

# Schedule 8 and Restricted Schedule 4 Drug Register

## PPHC Example

FRONT COVER EXAMPLE

DRUG REGISTER

No. 312

LOCATION/WARD:

DRUGS IN THIS BOOK:

DRUG NAME	FORM	STRENGTH
<i>Morphine</i>	<i>ampoules</i>	<i>10mg/ml</i>
<i>Diazepam</i>	<i>tablets</i>	<i>5mg</i>
<i>Paracetamol / Codeine</i>	<i>tablets</i>	<i>500mg / 30mg</i>
<i>Midazolam</i>	<i>ampoules</i>	<i>5mg</i>
<i>Pseudoephedrine</i>	<i>tablets</i>	<i>60mg</i>
COMMENCEMENT DATE: 11/1/2021		CLOSED DATE:

HM77(a) - 11/16

INDEX Page Example

Write page numbers to the next available blank page eg. 008 in next box

INDEX

DRUG NAME, STRENGTH AND FORM	PAGE NUMBER														
Morphine 10mg-/ml injection health centre stock	001														
Morphine 10mg /ml injection - Ben Browne, HRN 098765	002														
Diazepam 5mg- tablets health centre stock	003														
Paracetamol 500mg/Codeine 30mg tablets - health centre stock	004														
Paracetamol 500mg/Codeine 30mg tablets - Mary Jones, HRN 087632	005														
Midazolam 5mg ampoules health centre stock	006														
Pseudoephedrine tablets 60mg health centre stock	007														

Once the columns in that row are completed, check the book to see if there are available pages, write the drug form and strength out again on the next available line and continue from the identified page number

## DRUG Page – S8 Medicine Example

Per INDEX page example this would be **page 001** of the Register

### DRUG REGISTER

DRUG NAME: Morphine- Health Centre Stock

FORM: Injection

STRENGTH: 10mg

PAGE NO. 001

	TIME	HRN	Patient's name, supplier or ward borrowing from		PRESCRIBERS NAME	DOSE	NUMBER IN	NUMBER OUT	BALANCE	Signature and name of person accepting delivery or administering drug		Signature and name of person checking delivery or administering drug		COMMENTS, INVOICE NUMBER, DISCARD DETAILS (amount and method)
			SURNAME	GIVEN NAME(S)						SIGN	PRINT NAME	SIGN	PRINT NAME	
	0900	Balance brought forward from Book		No.....	Page.....				10	Kay Page	Kay Page	Brad Hande	B HANDE	
	0815		Checked & Correct						10	Kay Page	Kay Page	Brad Hande	B HANDE	
13.1.2021	1300	0896321	Grey	Millie	Dr Bloggs	10mg		1	9	P Gates	P GATES	Brad Hande	B HANDE	
14.1.2021	1000	0894562	River	Robert	Dr Smithe	5mg		1	8	Brad Hande	B HANDE	M Were	M Were	Discarded 5mg sharps bin
19.1.2021	0830		Checked & Correct						8	Brad Hande	B HANDE	M Were	M Were	
23.1.2021	0830		Out of Date Stock destroyed					1	7	P Gates	P GATES	Jay Kelly	J Kelly	BA1723, exp 5/01/2018, into a S8/RS4 Drug Waste Bin
25.1.2021	1245		Received Stock from pharmacy				5		12	Kay Page	Kay Page	P Gates	P GATES	Ref. 05967
25.1.2021	11.15	0894562	River	Robert	Dr Smithe	10mg		1	11	Brad Hande	B HANDE	M Were	M Were	Given to client at MVA rollo
26.1.2021	0830		Checked & Correct						11	Brad Hande	B Hande	M Were	Mary Were	
		Balance Carried Forward to Book		No.....	Page.....									

Weekly Checked and Correct completed.  
Daily Balance Checks are signed in Shift Change Check at the back of book

Write the No and Page

Write the No and Page

Record where discarded into

Record Reference no. of stock

Record batch number, expiry date for drug, method of destruction. To be witnessed per PHC policy. See Information Sheet – [Return of Unwanted or Expired S8 / RS4 Medicines.](#)

## DRUG Page – RS4 Medicine Example

Per INDEX page example this would be **page 062** of the Register

### DRUG REGISTER

DRUG NAME: Paracetamol/Codeine *Mary Jones, HRN 087632*

Write Medicine Name AND  
Client name HRN or Health  
Centre Stock

Write the form

Write the strength

FORM: tablets

STRENGTH: 500mg/30mg

PAGE NO. 062

	TIME	HRN	Patient's name, supplier or ward borrowing from		PRESCRIBERS NAME	DOSE	NUMBER IN	NUMBER OUT	BALANCE	Signature and name of person accepting delivery or administering drug		Signature and name of person checking delivery or administering drug		COMMENTS, INVOICE NUMBER, DISCARD DETAILS (amount and method)
			SURNAME	GIVEN NAME(S)						SIGN	PRINT NAME	SIGN	PRINT NAME	
	0900		Balance brought forward from Book		No.....	Page.....			60	Kay Page	K Page	Brad Hande	B Hande	
	0815		Checked & Correct						60	Kay Page	K Page	Brad Hande	B Hande	
	1700	087632	Jones	Mary	Dr Smithe	20 tablets		20	40	P Gates	P Gates	M Were	Mary Were	
19.1.2021	0830		Checked & Correct						40	Brad Hande	B Hande	Kay Page	K Page	
20.1.2021	0830		Checked & Correct						40	Brad Hande	B Hande	M Were	Mary Were	
2.2.2021	0830		Checked & Correct						40	P Gates	P Gates	M Were	Mary Were	
9.2.2021	0830		Checked & Correct						40	Brad Hande	B Hande	M Were	Mary Were	
13.2.2021	1800	087632	Jones	Mary	Dr Smithe	20 tablets		20	20	Brad Hande	B Hande	M Were	Mary Were	
15.2.2021	1245		Received Stock				40		60	Kay Page	K Page	P Gates	P Gates	
16.2.2021	0830		Checked & Correct						60	Brad Hande	B Hande	M Were	Mary Were	
18.2.2021	1000	112456	Bethany	Mary*	Dr Bloggs	10 tablets*	*Error	10	50	P Gates	P Gates	M Were	Mary Were	* Wrong client page
18/2/2021	1000	112456	Bethany	Mary		10 tabs	10		60	P Gates	P Gates	M Were	Mary Were	Tablets returned to stock
			Balance Carried Forward to Book		No.....	Page.....								

Write the No and Page

Write the No and Page

Error documented \* no crossing outs

Weekly Checked  
and Correct  
completed.

Daily Balance  
Checks are  
signed in Shift  
Change Check  
at the back of  
book

## DRUG Page – RS4 Medicine Example

Per INDEX page example this would be **page 076** of the Register

### DRUG REGISTER

DRUG NAME: Midazolam- Health Centre Stock

FORM: Injection

STRENGTH: 5mg/ml

PAGE NO. 076

Date	TIME	HRN	Patient's name, supplier or ward borrowing from		Write the No and Page		NUMBER IN	NUMBER OUT	BALANCE	Signature and name of person accepting delivery or administrating drug		Signature and name of person checking delivery or administrating drug		COMMENTS, INVOICE NUMBER, DISCARD DETAILS (amount and method)
			SURNAME	GIVEN NAME(S)	PRESCRIBERS NAME	DOSE				SIGN	PRINT NAME	SIGN	PRINT NAME	
Balance are in Shift e Check at ck of book	0900	Balance brought forward from Book		No.....	Page.....				10	Kay Page	K Page	Brad Hande	B Hande	
	0815		Checked & Correct						10	Kay Page	K Page	Brad Hande	B Hande	
	1300	0895163	Baker	Joy		5mg		1	9	Kay Page	K Page	P Gates	P Gates	Per CARPA STM
	19.1.2021	0830		Checked & Correct					9	Brad Hande	B Hande	Kay Page	K Page	
26.1.2021	0830		Checked & Correct						9	Brad Hande	B Hande	M Were	Mary Were	
26.1.2021	1300		Emergency Outreach Drug Box					2	7	P Gates	P Gates	B Hande	Brad Hande	
26.1.2021	1300		To new fit kit					2	5	P Gates	P Gates	B Hande	Brad Hande	
28.1.2021	1530	0874126	Day	Brenda	Dr Smithe	5mg		1	4	B Hande	Brad Hande	P Gates	P Gates	Stock used from Fit Kit, replaced 1 amp in Fit Kit
29/1/2021	10.00		Fit Kit				2	2	4	B Hande	Brad Hande	B Kemp	B Kemp	Discarded 2 amps from Fit Kits as expired stock
29/1/2021	10.00		Fit Kit					2	2	B Hande	Brad Hande	B Kemp	B Kemp	To Fit Kits to replace discarded expired stock
1.02.2021	1245		Received Stock from pharmacy				10		12	Kay Page	K Page	P Gates	P Gates	Ref. 1723
		Balance Carried Forward to Book		No.....	Page.....									

Placed in Fit Kit

Placed in Emergency Outreach Drug box

Write the No and Page

Weekly Checked and Correct completed.

Daily Balance Checks are signed in Shift Change Check at the back of book

19.1.2021

26.1.2021

26.1.2021

26.1.2021

28.1.2021

29/1/2021

29/1/2021

1.02.2021

## LAST 10 PAGES OF THE REGISTER

## SHIFT CHANGE CHECK

By signing below you acknowledge each medication in this register has been checked and that the balance is correct

DATE	TIME	Signature and name of person OFF duty		Signature and name of person ON duty		DATE	TIME	Signature and name of person OFF duty		Signature and name of person ON duty		DATE	TIME	Signature and name of person OFF duty		Signature and name of person ON duty	
		SIGN	PRINT NAME	SIGN	PRINT NAME			SIGN	PRINT NAME	SIGN	PRINT NAME			SIGN	PRINT NAME	SIGN	PRINT NAME
18.1.2021	0815	<i>Kay Page</i>	K Page	<i>P Gates</i>	P Gates												
20.1.2021	0815	<i>Brad Hande</i>	B Hande	<i>Kay Page</i>	K Page												
21.1.2021	0815	<i>P Gates</i>	P Gates	<i>Brad Hande</i>	B Hande												
22.1.2021	0815	<i>Kay Page</i>	K Page	<i>P Gates</i>	P Gates												

Daily count must be done for each drug in the safe. Once completed please sign in Shift Change check to acknowledge this.

Note: A Weekly "Checked and Correct" must be completed on the dedicated medication pages of the Drug Register, this counts as the daily check for that day.

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