repeat prescription for a CD without a physical examination but the veterinary surgeon must make sure they have enough information to do so safely and effectively.

Prescription validity and repeats

- CDs in Schedules 2, 3 and 4 have a prescription validity of 28 days. Schedule 5 CDs (and all other prescription medicines) have a validity of 6 months.
- A prescription for a Schedule 2 or 3 CD can only be dispensed once and within 28 days.
- Repeat prescriptions (those that can be used more than once) cannot be issued for Schedule 2 and 3 CDs. If this is a pre-printed statement on a prescription, it must be crossed out in ink. It is good practice to mark the prescription 'no repeats'.
- Instalment prescriptions may be issued for Schedule 2 and 3 CDs. The first instalment must be within 28 days of issue and the quantity and dispensing interval of further instalments must be specified, among other restrictions.
- Repeat prescriptions are allowed for Schedule 4 and 5 CDs.

It is best practice to only prescribe and/or dispense 28 days' worth of CDs at a time. More can be given (e.g. in the case of an epileptic dog on long-term medication) if the veterinary surgeon is sure that the owner is competent to use and store it safely.

Prescription errors

If an error is made, it is best practice to rewrite the prescription. Only the person who issued the prescription is allowed to alter it.





The Controlled Drug Register

Registers must:

- Be either a computerized system or a bound book, which does not include any form of loose-leaf register, or card index. Computerized systems should be fully compliant (auditable, identifiable using secure biometrics) and it is recommended to consult with your police Controlled Drug Liaison Office (CDLO) before implementing such a system - there are no authorized 'off the shelf' veterinary systems available
- Be separated into each class of drug
- Have a separate page for each strength and form of that drug at the head of each page
- Have the entries in chronological order and made on the day of the transaction or, if not reasonably practical, the next day
- Have the entries made in ink or in a computerized form in which every entry is capable of being recorded and audited
- Not have cancellations, obliterations or alterations. Corrections must be made by a signed and dated entry in the margin or at the bottom of the page. The author brackets the mistake and then makes a footnote at the bottom of the page detailing the mistake. The running balance is then corrected as necessary
- Be kept at the premises to which they relate and be available for inspection at any time. A separate Register must be kept for each set of premises
- Not be used for any other purpose
- Be kept for a **minimum** of 2 years after the date of the last entry.

The Register can be 'maintained' by a suitably trained person (e.g. a veterinary nurse), but ultimate responsibility lies with the veterinary surgeon.

The Register must be used to record details of:


- Purchase – date; name and address of supplier; amount supplied; signature of the person entering the purchase and countersigned if possible. An RCVS number should also be included as good practice
- Dispensing – date; name and address of owner (or animal name/case number if this can be used to identify the client in an electronic record); quantity dispensed; quantity disposed of; name or signature of the prescriber with their RCVS number (good practice); and running balance.

For ambulatory veterinary surgeons carrying CDs in their vehicle, there must be a separate Register if CDs are stored in the vehicle. But if the CDs are moved back to the practice after each visit, then it may be acceptable to have just one Register in which the CD is signed out to a specific client on departure and signed back in again upon return.

Electronic Registers

A computerized CD Register may be kept provided that entries cannot be altered once they have been made; it must be auditable, printable and an appropriate back-up must be kept. The Home Office is responsible for the CDs regulations, not the VMD or RCVS, and there are currently no suitable electronic CD Registers available for veterinary practice.

Register discrepancies

Discrepancies are inevitable when using multidose CDs (e.g. pethidine, methadone and ketamine), due to needle-hub and syringe dead space. Multidose vials of CDs increase the potential for abuse (a quantity could be withdrawn and replaced with saline), and running balances are difficult to keep due to dead space volumes. While discrepancies may occur, it is essential that they are recorded and investigated as required, according to the practice's risk assessment. A standard operating procedure (SOP) should be in place detailing what to do in the event of a Register discrepancy. One way of accounting for dead space volume is to add this to each dose dispensed, but the volume is likely to vary depending on the manufacturer of the needle and syringe, and the size of syringe used. An example CD Register can be viewed on the VMD website (.).





Stock reconciliation

The running balances in the Register should be checked regularly. The stock of each drug should be counted and checked against the running balance in the Register. Once tallied, the balance should be marked as checked and signed – this can be done by someone responsible for the Register and does not necessarily have to be a veterinary surgeon. This should be carried out at least weekly (more frequently in a busy practice). This continuous audit is a PSS requirement and also makes it easier to trace and account for discrepancies.

Recording of returned Controlled Drugs

Any CD returned by a client should not be reused unless the practice can be sure it has been stored according to its summary of product characteristics (SPC). Destruction of returned CDs does not have to be witnessed by an authorized person; however, it is good practice to record CDs that are returned and destroyed and to have a second team member countersign. This record should not be in the CD Register and an alternative Register can be kept specifically for this purpose. Returned CDs should be stored in the CD cupboard, but clearly separated from the rest of the stock, until destroyed.

The Controlled Drugs cabinet

Cabinets must adhere to the Safe Custody Regulations 1973 in terms of design and construction. They should be constructed and maintained to prevent unauthorized access. They must only be able to be opened by a veterinary surgeon or person authorized by the veterinary surgeon. Other requirements include:

- The cabinet must be attached by substantial bolts to the fabric of the building (e.g. bolted to the wall or floor)
- It should have a robust multi-pin lock mechanism
- Preferably it should be double locked (with separate keys)
- Cabinets must be kept locked when not in use
- The lock must be different to any other lock in the practice
- Keys must only be available to authorized members of the team
- The cabinet should be for the sole use of storing CDs
- The cabinet must not have anything attached to it which identifies it as a CD cabinet
- It must meet or exceed the requirements of the Misuse of Drugs Act.

Keyholders

Access to the cabinet should be restricted to the veterinary surgeon or any persons authorized by him or her – ideally, they should be a qualified veterinary surgeon or veterinary nurse, but any team member may have access as long as they have been authorized by the veterinary surgeon and are named in the SOP. Keyholders of the cabinet can be any nominated persons within the practice. Those persons holding keys should have appropriate training.

The key should not be left in a 'secret' place whereby there is free access to the key. However, a combination key box which is wall-mounted is acceptable practice provided that the combination is changed regularly and that the key safe is not immediately adjacent to the CD cabinet. SOPs should be in place to control access to the CD cabinet and should name those people authorized to access the cabinet.

Controlled Drugs in vehicles

If Schedule 2 or 3 CDs are taken out on visits, they should be transported in a lockable bag, box, case or glove compartment. They must be kept locked away when not in use. Ideally, CDs should never be left unattended in a vehicle. However, if this is necessary, there should be a locked container fixed to the body or within the boot of the car, which must meet the requirements of the Safe Custody Regulations. A locked vehicle alone is not enough. If a stock of a CD is to be kept in a vehicle, then a separate Register must also be maintained.





Destruction of Controlled Drugs

All CDs must be destroyed by denaturing to render them irretrievable, but only the destruction of Schedule 2 CDs requires independent witnessing. CDs may be presented for destruction in three different circumstances:

- **Residual or waste drug** – a whole ampoule of a CD (e.g. 10 mg morphine) is dispensed to a patient but only 5 mg is administered to the patient and the remainder is denatured. Both the amounts administered and denatured are recorded on the same line of the Register to ensure that the running balance tallies (the whole vial is accounted for in the Register). Double signing is good practice (this does not have to be witnessed by an independent witness)
- **Out of date drug stock** – destruction of this falls under the Misuse of Drugs Regulations 2001, and as such it must be witnessed. This includes expired 'in-use shelf-life' medicines (e.g. a part-used bottle of methadone which has been open for more than 28 days). Expired stock should be kept in the cabinet, labelled appropriately and separated from in date drugs. It should not be marked out of the running balance in the Register until it is destroyed
 - For Schedule 2 CDs, the destruction must be witnessed by an RCVS assessor (who is an MRCVS) or VMD inspector, a CDLO from the police force (a list of CDLOs can be found on the Association's website (🌐)), or an independent veterinary surgeon. In order to be considered independent of the practice, another veterinary surgeon must have no personal, professional or financial interest in the practice where the drug is destroyed (i.e. locum team members or family members cannot do this) and must not share stock with or provide services to the practice where the drugs are being destroyed. They may work for the same franchise or corporate group provided the practices have a different owner and are separate legal entities. The independent veterinary surgeon must not be paid to witness the denaturing, apart from reasonable travel expenses. Their RCVS number should be recorded in the CD Register
 - In Northern Ireland, destruction of out of date stock can only be witnessed by Department of Health inspectors or VMD inspectors they delegate to
 - For Schedule 3, 4 and 5 CDs, destruction does not need to be witnessed by an independent witness, but it is good practice to have it witnessed by another team member
- **Returned drugs** – as the drug has been dispensed to a patient, there is no requirement to have the destruction of this drug witnessed or recorded. However, it is good practice to have it witnessed by another member of the team. This would include part-used infusions.

All CDs destroyed must be **denatured such that they are rendered irretrievable**. There are commercially available denaturing kits, and these can be used to destroy out of date stock CDs and returned CDs. These kits are granules that react with liquids to form a solid gel. Liquid forms of drugs should be removed from ampoules and vials and poured into the denaturing kit; fentanyl patches can be placed in the gel with everything else; and tablets should be crushed, mixed with water and added to the gel. The container should be stored in the cabinet for 24 hours to allow the gel to solidify. The container is then sent as pharmaceutical waste through the waste contractor.

Residual CDs are not usually denatured in this way because, as their destruction is required daily, this would prove too costly. Instead, residual drugs can be rendered irretrievable by collection into cat litter or denaturing kit. Periodically, this cat litter, in a rigid container, is then sent as pharmaceutical waste through the waste contractor.

- In **England and Wales**, the destruction and disposal of CDs are subject to the Waste Management Licensing Regulations 1994 and the Hazardous Waste (England and Wales) Regulations 2005. The Environment Agency (EA) is responsible for these Regulations in England and Wales and, having considered the risks, has decided that it does not believe it is in the public interest to expect pharmacies and veterinary surgeons to obtain a waste management licence for denaturing CDs, as this is seen by the EA as a 'low risk' activity. Instead, the EA has advised that pharmacies and veterinary surgeries should apply for a **T28 Exemption Certificate**, which enables them to comply with the requirements of the Misuse of Drugs Regulations 2001 by denaturing CDs prior to their disposal. Further guidance on the T28 form is available from the EA website (🌐).
- In **Scotland**, information is available from the Scottish Environment Protection Agency website (🌐).
- In **Northern Ireland**, information is available from the Northern Ireland Department of Health website (🌐).





Advertising and internet sales

Advertising of CDs to clients is prohibited (e.g. a practice cannot advertise to clients that it is now using methadone to provide analgesia during and after surgical procedures). However, a veterinary surgeon is allowed to discuss this with the client during a consultation.

Although it is perfectly legal for CDs to be supplied by internet pharmacies, the same legislation applies. The original prescription must be received before the CDs are supplied and they must be delivered by courier and signed for by the person specified on the prescription. The advice from the VMD is to treat the internet supply of CDs with great caution.

Mailing of Controlled Drugs

In ordinary circumstances, CDs should never be sent through the post. In exceptional circumstances (e.g. for a client unable to travel to the practice and unable to send a representative), recorded delivery or 'signed for' courier delivery is most appropriate. Prescription medicines may be sent via Royal Mail, but it is advisable to check current details on prohibited goods and packaging guidelines with Royal Mail first (🌐).

Standard operating procedures for Controlled Drugs

SOPs are unambiguous documents (i.e. they cannot be misinterpreted) that describe a procedure or task that must be followed. They are working documents and subject to review on a regular basis.

CD SOPs within team training protocols are very useful as they provide clarity and consistency for all team members handling CDs and define who in the practice is responsible and accountable. These SOPs will ensure that the regulations are being followed and form the basis of an audit to demonstrate clinical governance within a practice.

SOPs should cover:

- Ordering and receipt of CDs
- Who has access to CDs
- Where the CDs are stored
- Dispensing CDs
- Transportation of CDs for visits
- Disposal and destruction of CDs (including the protocol for witnessed destruction)
- Who to alert if complications arise
- Record keeping, including maintaining CD Registers and the continuous auditing of CDs
- What to do if a discrepancy occurs.

SOPs must, however, be appropriate to the setting (there is no one size that fits all). Below is an example SOP for what to do in the event of a large discrepancy in the CD Register:

- Check the mathematics
- Check the deliveries
- Check the records for drug use
- Check the pharmaceutical waste bin and the rest of the practice
- Alert all team members that there is a discrepancy
- Ask all team members if they can help explain the discrepancy
- Alert the senior veterinary surgeons in the practice/management of the group of the discrepancy
- If the missing drugs are not located, the police CDLO can be alerted.

It should be remembered that veterinary surgeons are ultimately responsible for all CDs in the practice.

➔ See also **Standard operating procedures**





Special precautions for dispensing Controlled Drugs to clients


Transmucosal buprenorphine

This short-term analgesic treatment is sometimes used for cats via the prescribing cascade and clients may, in some circumstances, be supplied with buprenorphine to administer to their cat at home. There is no specific guidance for this, but the veterinary surgeon should:

- Have a genuine clinical reason for prescribing the medicine under the cascade
- Obtain informed consent for unauthorized use from the client
- Ensure that they have personally discussed this treatment with the client and be satisfied that the client is responsible and able to administer the medication
- Emphasize that this drug is a CD and that it should be treated with extreme caution (e.g. keep out of reach and sight of children; skin splashes should be washed off immediately)
- Provide all this information in written format for the client and record all pertinent information within the client record.


Fentanyl patches

The RCVS have issued the following advice about fentanyl use:

- Fentanyl patches, a Schedule 2 CD, have been used in some practices for pain relief, particularly following orthopaedic procedures. These are not authorized for veterinary use, so informed consent must be obtained for their use under the cascade, and identification checks made to ensure that the correct person has collected the product, which should be recorded in the CD Register. There are significant risks, particularly to small children; fentanyl can cause significant respiratory depression. (The RCVS published advice for practices on CD use can be found on their website ().)

Practices should be particularly mindful of the risks of this powerful analgesic:

- Ideally, fentanyl patches should not be used if there are small children in the household
- Veterinary surgeons should be mindful of the risks of ingestion by other animals
- It is vital to get the client's informed consent, which must include an explanation of the risks, and inform the client what to do if the patch comes off, as well as how to safely dispose of the patch
- Provide all this information in writing and record all information on the client record.

Further information about the risks of fentanyl and best practice can be found in the relevant BSAVA Client Information Leaflet (.





QUESTIONS

1. Who is allowed to access the CD cabinet?
 - a. Veterinary surgeons only
 - b. Veterinary surgeons and registered veterinary nurses (RVNs) only
 - c. The veterinary surgeon or persons authorized by the veterinary surgeon only
 - d. Anyone who is permanently employed by the practice
2. Which of the following is true of Schedule 3 CDs?
 - a. They do not need to be locked away but they do need to be recorded
 - b. They do not need to be locked away or recorded
 - c. Although only some need to be recorded legally, the RCVS requires all are recorded
 - d. Although only some need to be locked away legally, the RCVS requires all are locked away
3. Which of these is a legal requirement for a CD Register?
 - a. Date the CD was supplied or used
 - b. Double signing
 - c. Recording wastage
 - d. RCVS number of veterinary surgeon
4. Which CDs must have their destruction witnessed by an authorized witness?
 - a. All CDs
 - b. Out of date stock of Schedule 2 CDs only
 - c. Out of date stock of Schedule 2 and 3 CDs
 - d. Waste from Schedule 2 CDs only

ANSWERS 1 – c; 2 – d; 3 – a; 4 – b

