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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HIGH POINTE HOUSE NARCOTIC COUNT** | | | | | | | | | | | | | |
| **PERFORMANCE CRITERIA DATE** | |  | **METHOD OF ASSESSMENT**  **( √ ALLL THAT APPLY)** | | | | | | | | | | **SKILL MET (M) OR UNMET (U)** |
|  |  | **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
| Verbalizes controlled substances are accounted for any time medication drawer keys are exchanged between staff members, delivery of controlled substances and when the E-Kit is initially opened. |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrate two nurses perform the narcotic count |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates the oncoming nurse controls the keys until the narcotic count is completed |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates each patient drawer is unlocked, opened and the controlled substances are counted by both nurses |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates/verbalizes each controlled substance is identified using a “Controlled Substances Count Sheet” and the remaining amount of pills, liquid in syringes and patches are counted and recorded using this form. |  |  | |  |  |  |  |  |  |  |  |  |  |
| The controlled substance count sheet only contains the patient’s name, room number, Medication name, and concentration. It does not have the current frequency, current dose, or expiration date unless it is a CADD cassette, or the medication is noted to be expiring soon. The oncoming nurse confirms the medication name, concentration, amount left and the expiration date. |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates two nurses performing the narcotic count as evidenced by: Nurse A begins verbalizing from the Controlled Substance count sheet-name of patient, drug, concentration, and expiration. Nurse B (oncoming nurse) picks up actual medication and verbalizes name of patient, drug, concentration, and expiration. |  |  | |  |  |  |  |  |  |  |  |  |  |
| The oncoming nurse would confirm the medication name, concentration, amount left, and expirations as needed. |  |  | |  |  |  |  |  |  |  |  |  |  |
| Verbalizes liquid controlled substances are considered to have an “adjustment amount” of .2ml and any discrepancy above .2ml will be reported to the High Point House Manager and/or the Administrator on Call |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates once the count is complete and verified, both nurses sign in the signature column of the “Controlled Substances Count Sheet.” |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates/verbalizes refrigerated controlled substances are counted by two nurses and observed disposal takes place using a mixture of water and cat litter and the count is documented using the “Controlled Substances Count Sheet” |  |  | |  |  |  |  |  |  |  |  |  |  |
| Verbalize that the count takes place with the e-kit when the e-kit is initially opened, and that unopened e-kits have a lock in place |  |  | |  |  |  |  |  |  |  |  |  |  |
| Demonstrates/verbalizes that one the e-kit lock is opened the controlled substances are counted using the Long-Term Pharmacy form which is included in the kit, the controlled substances are counted, and the lock is replaced with a numbered lick, both nurses sign (initials then sign on the signature area). The Long-Term Pharmacy form confirming correct count and document the number on the lock |  |  | |  |  |  |  |  |  |  |  |  |  |

**Summary Assessment Findings: \*Method of Assessment Legend**

**□** Knowledge/skill level satisfactory 1) Review credentials/experience

□ Knowledge/skill level needs improvement 2) Review Cont. Ed./In-services

Specify plan to promote level of competency: 3) Observation of Performance

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Competency reevaluation in: \_\_\_\_\_6mos \_\_\_\_\_\_1 year \_\_\_\_\_\_\_\_other 6) Post Test

7) Team Mts/Case

8) Yearly Performance

9) Review of Self Study

10) Other (specify)