GUIDELINES ON MEDICATION MANAGEMENT IN NURSING HOMES

December 2004
FOREWORD

The elderly may have multiple disease conditions, many of which are chronic. The National Health Survey carried out in 1998 in Singapore showed that 32.4% of persons aged 66 – 69 years had diabetes mellitus and 64.3% had hypertension. The elderly may have to consume different types of medicines as part of their daily life. This is common among the elderly staying in institutions like the nursing homes. It is therefore important to have good medication management in nursing homes to avoid and minimise the risks of medication-related problems.

A workgroup comprising pharmacists, geriatricians and health professionals from nursing homes developed this set of guidelines on medication management in nursing homes. It is an update on MOH’s guidelines on good medication management in nursing homes produced in 1986.

These guidelines cover different aspects of medication management, including purchasing, storage, packaging, prescription, administration and disposal of medicines, documentation, controlled drugs, and quality assurance.

I hope that the administrators and health professionals in the nursing homes will find these guidelines a useful reference to improve the care of their residents.

DR LING SING LIN
DEPUTY DIRECTOR OF MEDICAL SERVICES
ELDERLY & CONTINUING CARE DIVISION
MINISTRY OF HEALTH
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</table>
| **1** Purchase of medicines | - Medicines must only be purchased from distributors, wholesalers and pharmacies licensed by HSA.  
- There should be adequate supply of medicines in the nursing home. |
| **2** Storage of medicines | - Medicines should be stored in accordance with the manufacturer’s recommendations.  
- There must be safe storage of medicines.  
- There should be a system for regular checks on medicines. |
| **3** Packaging of medicines | - An individualised medication system should be used. |
| **4** Prescription of medicines | - The nursing home doctor is responsible for prescribing and reviewing the residents’ medications. |
| **5** Administration of medicines | - Nurses should be responsible for the administration of oral and injectable medicines to the residents.  
- The nurses should check the 6 “Rights” when administering medicines. |
| **6** Disposal of medicines | - Medicines should be disposed of when they have expired, show signs of deterioration or are not required by the resident.  
- Medicines must be properly disposed of in accordance with MOH’s “Guidelines for the Disposal of Pharmaceutical Waste”. |
| **7** Documentation | - All prescriptions and documents of medicines must be clear and legible.  
- The doctor must sign on the IMR for medicines prescribed or discontinued for the resident and alterations made on IMR.  
- Nurses should sign the IMR as soon as the medicines are administered to the resident.  
- There should be documentation of the drug allergies of the residents in their case notes and IMRs. |
| **8** Controlled drugs | - The legal requirements for controlled drugs, as stipulated in the Misuse of Drugs Regulations, must be adhered to. |
| **9** Role of pharmacist | - A pharmacist should visit the nursing home at least 6 monthly to provide pharmaceutical care to residents and ensure quality assurance on medication management. |
| **10** Quality assurance | - The pharmacist should conduct audit checks on medication management at least 6 monthly.  
- All medication errors should be reported, recorded and investigated, and actions should be put in place to prevent re-occurrence.  
- All adverse drug reactions should be reported to HSA. |
GUIDELINES ON MEDICATION MANAGEMENT IN NURSING HOMES

1 Purchase of medicines
   (a) Medicines must only be purchased from pharmaceutical distributors, wholesalers and pharmacies licensed by the Health Sciences Authority (HSA).
   (b) There should be an adequate supply of medicines. The nursing homes should not over-stock medicines. Preferably, they should not stock more than 3 months supply of medications. However, this is not a hard-and-fast rule. The actual stocking would largely depend on the medicine consumption patterns in the nursing home.

2 Storage of medicines
   (a) Medicines should be stored in accordance with the manufacturer’s recommendations.
   (b) Medicines requiring refrigeration should be stored as recommended. The refrigerator should be set at an appropriate temperature, i.e. +2°C to +8°C. A thermometer should be placed inside the refrigerator to record and monitor the temperature daily, at the start and end of the day. The temperature must be recorded at the start and end of each day. The refrigerator should only be used for storing medicines.
   (c) Commonly used medicines that require refrigeration include Desmopressin nasal spray, Erythropoietin, Haloperidol oral drops, Insulins, Latanoprost eye drops, Miecalcin nasal spray, Morphine syrup (after opening) and Chloramphenicol eye drops.
   (d) Vaccines should be stored as recommended by the manufacturers. The temperature of the refrigerator where vaccines are stored should be monitored with a thermometer and the temperature should be recorded on a daily basis. Nursing homes should have a standard operating procedure (SOP) stating the actions to be taken in case there is a break in the vaccine cold chain.
   (e) All refrigerated medicines for residents should be clearly labelled with each resident’s name, NRIC number, ward number and bed number.
   (f) For medicines which are given to residents over a period of time, such as insulin and cough syrups, the dates on which the vials or containers are first opened should be written down and any remaining medicines should be discarded after the storage period recommended by the manufacturers. The maximum storage periods for such commonly used medicines can be listed and displayed prominently for easy reference.
(g) Medicines for external use, antiseptics and disinfectants should be stored separately from medicines for internal use. Stocks of medicines should be stored separately from medicines for individual residents.

(h) Medicines should be locked up in a designated area that is not accessible to the residents and members of the public.

(i) Medicines should be kept in a locked cupboard/trolley which is clean and tidy. Medicines should be arranged in a systematic manner to minimise mix-ups. A registered nurse should hold the keys to the cupboard/trolley.

(j) The emergency trolleys should be checked regularly to ensure that all essential medicines are available and not expired.

(k) The nursing home should maintain a system for checking medicines regularly, at least once a month. The stock level, expiry dates and the quality of medicines, e.g. change in colour, smell and appearance of the medicine, should be checked.

3 Packaging of medicines

(a) An individualised medication system should be used. This can be in the form of a medication box at the resident’s bedside or a medicine trolley with designated containers or drawers. The medication boxes and containers should be locked and clearly labeled with the residents’ names and NRIC numbers.

(b) The individual containers used to store the dispensed medicines should be clearly labelled with the appropriate information. The labels should not be altered or removed.

(c) Medicines for a resident must not be transferred to another resident.

4 Prescription of medicines

(a) Prescription of medicines should be carried out only by doctors. The resident doctor should regularly review the medicines in the Inpatient Medication Records (IMR), including those prescribed on a “FRN” basis.

(b) Each resident should have an IMR with the following information:

(i) Resident’s name, NRIC number, age, sex and date of admission

(ii) Resident’s diagnoses

(iii) Allergy to medicine(s), if any

3
(iv) Details of prescription: names of medicines, doses, routes, forms and frequency of administration, dates medicines are started and dates medicines are discontinued.

(c) The doctors must specify the dosages, frequency and duration of the medicines prescribed.

(d) A resident attending the A&E Department or specialist outpatient clinic of a hospital or polyclinic should have an accompanying memo with his medical condition(s), medications that he was on and drug allergies, if any. Prescriptions written by the doctors in the hospitals have to be transcribed onto the residents' IMRs, preferably by the doctor looking after the residents in the nursing home. If a registered nurse has to transcribe the drug orders onto the IMR, the doctor should endorse the transcription.

(e) Verbal medication orders given by the doctor must be countersigned by him within the next working day.

5 Administration of medicines

(a) All registered nurses should be responsible for the administration of oral and injectable medicines to the residents.

(b) The nursing home should conduct internal audits to ensure proper administration of medicines.

(c) The registered nurses should check the 5 “Rights” when administering medicines, i.e. right resident, right medicine, right dose, right time and right route. There should be a standard operating procedure (SOP) in place for resident identification when serving medicines, e.g. checking residents’ names and NRIC numbers before administering the medicines.

(d) Registered nurses should refer to the residents’ IMRs when preparing medicines for administration. They must bring along and check the residents’ IMRs when serving medicines to ensure that they are served to the correct residents. They should also check whether the residents are allergic to the medicines and/or related compounds in the medicines.

(e) Appropriate devices should be used in the administering of medicines:

   (i) Liquid preparations – measuring spoons/cups/syringes
   (ii) Tablets/capsules – medicine cups
   (iii) Powder – medicine cups

(f) Unconsumed medicines should not be returned to the containers.
(g) Registered nurses should not administer medicines which have not been prescribed by the doctor without first consulting a doctor.

(h) Residents on tube feeding or who have problem swallowing cannot consume tablets. The mortar and pestle used to pound tablets into powder form should be thoroughly washed and dried after each type of medicine to prevent cross contamination. Tablet splitters should also be thoroughly washed and dried after being used for each type of medicine.

6 Disposal of medicines

(a) Medicines which are no longer required for a resident should not be used for other residents. Medicines should be disposed of promptly when:

(i) they have expired or when there is doubt about the expiry date
(ii) they show signs of deterioration
(iii) the treatment is discontinued and the medicines are no longer required by the resident
(iv) the resident is no longer residing in the nursing home

(b) Expired/Discontinued/unwanted medicines must be properly disposed of. The procedures for the disposal of pharmaceutical waste can be found at Annex 1.

(c) “After opening, discard by [date]” should be observed for:

- eyedrops/eye ointments/ear drops/ear ointments
- multi-dose injection vials
- other medicines according to manufacturer’s recommendations

(d) Medicines that may be required as evidence in a coroner’s case must not be disposed of.

7 Documentation

(a) There should be a record of medicine stocks purchased for the nursing home. Records of stock purchase and dispensing of stock medicines containing scheduled poisons should be kept for 2 years.

(b) All prescriptions and documentations of medicines must be clearly and legibly written.

(c) Medicines prescribed or discontinued by the doctor must be signed on the IMR by the doctor.
(d) All documentations must be made in ink and correction fluid should not be used.

(e) All alterations on the IMR or prescriptions must be countersigned by the doctor who ordered the amendments.

(f) The registered nurse should sign the IMR as soon as the medicines are served to each resident. The date and time that the medicines are administered to the resident should be documented. Samples of staff signatures should be kept for verification; if required.

(g) Deviations from orders and administration of medicines should be recorded. Examples are:

(i) nil by mouth
(ii) resident refuses to take the medicines
(iii) medicine is out of stock
(iv) omission of administration of medicines

(h) There should be documentation of the residents’ drug allergies, if any, in the case notes and IMRs. Prominent red drug allergy labels or stickers should be used. These may also be displayed at the residents’ beds. Nurses serving medicines should look out for the red stickers prior to administration of medicines.

(i) Disposal of sedative drugs should be recorded.

8 Controlled drugs

(a) Nursing homes may purchase The Misuse of Drugs Regulations and its schedules (including the list of controlled drugs) from:

SNP Bookstores
SNP Corporation Ltd
Legal Publication Retail Outlet
491 River Valley Road #01-19/20
Valley Point
Singapore 248371

Information on opening hours and contact details can be obtained from the website www.myepb.com.

(b) The legal requirements for controlled drugs obtained by the nursing homes and supplied to their residents are provided under the Misuse of Drugs Regulations. The nursing home staff should refer to the Misuse of Drugs Regulations for the details of the legal requirements.
(c) The nursing homes should put in place proper operating procedures for the handling of controlled drugs, in accordance with the Misuse of Drugs Regulations and its schedules.

8.1 Storage of controlled drugs

(a) Controlled drugs should be kept separately from other drugs, in a locked cupboard that is used solely for this purpose. The keys to this cupboard must be held by authorised persons in accordance with the Misuse of Drugs Regulations. Stocks of controlled drugs in the wards in a nursing home must be under the control of the registered nurses in charge of the respective wards.

8.2 Record keeping

(e) Nursing homes with a pharmacy/ dispensary is required to keep a Fifth Schedule Register. This Register consists of 2 parts - Part I has to be updated when controlled drugs are received, and Part II has to be updated when controlled drugs are supplied.

(b) A Sixth Schedule Register should be kept in the wards in the nursing home.

(c) The nursing home staff should refer to the Misuse of Drugs Regulations for the forms of the Registers and the particulars to be recorded in the forms (Annexes 2 and 3).

(d) A drug register and administration record should be kept for controlled drugs.

(e) A separate register is required for each ward. All registers (requisition, order and prescriptions), inclusive of registers for controlled drugs, must be kept in the premises for 3 years from the date of the last entry or delivery. There should be a record of all drugs that are disposed of.

8.3 Destruction of controlled drugs

(a) Controlled drugs can only be destroyed in the presence of an authorised inspector from the Investigation & Surveillance Unit, Centre for Drug Administration, Health Sciences Authority.

(b) All breakage/wastage/loss of controlled drugs must be signed by a witness to the incident and reported immediately using the Form-CD1/002 (Annex 4) to:

Investigation & Surveillance Unit
Centre for Drug Administration
Health Sciences Authority
11 Biopolis Way #11-03 Helios
Singapore 138667
(c) All broken ampoules and expired controlled drugs must be kept as evidence for inspection by HSA officers.

9 Role of pharmacist

(a) Nursing homes should engage a pharmacist to visit regularly, at least 6 monthly, to:

(i) provide pharmaceutical care to the residents (Pharmaceutical care involves the identification, prevention and resolution of medication-related problems. It is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a resident's quality of life).

(ii) provide periodic review of individual resident's IMR and prescriptions to evaluate the resident's progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each resident is appropriately indicated, effective, safe and convenient.

(iii) develop policies, procedures and guidelines for the use of medicines in the facility, minimum standards and quality assurance standards.

(iv) provide direction and oversight regarding all aspects of the acquisition and handling of medicines in the facility. This may include receipt and interpretation of physician's orders, order and receipt of medications, labelling of all drugs, drug distribution system, systems to provide timely delivery of drugs and biologicals, storage of drugs and biologicals, expiration dating of medicines, parameters for drug use (including medication administration), accuracy and efficiency of drug administration, compliance with physician's orders, accountability and handling of controlled substances, adequate record keeping, return/release and/or destruction of discontinued or expired drugs, compliance with laws and regulations, and quality assurance procedures such as regular audit checks on medication charts at least 6 monthly.

(v) provide in-service education to nursing home staff on pharmaceutical policies and procedures, medication administration, pharmacology and drug therapy, and monitoring of drug therapy for possible adverse effects and the attainment of therapeutic objectives.
(vi) provide drug information services to the health professionals of the nursing home.

10 Quality assurance

(a) Regular audit checks on medication management should be conducted at least 6 monthly by a pharmacist. A report on the audit and recommendations for improvement should be given to the administrator of the nursing home.

(b) Medication errors:

(i) In the event that a medication error occurs, the nursing home should conduct investigations and take appropriate actions to prevent a recurrence.

(ii) A book or file should be kept to record medication errors that occur in the nursing home.

(iii) The nursing home should conduct a regular review (3-6 monthly) of medication errors that had occurred in the home.

(c) All adverse drug reactions should be reported to the Pharmacovigilance Unit at the Health Sciences Authority. The form for reporting adverse drug reactions, with explanatory notes, is attached. The form can also be downloaded from http://www.hsa.gov.sg/ADR_form

11 Sources of information on medicines

(i) MIMS
(ii) British National Formulary
(iii) On-line at www.atmedica.com
(iv) Extra Pharmacopoeia - Martindale
## Annex 1

### GUIDELINES FOR THE DISPOSAL OF PHARMACEUTICAL WASTE

<table>
<thead>
<tr>
<th>Type</th>
<th>Properties / Characteristic</th>
<th>Methods of treatment / disposal</th>
<th>Remarks</th>
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<tbody>
<tr>
<td><strong>Group I - Special Pharmaceutical Waste</strong></td>
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<tr>
<td>a) Antineo-plastic agents; (Cytotoxic Agents)</td>
<td>Cytotoxic, carcinogenic and mutagenic. Avoid direct contact with drugs.</td>
<td>To be disposed of at dedicated licensed biohazardous waste incinerators in purple cytotoxic bags.</td>
<td>Transportation to licensed biohazardous waste incinerators must be carried out by the licensed biohazardous waste collector. Disposal certificates should be obtained from the licensed biohazardous waste collectors.</td>
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<td>e.g. 6-Methotrexate, 5-Fluorouracil, Busulphan, Cisplatin, etc</td>
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<td>Double bagging should be carried out if the integrity of the bag is compromised or if spillages may be anticipated due to the nature of the contents of the bag.</td>
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<tr>
<td>b) Antibiotics</td>
<td>Biodegradable. Non-flammable and water miscible. May cause allergic reactions in hypersensitive individuals.</td>
<td>To be disposed of at dedicated licensed biohazardous waste incinerators in yellow biohazardous waste bags.</td>
<td>All forms of finished products except in aerosol cans. Containers and packaging should be opened to destroy identity and to be ensured that they would not be taken for unauthorized use before disposal. Transportation to licensed biohazardous waste incinerators must be carried out by the licensed biohazardous waste collector. Disposal certificate should be obtained from the licensed biohazardous waste collectors. Products in aerosol cans should be emptied on the absorbing materials</td>
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<tr>
<td>Type</td>
<td>Properties / Characteristic</td>
<td>Methods of treatment / disposal</td>
<td>Remarks</td>
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<td>c) Vaccines and other immunological products e.g. BCG vaccines, Cholera vaccine, Diphtheria, Pertussis, Tetanus vaccines, etc</td>
<td>Biodegradable and water miscible. May carry risk of transmitting infection.</td>
<td>If quantity is small, contain in small containers/boxes before discarding into yellow biohazardous waste bag together with other biohazardous waste. If quantity is large, it has to be separately contained in larger containers/boxes with proper labels prior to disposal at dedicated licensed biohazardous waste incinerators.</td>
<td>Transportation to licensed biohazardous waste incinerators must be carried out by the licensed biohazardous waste collector. Disposal certificate should be obtained from the licensed biohazardous waste collectors.</td>
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<td>d) Controlled drugs as in the Misuse of Drugs Act 1973 e.g. Cocaine, Morphine, Pethidine, etc</td>
<td>Biodegradable, water miscible and additive.</td>
<td>To be disposed of at dedicated licensed biohazardous waste incinerators in yellow biohazardous waste bags.</td>
<td>Destruction of controlled drugs shall be conducted under the supervision of officer/s from HSA to prevent abuse of the controlled drugs. Transportation to licensed biohazardous waste incinerators must be carried out by the licensed biohazardous waste collector. Disposal certificate should be obtained from the licensed biohazardous waste collectors.</td>
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<td>e) Pharmaceuticals containing Arsenics, Cyanides and Heavy metals and their salts e.g. Lead, Mercury, Gold, Copper, Barium,</td>
<td>Toxic and may be accumulative. Some may emit toxic vapour.</td>
<td>To be disposed of by licensed toxic industrial waste collectors.</td>
<td>Special consideration needed on a case-by-case basis. Disposal certificates should be obtained.</td>
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<tr>
<td>Type</td>
<td>Properties / Characteristic</td>
<td>Methods of treatment / disposal</td>
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<td>etc.</td>
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<td>from the licensed toxic industrial waste collector.</td>
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<td><strong>Group II: General Pharmaceutical Waste</strong></td>
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<tr>
<td>a) Stocks or semi-solids (tablets, capsules, creams and ointments, suspensions and emulsions)</td>
<td>Non-toxic</td>
<td>To be disposed as normal general waste in black bags.</td>
<td>After identities have been destroyed, these materials can be disposed of as normal general waste.</td>
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<td>e.g. Vitamin tablets, Anesthetic (e.g. Paracetamol tablets), Antibiotic preparations (e.g. Magnesium Trisilicate mixture), Dermatological preparations (e.g. Calamine lotion, antiseptic cream, etc)</td>
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<td>b) Water miscible liquids except solvents</td>
<td>Biodegradable, water-miscible and non-toxic</td>
<td>For bottles with less than 250ml, they can be disposed of as general waste after their identities have been destroyed. If quantity is large, it should be disposed of over a period of a few days or emptied on the absorbing materials for disposal. For bulk disposal, they can be disposed of by licensed toxic industrial waste collectors.</td>
<td>Packaging and solid materials can be disposed of as normal general waste.</td>
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<td>e.g. Infusions fluids, Glucose injection, Mixtures and syrups, Disinfectant solutions such as Dettol and Milton’s solution, etc</td>
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<td>c) Solvents and other water immiscible liquids</td>
<td>Flammable</td>
<td>To be disposed of by licensed toxic industrial waste collectors.</td>
<td>Solvents are not permitted to be discharged into public sewers. Disposal certificate should be obtained from the licensed toxic industrial waste collector.</td>
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<td>e.g. Alcohol, Spirit, Chloroform, 1,1,1-Trichloroethane, etc</td>
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<tr>
<td>Type</td>
<td>Properties / Characteristic</td>
<td>Methods of treatment / disposal</td>
<td>Remarks</td>
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| d) Packaging materials  
  e.g. Bottles, Plastic bags, Paper boxes, etc | -- | To be disposed of as normal general waste at landfill or incineration. | -- |

**NOTE:**
1) Pharmacists, nursing officers / assigned registered nurse, medical doctors or assigned manager (in the absence of healthcare personnel) may be designated as responsible persons for disposal of pharmaceutical waste.
2) The responsible person must ensure proper segregation of pharmaceutical waste from biohazardous waste. Disposal certificates will only be issued to pharmaceutical waste generators who list and segregate the pharmaceutical waste from biohazardous waste.
**FIFTH SCHEDULE**

**Regulation 14**

**FORM OF REGISTER**

**PART I**

**ENTRIES TO BE MADE IN CASE OF OBTAINING**

<table>
<thead>
<tr>
<th>Date on which supply received</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>Amount obtained</th>
<th>Form in which obtained</th>
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**PART II**

**ENTRIES TO BE MADE IN CASE OF SUPPLY**

<table>
<thead>
<tr>
<th>Date on which the transaction was effected</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>Particulars as to licence or authority of person or firm supplied to be in possession</th>
<th>Amount supplied</th>
<th>Form in which supplied</th>
<th>Stock balance (receipts to be added in red ink)</th>
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14
**SIXTH SCHEDULE**

**FORM OF REGISTER FOR WARDS, THEATRES AND OTHER DEPARTMENTS IN HOSPITALS**

<table>
<thead>
<tr>
<th>Registration No.</th>
<th>Patient's Name in Block Letters according to MRID</th>
<th>Received</th>
<th>Used</th>
<th>Balance</th>
<th>Checked by</th>
<th>Given by</th>
<th>Remarks</th>
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</tbody>
</table>

**Regulation 14**
HEALTH SCIENCES AUTHORITY

REPORT ON BREAKAGE/WASTAGE/LOSS OF CONTROLLED DRUG(S) IN WARD/THEATRE/CLINICS

Note: 1) This form should be completed in duplicate by nurse reporting the breakage, wastage or loss of Controlled Drug and forwarded to the institution's pharmacist within 24 hours of such incidents.
2) Duplicate copy of this form should be retained in the institution's pharmacy and produced during inspection. Original copy is to be forwarded to the Investigation & Surveillance Unit, Centre for Drug Administration (CDA), Health Sciences Authority (HSA), 11 Biopolis Way #11-03, Helios, Singapore 138667 by the institution's pharmacist.
3) This form is obtainable from the Institution's pharmacy or the Investigation and Surveillance Unit, CDA, HSA (Tel: 69443494, Fax: 64789065)

<table>
<thead>
<tr>
<th>Hospital/Clinic:</th>
<th>Ward No./Theatre where incident occurred:</th>
<th>Date of incident:</th>
<th>Time of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Please tick (+): [ ] Broken [ ] Wasted [ ] Lost [ ] Others (please specify)

<table>
<thead>
<tr>
<th>I - NAME OF CONTROLLED DRUG (in BLOCK LETTERS)</th>
<th>Strength</th>
<th>Dosage Form</th>
<th>Quantity</th>
<th>Obtained from</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

II - REPORT OF INCIDENT IN DETAILS (please use a separate sheet of paper if necessary)

III - TO BE COMPLETED BY WARD/THEATRE

<table>
<thead>
<tr>
<th>Recovered by</th>
<th>Witnessed by</th>
<th>Reported by</th>
<th>Nursing officer in-charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

IV - TO BE COMPLETED BY PHARMACY

<table>
<thead>
<tr>
<th>Acknowledged receipt of report and notified Investigation and Surveillance Unit, CPA by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

V - TO BE COMPLETED BY HEALTH SCIENCES AUTHORITY

<table>
<thead>
<tr>
<th>Destroyed Disposed by</th>
<th>Inspected and witnessed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### I - PARTICULARS OF PATIENT

- **Patient's initials:**
- **Age:** ___ years
- **Weight:** ___ kg
- **Sex:**
  - Female
  - Male
- **Record no./NID/Passport no.:**
- **Ethnic group:**
  - Chinese
  - Indian
  - Malay
  - Others (Please specify): ___

### II - DETAILS OF ADVERSE DRUG REACTION (ADR)

- **Date of onset:**
  - Dia: ___
  - M: ___
  - Y: ___
- **Outcome:**
  - Recovered (Date): ___
  - Not yet recovered
  - Fatal (Date of death): ___
  - Unknown
- **Description of ADR(s):**

### II - MANAGEMENT OF ADVERSE REACTION

- **Hospitalisation (following the ADR):**
  - Yes
  - No
  - Already hospitalised
- **Do you consider the reaction to be serious?**
  - Yes
  - No
- **If yes, please indicate why the reaction is considered to be serious (please tick all that apply):**
  - Patient died due to reaction
  - Life threatening
  - Congenital abnormality
  - Involved or prolonged hospitalisation
  - Involved persistent or significant disability or incapacity
  - Medically significant, please give details:
  - Treatment given:
    - Yes
    - No (If yes, please specify):

### IV - PARTICULARS OF REPORTER

- **Name:**
- **Signature:**
- **Profession:**
- **Date:**
- **Contact no.:**
- **Email address:**
- **Ref No. (for official use):**

---

**Please tick if you wish to receive information about other local reports associated with the suspected drug(s):**
CONoNNTITIALITY

Any information related to the identities of the reporter and patient will be kept confidential.

WHAT TO REPORT

An Adverse Drug Reaction (ADR) is defined as a reaction which is unusual and unintended, and which occurs at doses normally used in man for prophylaxis, diagnosis, or treatment of a disease, or for the modification of a physiological function.

Please report the following:

1. All serious adverse drug reactions which
   a. are life threatening or fatal,
   b. require in-patient hospitalisation or prolong existing hospitalisation,
   c. cause persistent incapacity or disability,
   d. cause birth defect
   e. are medically significant

2. All adverse drug reactions to recently marketed drugs that have been introduced into Singapore in the recent 5 years, regardless of their nature and severity.

Please do not be deterred from reporting because some details are not known. You may send the completed ADR Report Form through your respective hospital pharmacies, if applicable, to the Pharmacovigilance Unit, Centre for Drug Administration (refer below for full address). Additional pages may be attached if additional spaces are required.

SUBMISSION OF FOLLOW-UP REPORTS

Any follow-up information for an ADR that has already been reported can be sent in any other form or via any other modes of reporting. Please indicate that it is a follow-up report. It is very important that follow-up reports are identified and linked to the original report.

HOW TO REPORT

Mail to:
Pharmacovigilance Unit,
Centre for Drug Administration
Health Sciences Authority
11 Biopolis Way
#11-03, Helios
Singapore 138557

Fax: (65) 6478 9069

Phone: (65) 6866 3538

Email: HSA_drugsafety@hsa.gov.sg

Online Reporting:
http://www.hsa.gov.sg/ADR_online

The form is also available for downloading at http://www.hsa.gov.sg/ADR_form
MEMBERS OF WORKGROUP

Chairperson
Dr Kwek Poh Lian
Deputy Director
Eldercare Standards & Continuing Care Branch
Elderly & Continuing Care Division
Ministry of Health

Members
Mrs Tan Shook Fong
Member
Singapore Pharmacy Board

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Chief Nursing Officer
Ministry of Health

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Lions Home for the Elders

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(till Dec 2003)

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(till Nov 2003)

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