Group 2: NARCOTIC DRUG MANAGEMENT

TRAINING MODULE



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WHAT

Narcotics: Opioid derivatives for sedation and control of pain

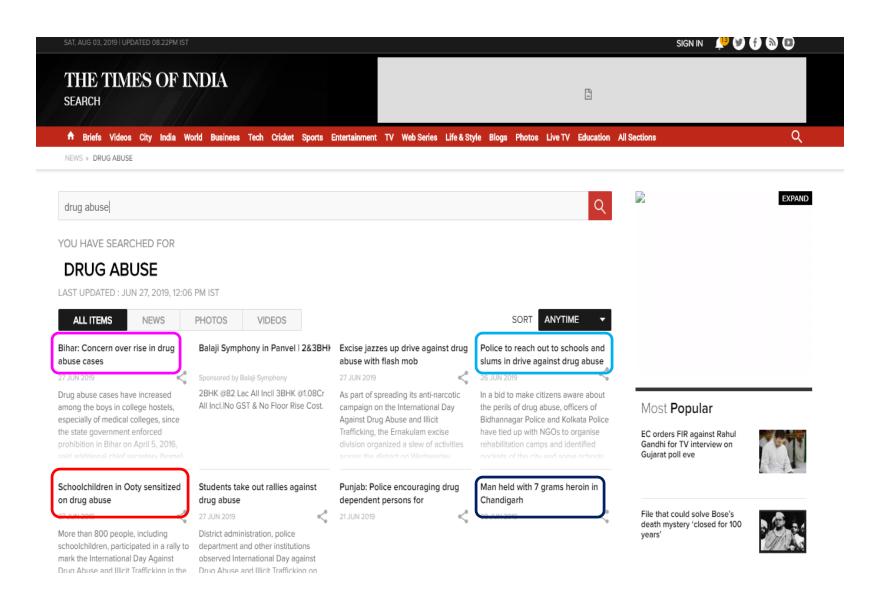
- Morphine
- Fortwin
- Pethidine
- Fentanyl
- Ketamine







Why!!!



Harmful and Dependent Use

In this survey, a standard and validated tool, WHO ASSIST, was used to determine harmful use and dependence among users of various substances.

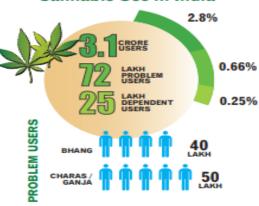
For most substances, a minority of users meet the threshold for 'harmful use' and 'dependence'. However, the proportion of harmful or dependent users, varied between different substances (indicating the differential propensity of various substances to develop problem use). The sum of estimates of Harmful and Dependent use represents the 'quantum of work' (i.e. proportion of population which needs help) for the health and social welfare sectors.

At the national level, as many as 19% of current users of alcohol consume alcohol in a dependent pattern. The prevalence of dependent pattern of alcohol use in the general population (10—75 years) is estimated to be 2.7%, or 2.9 crore individuals. States with high prevalence (more than 10%) of alcohol use disorders are: Tripura, Andhra Pradesh, Punjab, Chhattisgarh, and Arunachal Pradesh. An additional 2.5% of people in the country (about 2.7 crore individuals), consume alcohol in a harmful manner. In other words, about 5.2% of the population (more than 5.7) crore individuals) are affected by harmful or dependent alcohol use and need help for their alcohol use problems. Nearly one in five alcohol users suffers from alcohol dependence and needs urgent treatment.

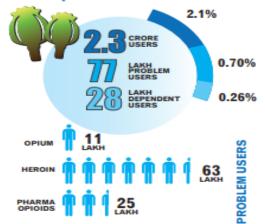
The proportion of people with problem cannabis use (i.e. those with harmful or dependent pattern of cannabis use) is rather modest. At the national level, about 0.25% (one in eleven cannabis users) suffers from cannabis dependence. However, there is a substantial difference between bhang and ganja/charas in terms of dependent use-

while just about one in sixteen users of bhang were dependent on cannabis, this figure was one in seven in case of ganja/charas users.

Cannabis Use in India



Opioid Use in India





National Drug Dependence Treatment Centre, AIIMS, New Delhi



2019 Codes ▼ Indexes ▼ Conversion DRG Rules ▼ Analytics ▼ Changes ▼ HCPCS ▼ License Data Files Disclaimer

ICD-10-CM Codes > F01-F99 Mental, Behavioral and Neurodevelopmental disorders > F10-F19 Mental and behavioral disorders due to psychiatric substance use > F11- Opioid related disorders >

▶ 2019 ICD-10-CM Diagnosis Code F11.10 🖹 🔤 Opioid abuse, uncomplicated

2016 2017 2018 2019 pinable/ Specific Code

- F11.10 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- The 2019 edition of ICD-10-CM F11.10 became effective on October 1, 2018.
- This is the American ICD-10-CM version of F11.10 other international versions of ICD-10 F11.10 may differ.

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Applicable To

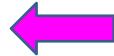
· Opioid use disorder, mild

The following code(s) above F11.10 contain annotation back-references [?] that may be applicable to F11.10:

- F01-F99 | Mental, Behavioral and Neurodevelopmental disorders
- F11.1 | Opioid abuse

Approximate Synonyms

- · Intravenous nondependent opioid abuse
- · Iv opioid abuse
- · Nondependent opioid abuse, continuous
- · Nondependent opioid abuse, episodic
- · Opiates drug abuse, iv
- · Opioid abuse
- · Opioid abuse (mild use disorder)
- · Opioid abuse, continuous
- · Opioid abuse, episodic
- · Opioid abuse, mild use



ICD-10-CM F11.10 is grouped within Diagnostic Related Group(s) (MS-DRG v36.0):

- · 894 Alcohol, drug abuse or dependence, left ama
- · 895 Alcohol, drug abuse or dependence with rehabilitation therapy
- · 896 Alcohol, drug abuse or dependence without rehabilitation therapy with mcc



Purpose: To regulate the use of narcotics



Responsible: Doctor / Technician / Nurse



Inventory / Audit / Legal : Pharmacist

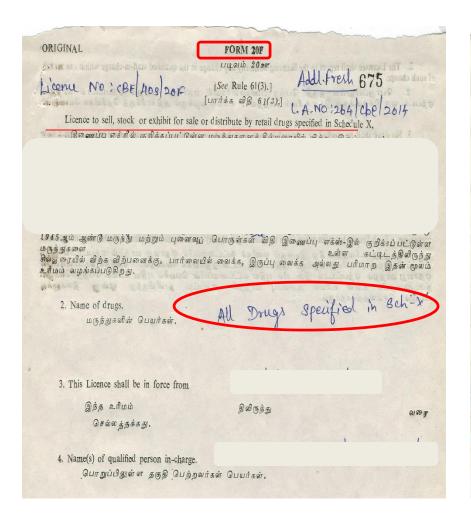


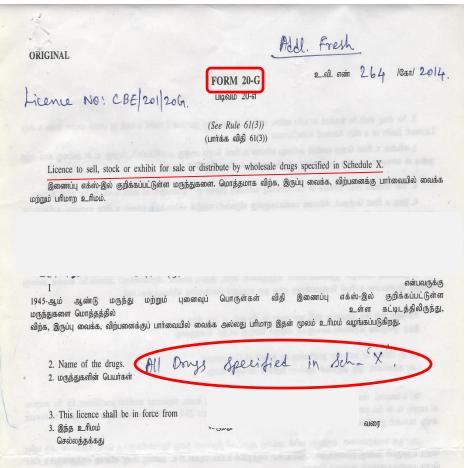
Documentation: Doctor/Technician/Nurse

Legal requirements

Schedule X - Drugs Cosmetic Rules 1945,

Narcotics and Psychotropic substances act 1985



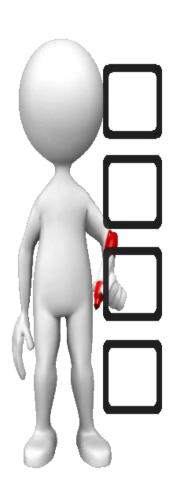


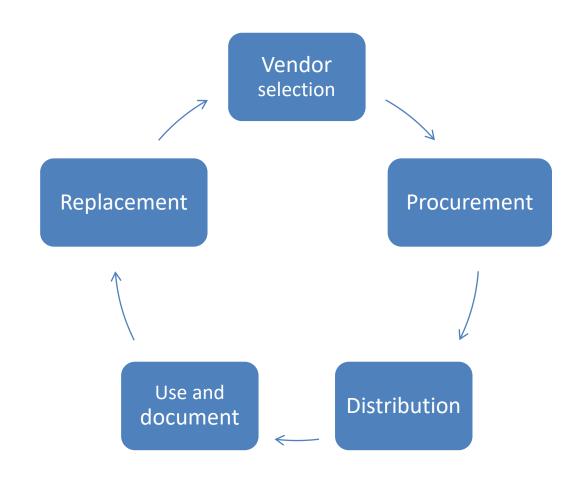
- The Hospital has a narcotic license which has to be renewed every year.
- A fresh application for enhancement is sent to the Drug

 Controller if the need arises.
- The indent for the narcotic drugs should be countersigned by the doctor.
- The drugs are procured from the authorized distributors.

- After the drugs are supplied they are stored in a separate cupboard with double lock system in the main store (best practice).
- Supplier's name, invoice no, date, batch number, Expiry & quantity is entered in the Narcotic register.
- Approval of licenses given by excise department or the collector of the district

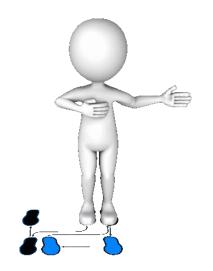
Processes





Distribution to inside the hospital

- Usage register copy with empty ampoules for replacement
- Maintained in a separate cupboard with double lock system with two keys (best practice)
- One key will be with the doctor and the second key will be with the anesthesia technician
- Verify the stock on daily basis



- The narcotic drugs have to be taken in the presence of the doctor only
- Narcotic register maintenance



- Patient Name and ID no
- Age/Gender
- Dose in mg/mcg and Wastage Dose
- Doctor's Name and Sign
- Administered by Name and Sign
- Witness name and sign
- Balance quantity.



Regulation regarding who can order a narcotic

- It is the policy of the hospital that narcotic drugs can be prescribed only by the doctors.
- The orders need to be written in the medical record of the patient and has to be signed by the concerned doctor.

Regulation regarding who can administer a narcotic

- The doctor/ qualified anesthesia technician/ nursing staff are qualified to administer the narcotic in the presence of authorized anesthetist only.
- The route of administration, dosage and frequency has to be verified before administering the drug.
- Loaded syringes should be labeled with name and strength and date

Monitoring

• After administering the drug the doctor/ anesthesia technician/nursing staff should monitor the patient for any adverse reactions including any respiratory depression in which case he/she needs to alert the treating doctor.

Replacement

- Narcotic wastage has to be documented in a narcotic register and it should be discarded in running water by the anesthesia technician/staff nurse in the presence of doctor.
- Empty ampoules of narcotics should be returned to main store and the same has to be checked by the pharmacist before replacing the requested stock.

Process Deviation

In case of any deviation related with policy (i.e., procurement, distribution, usage and wastage of narcotics, documentations, empty ampoules submission, broken/missing ampoules) senior doctor of the narcotic sub store, narcotic sub store in charge, clinical pharmacist, pharmacist in charge, medical administrative officer will be the responsible persons to take necessary actions.

Take home message

- Licenses
- Storage
- Documentation
- Verbal order restricted
- Witness wastages
- Retention of prescriptions
- Adverse events monitoring

References

- Times of India Drug abuse data 2019
- Magnitude_Substance_Use_India_REPORT.pdf
- ICD 10
- Institute for safe medication practices (<u>www.ismp.org</u>)
- Schedule X Drugs and Cosmetic Rules 1945
- Narcotics and Psychotropic substances act 1985





