

Prescribing & Dispensing of Controlled Drugs

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05/08/2025

Session Outline

Introduction

Legislation & Classification of CDs

Common Errors

UHCW Errors & Learning

Practical Prescribing Tips for EPR (Cerner Millenium)

Opioid Stewardship

Introduction

Prescribing errors account for a significant proportion of all medication errors and are an important cause of harm to patients



7% of medication orders in hospitals contain errors



50% of patients admitted to hospital will be affected by at least one prescribing error



67% of medication orders are written by FY1 & FY2 Doctors

- FY1 Error Rate ~ 8.4%, FY2 Error Rate ~ 10.3%



Most common errors: incorrect dosage, omission of therapy and incomplete prescriptions

Common Medication Errors

Medication Categories

- Analgesics
- Controlled Drugs
- Antimicrobials
- Corticosteroids
- Bronchodilators

Patient Factors

- Prescribing for the Elderly
- Extremes of Bodyweight
- Renal & Hepatic Impairment

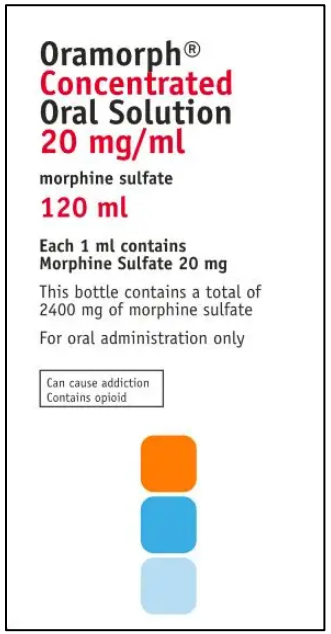
Is this prescription legal and dispensable by Pharmacy?







Option 1:
Supply 50ml of Morphine 10mg/5ml Oral Solution



Option 2:
Supply 5ml of Morphine 20mg/ml Oral Solution



Option 3:
Supply 10 tablets of Morphine IR Tablets 10mg



Option 4:
Supply 10 tablets of Morphine Orodispersible Tablets 10mg

Is this prescription legal and dispensable by Pharmacy?

No

The prescription is ambiguous and requires clarification by the prescriber



Legalities: the prescription is missing the formulation & strength of Morphine product to be supplied

Good practice: more appropriate to request total quantity in terms of dose units i.e. number of tablets or number of mL & for PRN doses include a minimum interval between doses.


Rx
Mr. John Smith
1 Any Road, Coventry
CV1 1AB
DOB: 01/01/1970
Morphine Sulfate (Sevredol) 10mg Immediate Release Tablets
Take 10mg PO every 4 hrs PRN for pain relief, max. 6 doses per day
Supply 20 (twenty) tablets
Dr D.O. Good
UHCW, Clifford Bridge Road, CV2 2DX
05/08/2025

UK Controlled Drug Legislation

The Misuse of Drugs Act, 1971 as amended prohibits certain activities in relation to ‘Controlled Drugs’, in particular their manufacture, supply, and possession

- **Class A includes:** alfentanil, cocaine, diamorphine hydrochloride (heroin), fentanyl, methadone hydrochloride, morphine, oxycodone hydrochloride, pethidine hydrochloride, remifentanil, and class B substances when prepared for injection.

- **Class B includes:** oral amfetamines, barbiturates, cannabis, *Sativex*®, codeine phosphate, dihydrocodeine tartrate, ketamine and pholcodine.

- **Class C includes:** buprenorphine, meprobamate, most benzodiazepines, tramadol hydrochloride, zolpidem tartrate, zopiclone, gabapentin, pregabalin and nitrous oxide.

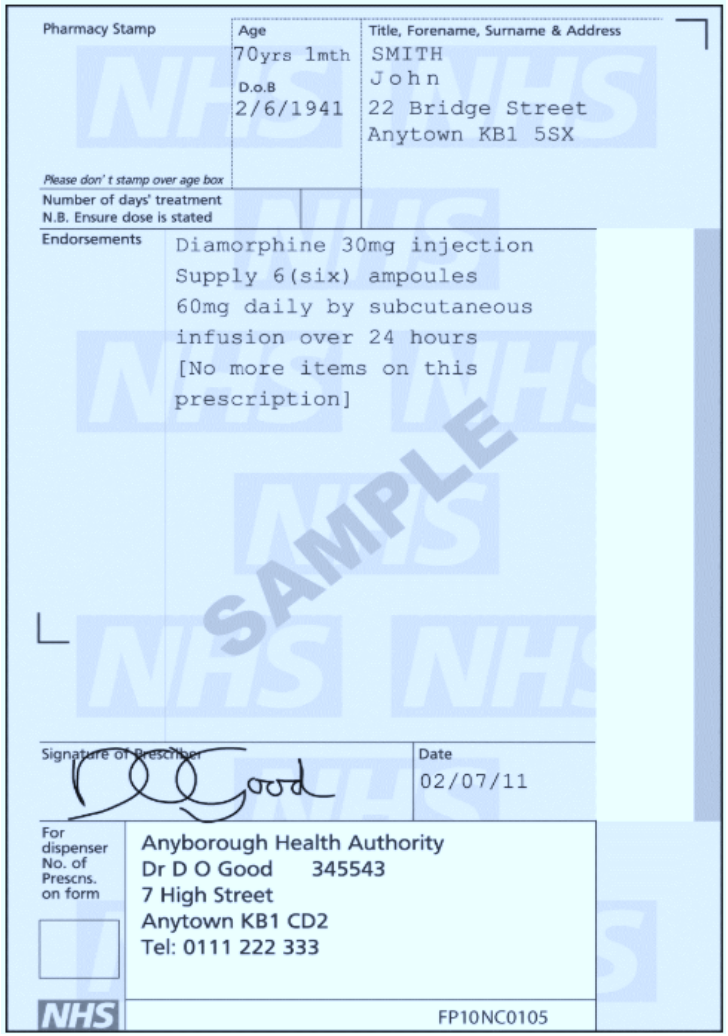
All of these medications are stocked and prescribed routinely across UHCW.

UK Controlled Drug Legislation

The Misuse of Drugs Regulations 2001 (and subsequent amendments) defines the classes of person who are authorised to supply and possess Controlled Drugs while acting in their professional capacities and lays down the conditions under which these activities may be carried out.

Schedule	Examples	Prescribing Requirements
Schedule 1	Non-Medicinal Drugs e.g. LSD, MDMA, Raw Opium, Cannabis	Home Office license required for production, possession or supply
Schedule 2	Opiates (Diamorphine, Morphine, Methadone, Oxycodone, Pethidine), Stimulants, Cocaine, Ketamine, Cannabis-based products	Subject to CD prescription requirements, safe custody & maintenance of CD register.
Schedule 3	Barbiturates, Buprenorphine, Gabapentin, Midazolam, Pregabalin, Temazepam, Tramadol	Subject to CD prescription requirements & safe custody
Schedule 4	Benzodiazepines (except Temazepam and Midazolam), Zolpidem, Zopiclone, Sativex, Androgenic and Anabolic Steroids	CD Prescription requirements do not apply.
Schedule 5	Codeine, Pholcodine or low strength Morphine oral solution (10mg/5ml only)	CD Prescription requirements do not apply.

Controlled Drug Prescriptions



- Full name, address and where appropriate, age of patient
- Drug name
- Formulation
- Strength (where appropriate)
- Dose (‘as directed’ or ‘when required’ not permitted)
- Total quantity/dosage units of the preparation in both words and figures (for liquids, total volume in ml)
- Prescriber signature and address
- Date of issue



Controlled Drugs & Electronic Prescribing at UHCW

Recent Incidents at UHCW

Type of Incident: Incident affecting Patient

Description:

- Patient on Ward 33 Endocrine. Consultant asked ward pharmacist to review patient, provide analgesia counselling.
- Presenting complaint: *unintentional morphine overdose.* Patient reports was already taking tramadol and zapain (co-codamol) and then since knee op was prescribed oramorph and gabapentin. Knee replacement at the Meriden Hospital 21.06.2025
- Unclear if doctors knew Dhx medications before prescribing new medications and counselled patient appropriately.

Recent Incidents at UHCW

Type of Incident: Incident affecting Patient

Description:

- Patient on Oxycodone 2.5mg TDS, suggested to doctors to switch to modified release Oxycodone 5mg BD or CSCI with 5mg oxycodone.
- Doctor prescribed CSCI with 5mg Oxycodone over 24 hours.
- Re reviewed by alternate doctor that evening and prescribed modified release Oxycodone 5mg BD
- CSCI running and modified release Oxycodone administered as well.

Recent Incidents at UHCW

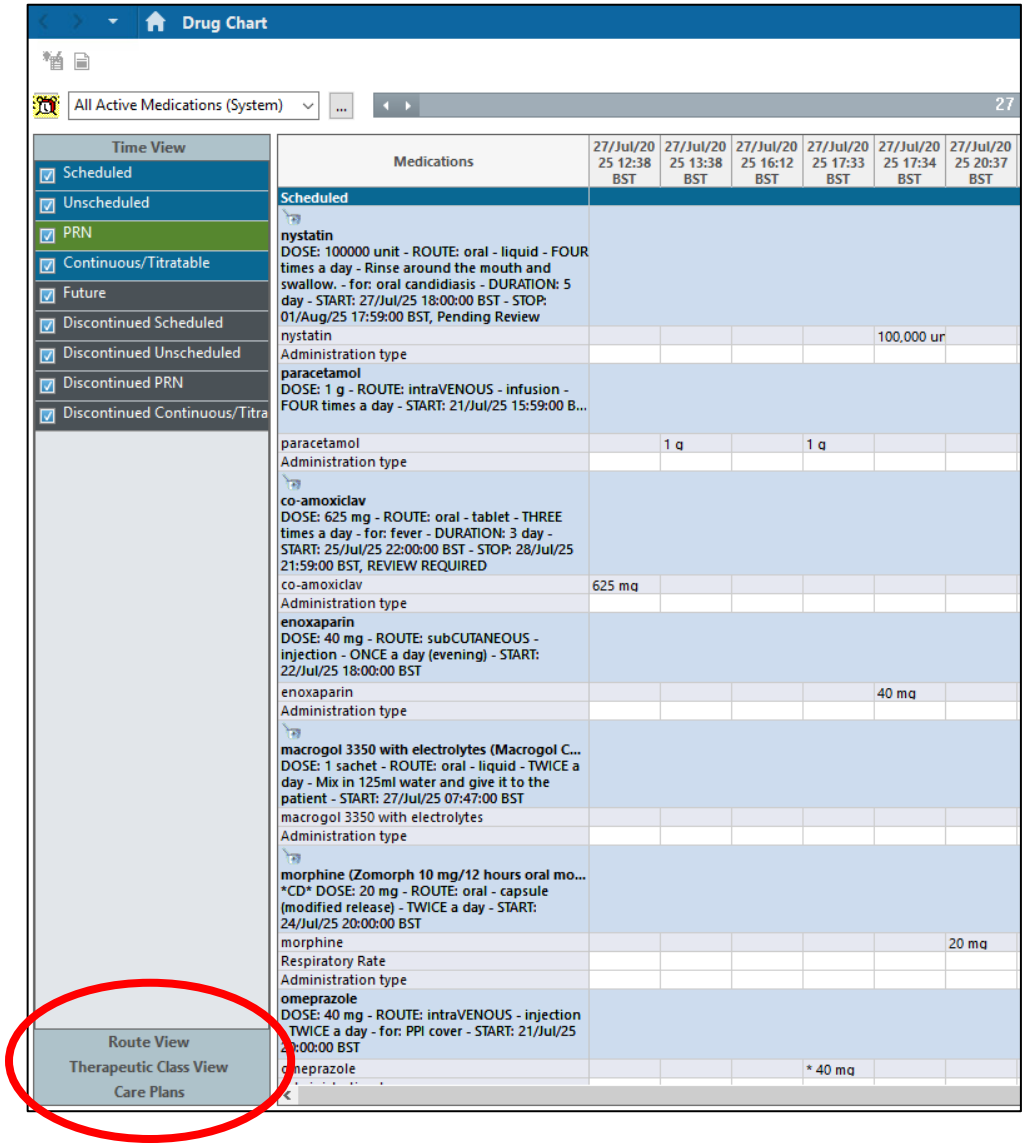
Type of Incident: Incident affecting Patient

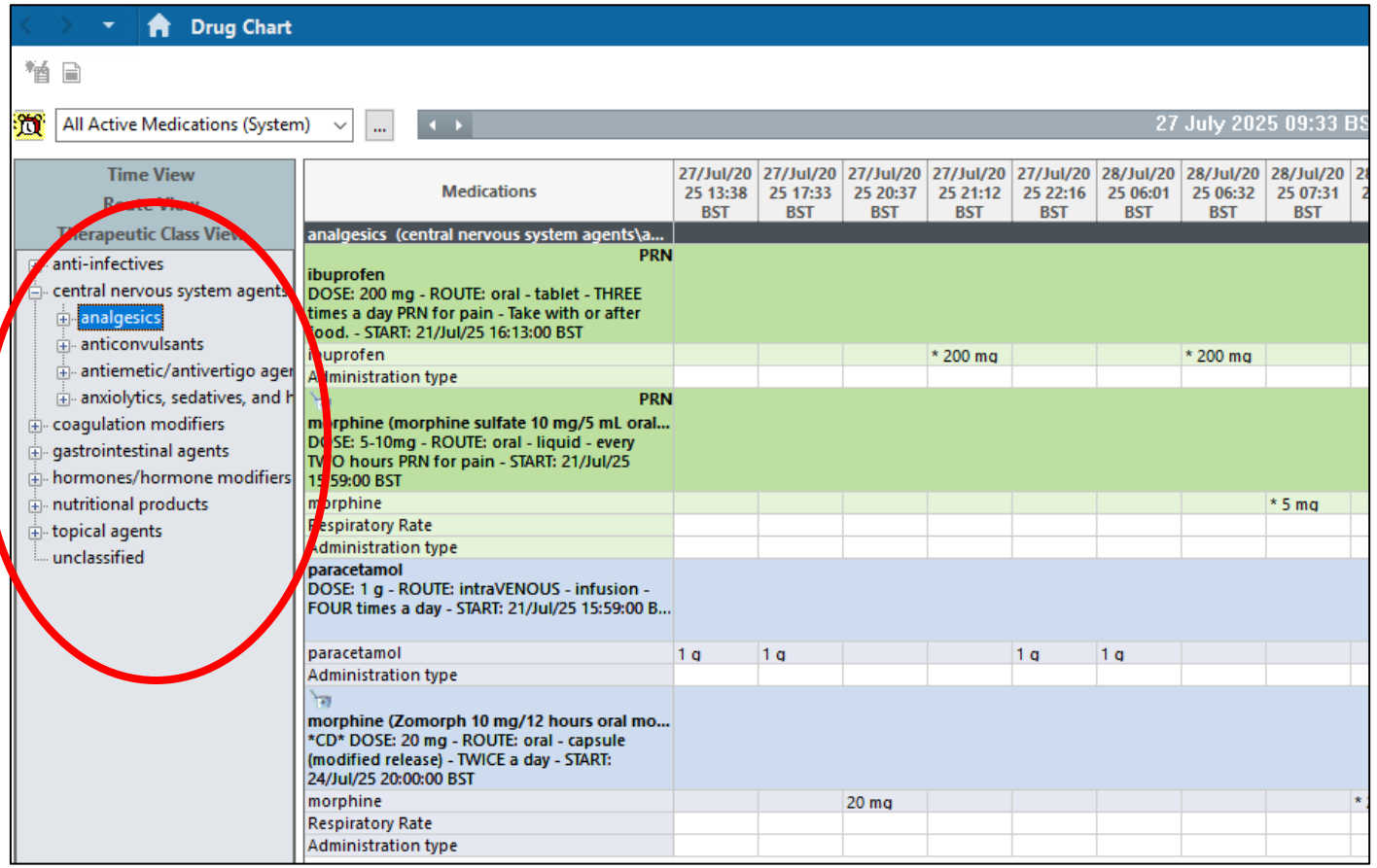
Description:

- 76yrs F 1st day post op, taking Co-codamol 30/500mg prior to admission
- Nursing staff asked if I could review the analgesia prescribed as prescribed MR and IR Oxycodone regularly
- On reviewing the drug chart patient prescribed Oxycodone 5mg liquid every 4 hrs regularly x6 doses (30mg) + Oxycodone 10mg MR bd
- Patient reported feeling drowsy.

CD Prescribing on EPR – Top Tips

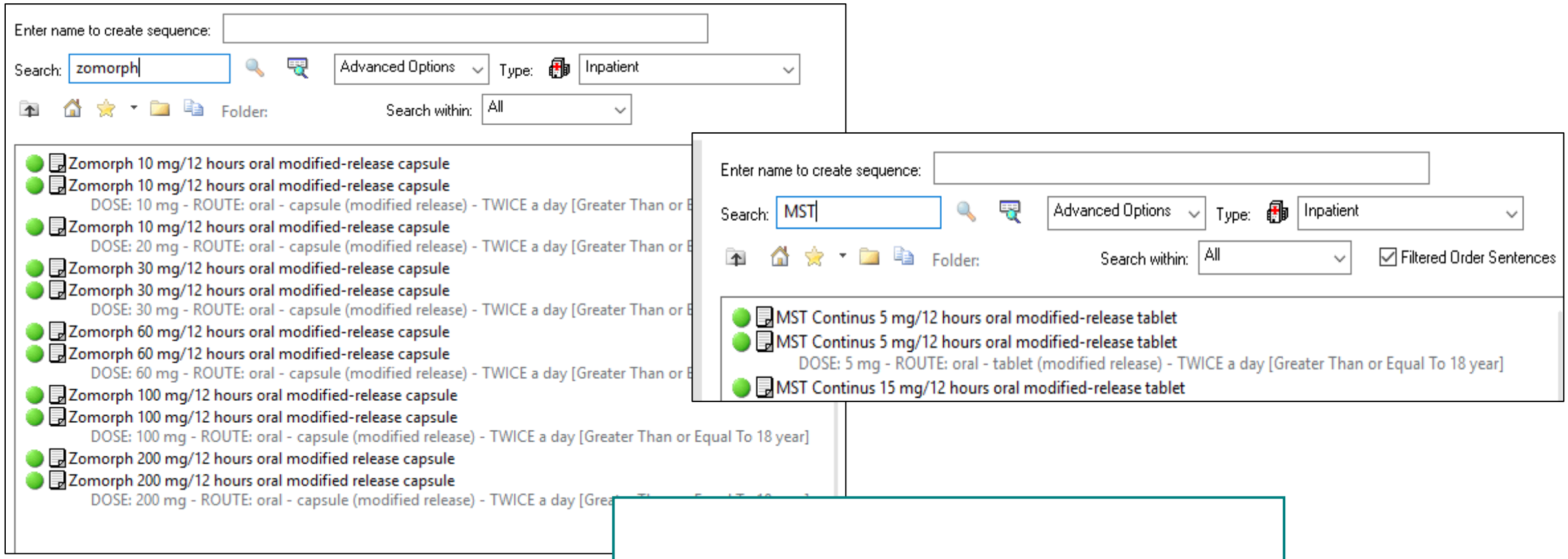
Reviewing Drug Charts





CD Prescribing on EPR – Top Tips

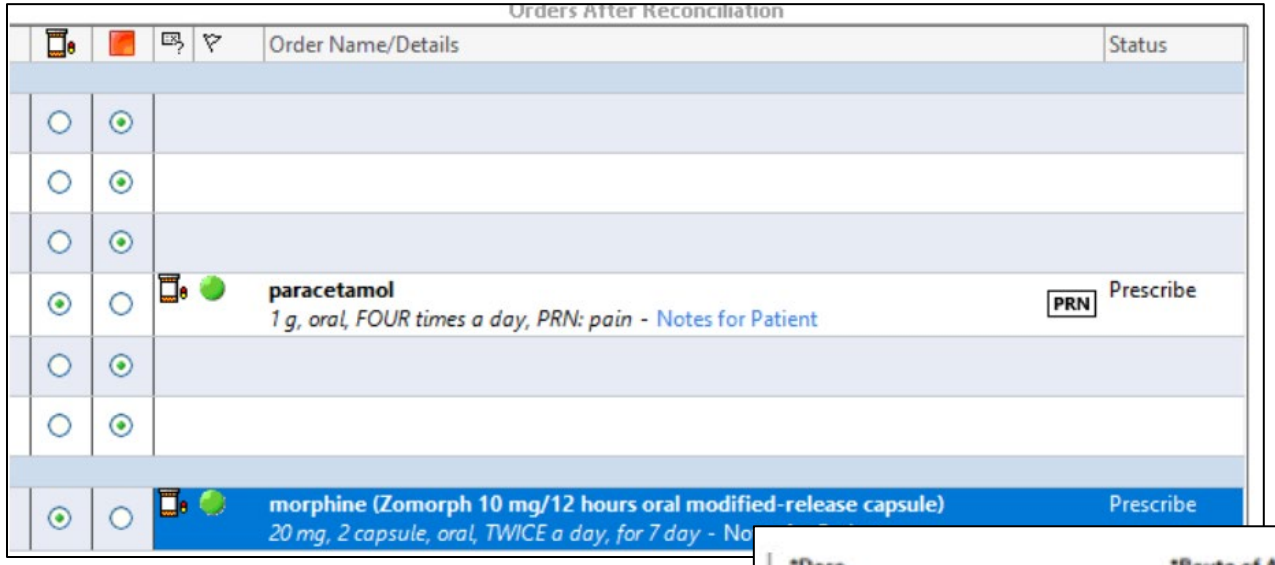
Modified Release Morphine: Brand Prescribing!

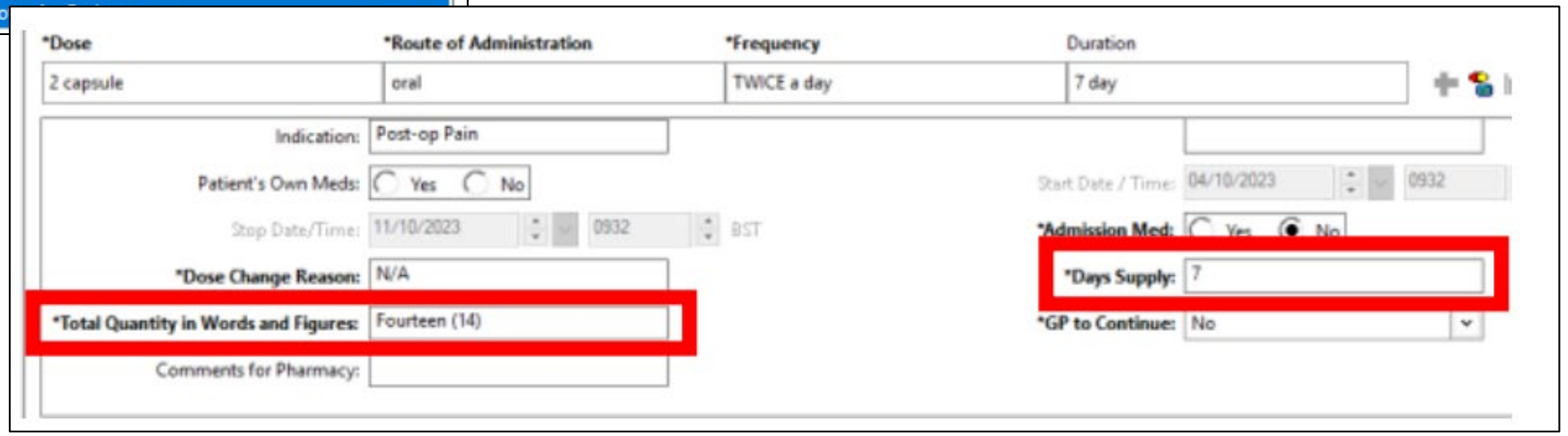


Morphine Oral Liquid & Injection – just search for "Morphine"

CD Prescribing on EPR – Top Tips

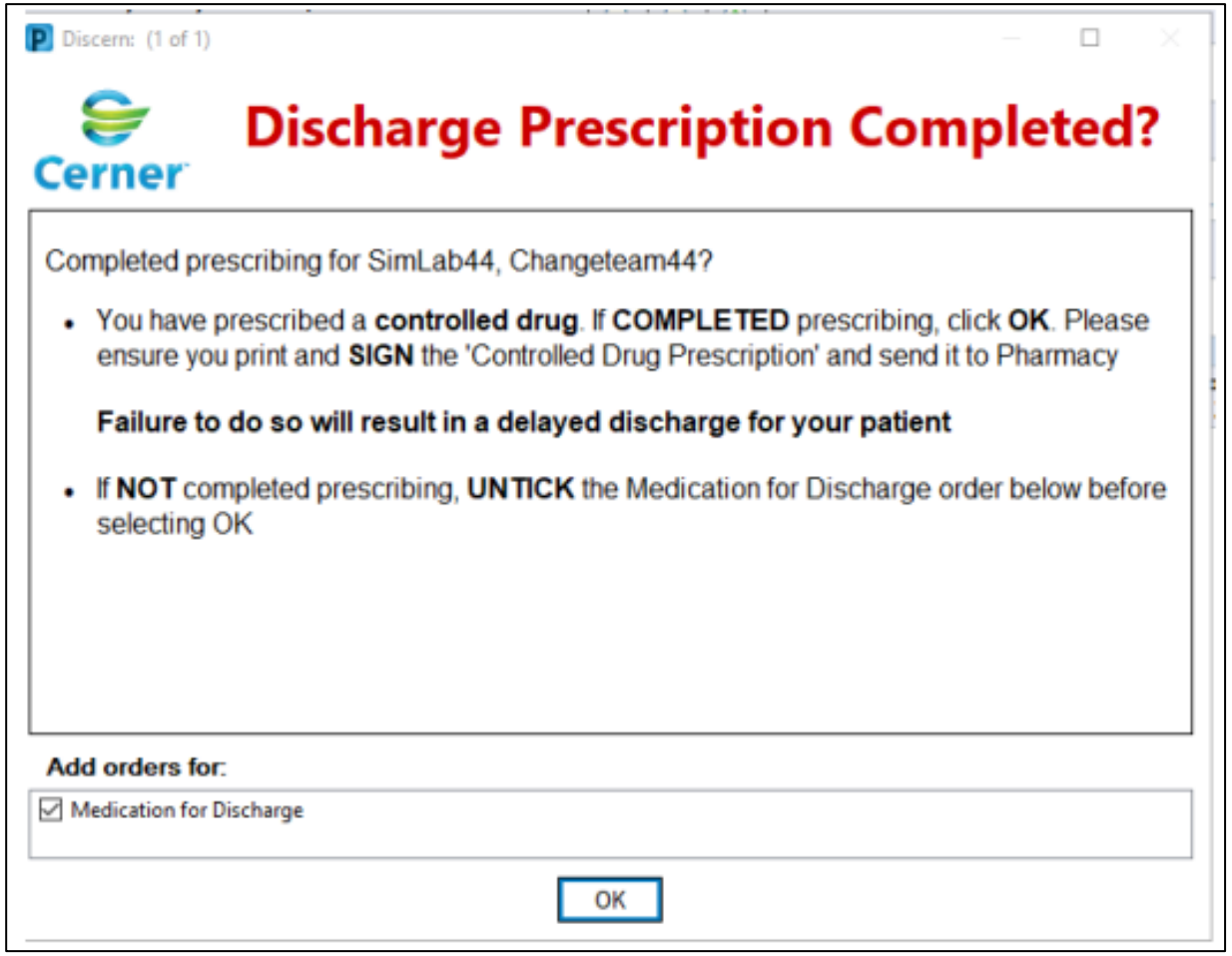
Generating a CD Prescription



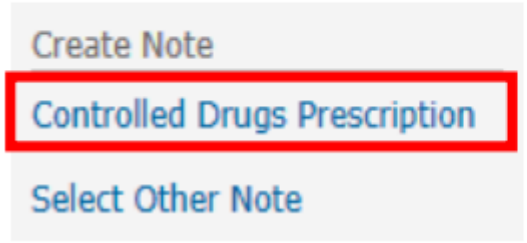


CD Prescribing on EPR – Top Tips

Generating a CD Prescription



Within the **TTO Meds** tab, click on **Controlled Drugs Prescription**.



CD Prescribing on EPR – Top Tips

Generating a CD Prescription

Admission Medication Stopped

Medication	Route	Dose	Frequency
levothyroxine tablet	oral	75 microgram	ONCE a day
paracetamol tablet	oral	1 g	FOUR times a day As required for: pain
ramipril capsule	oral	2.5 mg	ONCE a day

Admission Medication Unchanged

Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
amlodipine-olmesartan 5 mg-20 mg oral tablet	oral	1 tablet	ONCE a day	7	Yes
salbutamol 100 mcg/inh pressurised inhalation		See Instructions	As required for: shortness of breath or wheezing	7	GP to Review
	Special Instructions: Inhalation				
Zomorph 10 mg/12 hours oral modified-release capsule	oral	20 mg	TWICE a day	7	No
	Legal Status: "CD"; **Total Quantity:** fourteen (14)				

Click **Refresh** 

to update the screen.

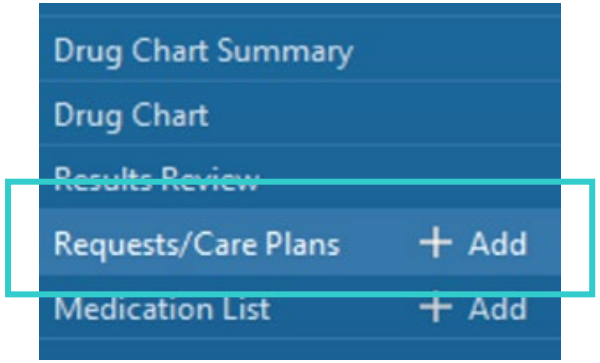
Navigate to **Documentation.**

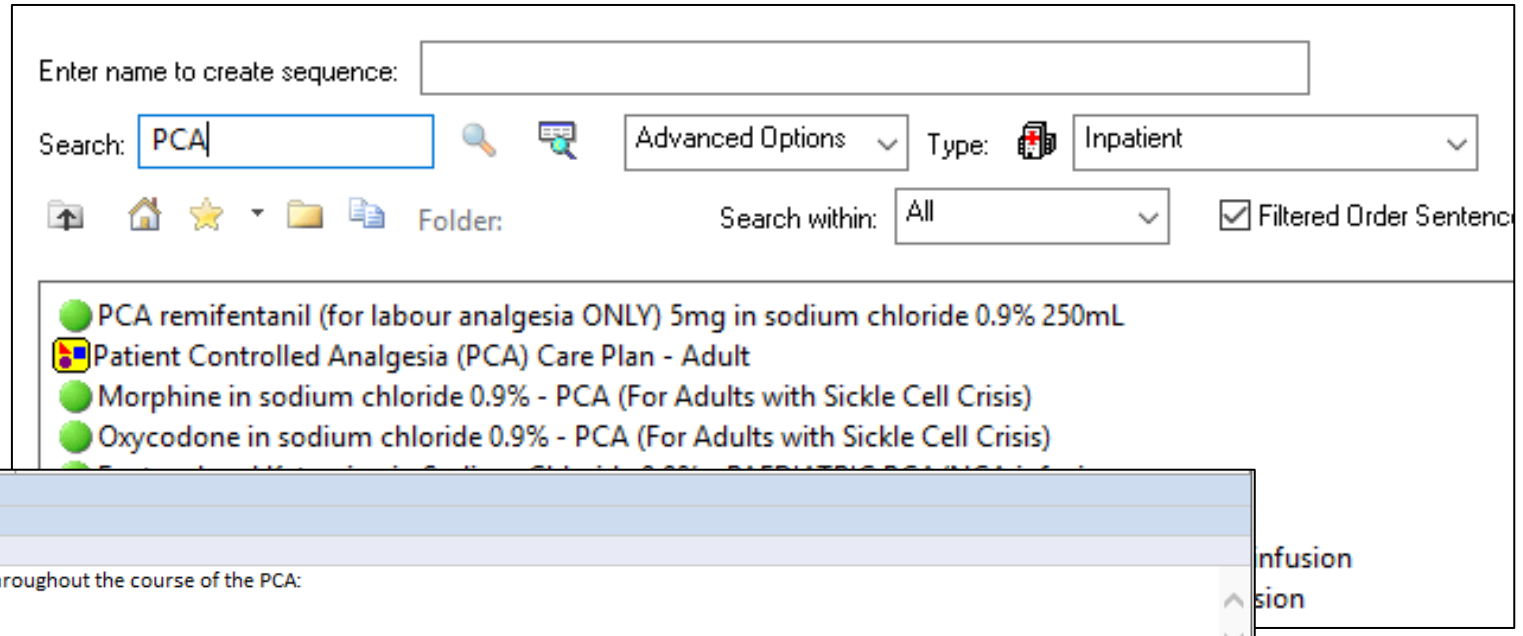
Click on the **Controlled Drugs Prescription.**

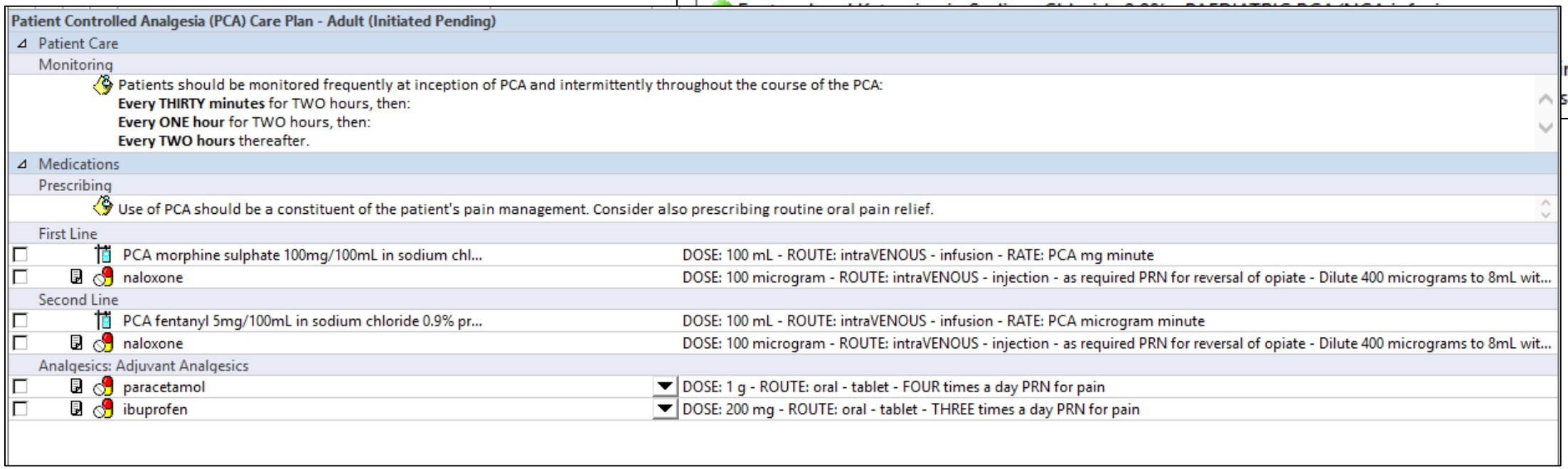
Service Date/Time	Subject	Type
04/Oct/2023 13:46:11 BST	*Controlled Drugs Prescription*	*Controlled Drugs Prescription*
04/Oct/2023 12:10:00 B...	Pharmacy Medicines Reconciliation	Pharmacy Note
04/Oct/2023 12:06:00 B...	Pharmacy Medicines Reconciliation	Pharmacy Note
03/Oct/2023 15:03:19 B...	Progress Note	General Clinical Note

Prescribing in Specific Circumstances

Patient Controlled Analgesia

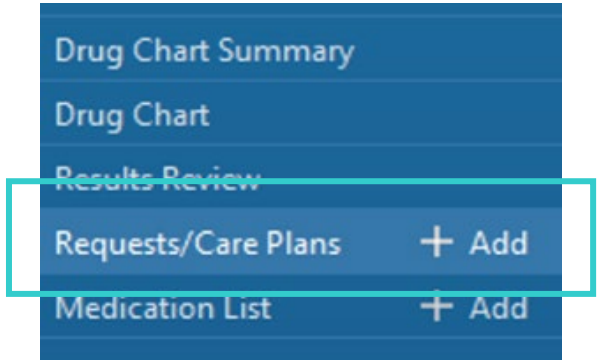


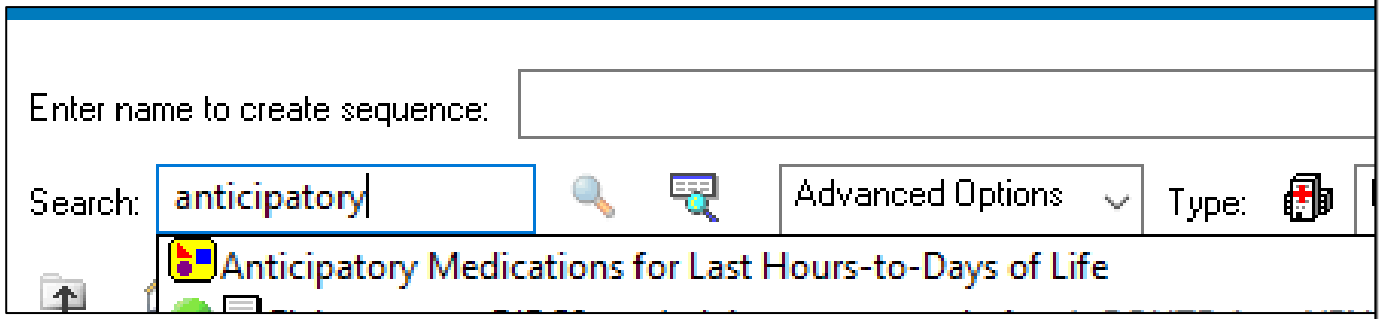


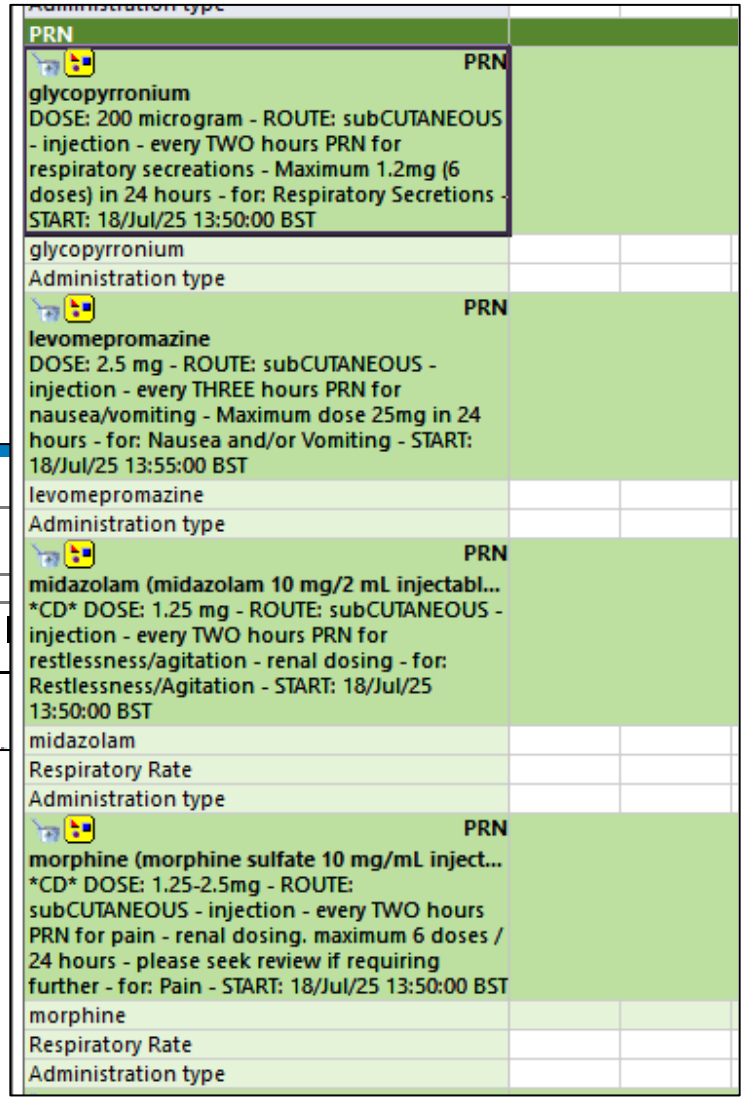


Prescribing in Specific Circumstances

Palliative – End-of-Life Prescribing Bundle

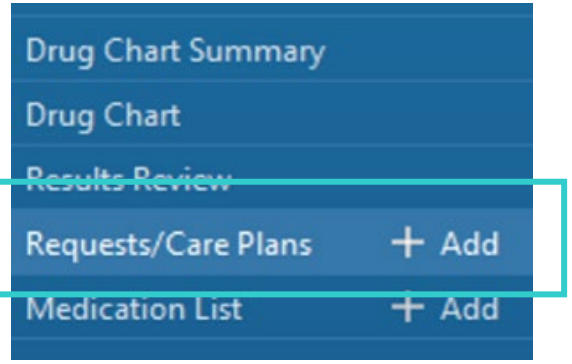


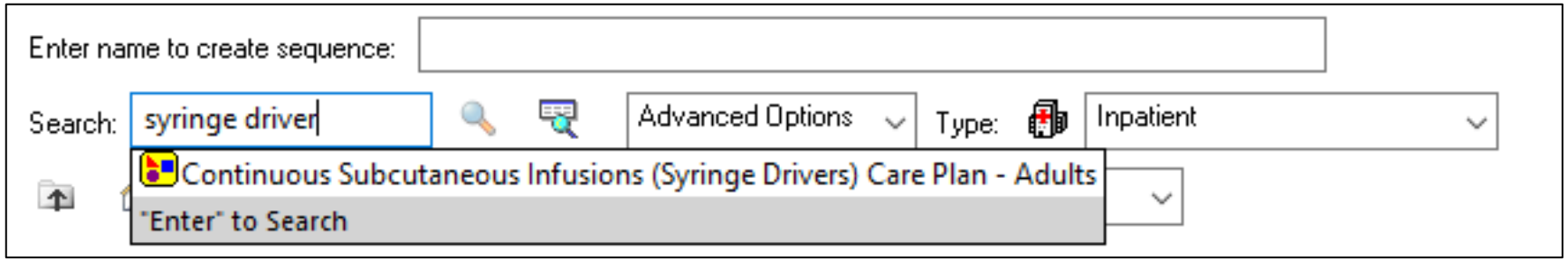


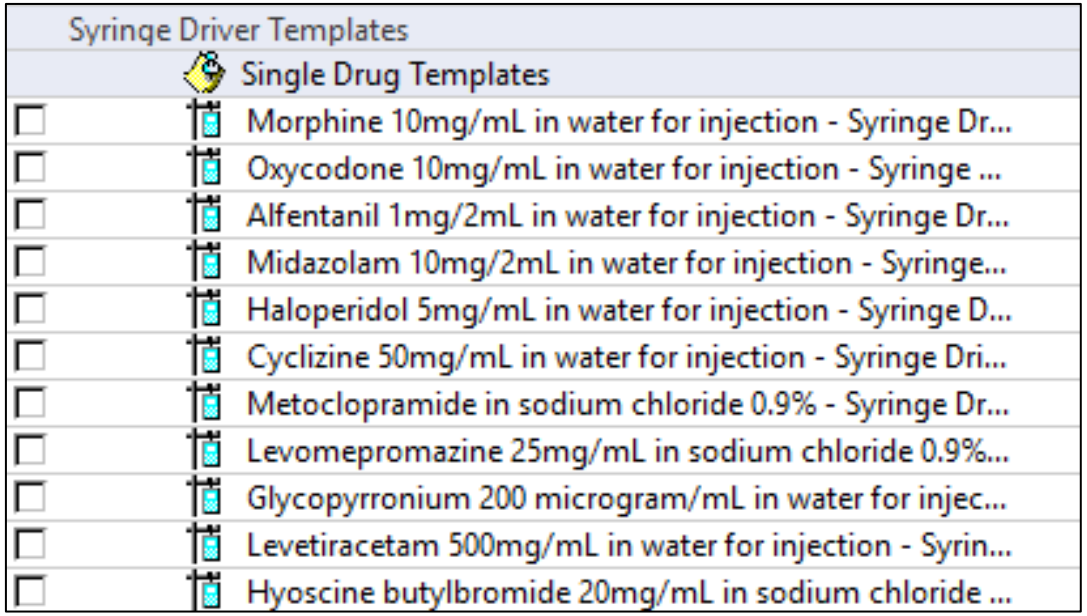


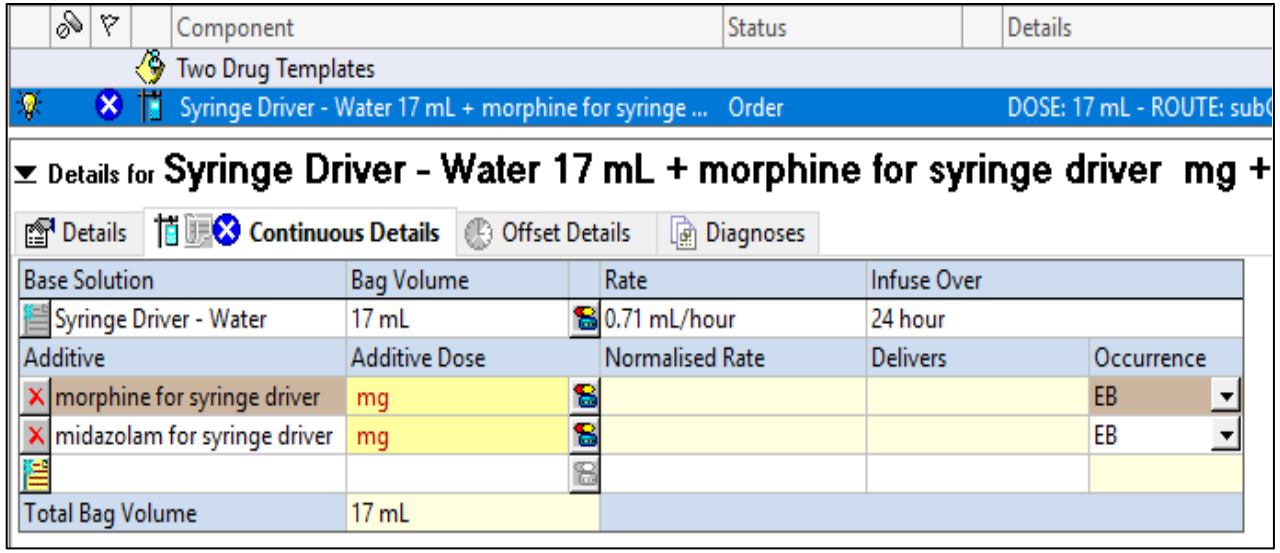
Prescribing in Specific Circumstances

Palliative Care – Syringe Drivers









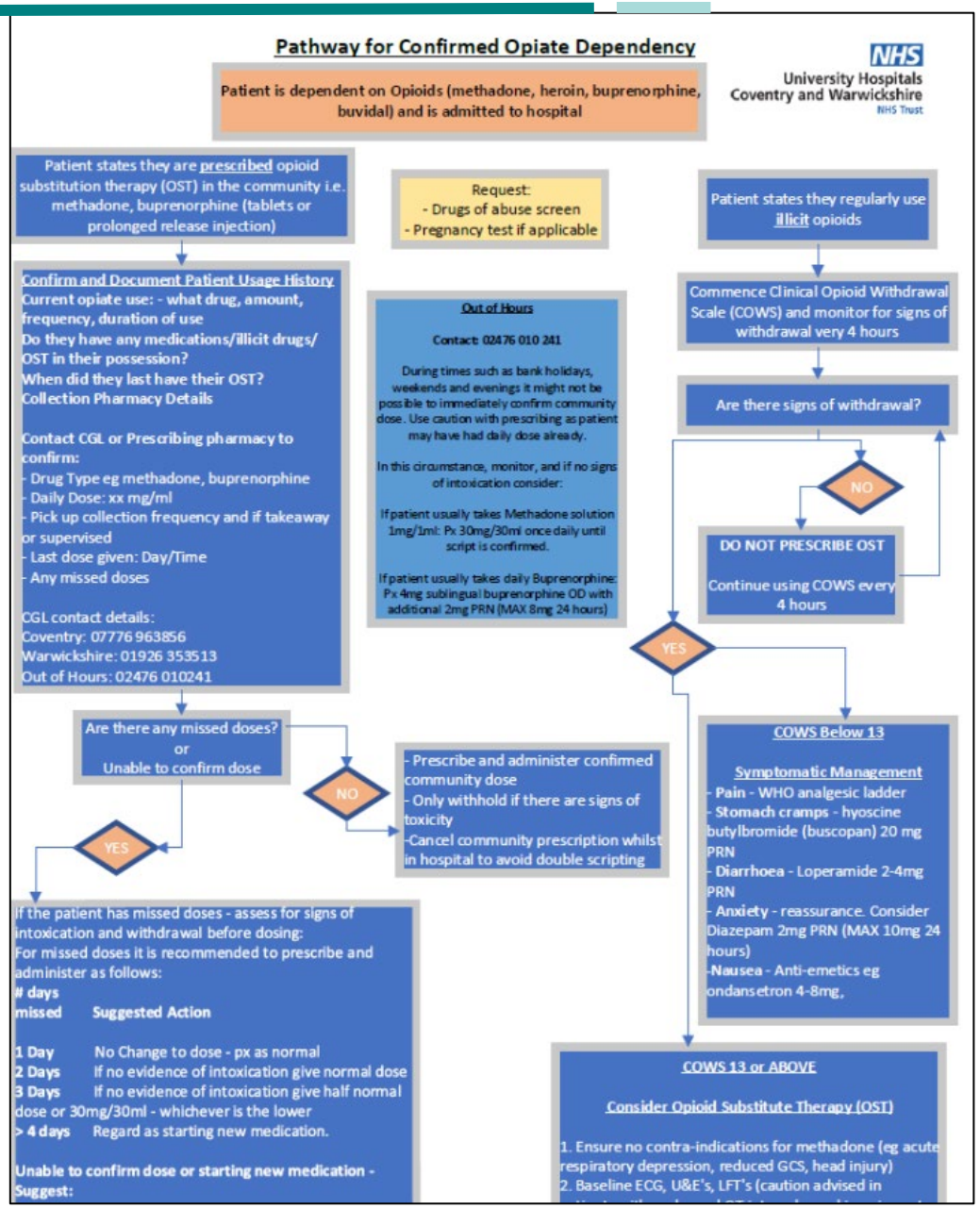
Prescribing in Specific Circumstances

Opioid Substitution Therapy

University Hospitals Coventry and Warwickshire NHS Trust

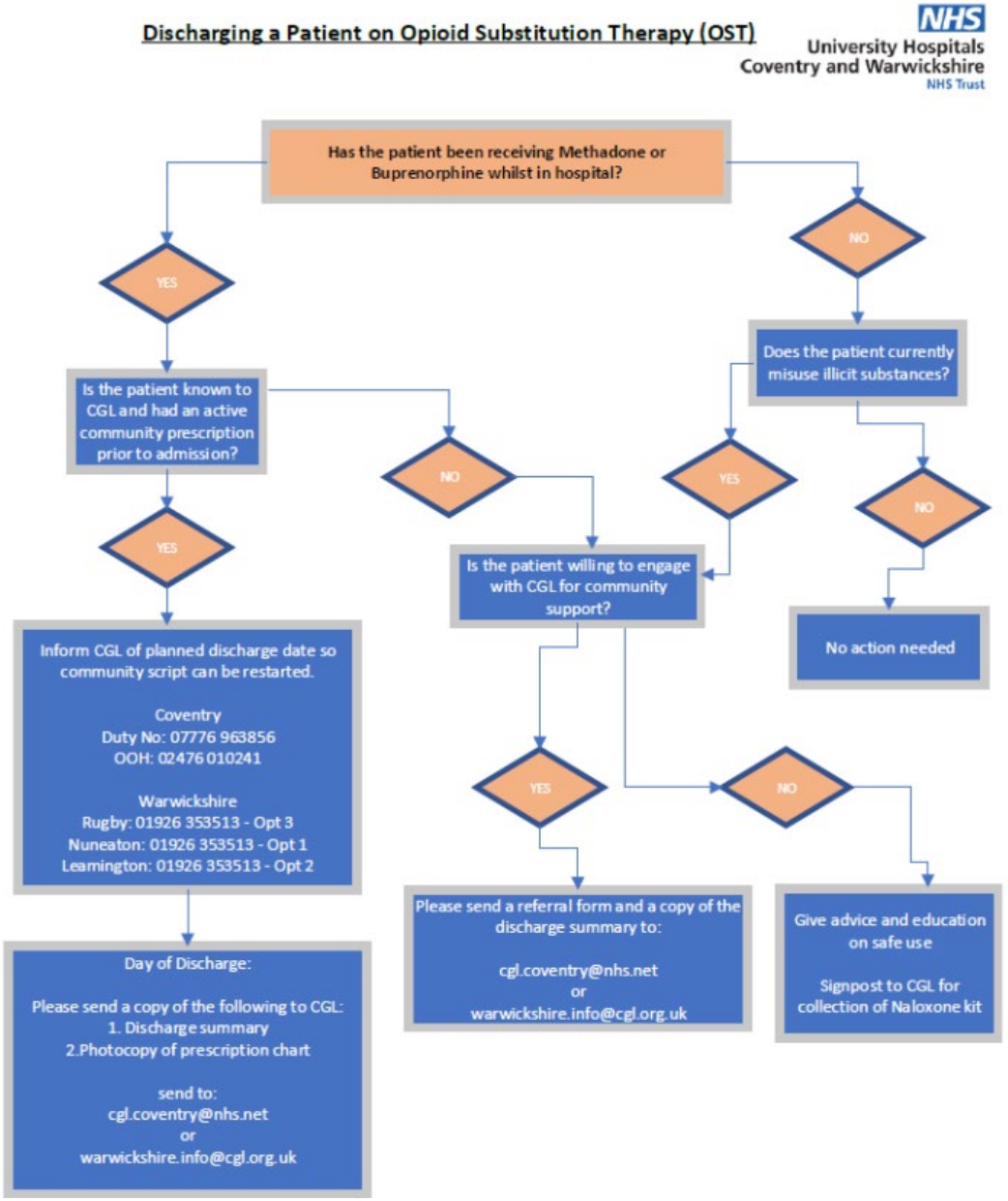
Safeguarding and Management of Substance Misuse Related Attendances and Withdrawal

Clinical Guideline



Prescribing in Specific Circumstances

Opioid Substitution Therapy





The Importance of Opioid Stewardship

Opioid Stewardship

- Opioids provide effective analgesia in acute pain and in end-of-life care, but are of limited use for treating chronic, non-cancer pain.
- Only around 10% of patients get effective long term pain relief with opioid use
- The risk of harm increases substantially at doses equivalent to Oral Morphine >120mg/24hours
- *Starting opioids in hospital is a major contributor to persistent opioid use.*



Pain Levels – The Expectation Effect



Very simple explanations can support patients to manage acute pain

If you tell someone that something will stop hurting soon – it does

If you explain pain as normal with the duration as short – it helps

Opioid Side Effects

Well Known Side Effects: Constipation, Nausea and Drowsiness

Long-Term Use of Opioids can lead to a range of adverse effects, including:

- Tolerance & Dependence
- Endocrine Abnormalities
- Mental Health Issues
- Mood Changes
- Memory Loss
- Reduced Sex Drive & Infertility
- Sleep Apnoea
- Opioid-Induced Hyperalgesia
- Death

Many of the long-term side effects happen gradually, so patients often do not associate them with opioid use

Opioid Stewardship – Prescribing

- When opioids are initiated, a clear treatment plan should be documented in healthcare notes, including the indication and the intended stop date, helps to ensure opioids are reviewed and not continued inappropriately.

- Acute pain relief is often started appropriately in hospital, but the lack of a clear stop date can lead to inadvertent overuse or unnecessarily prolonged courses of medication

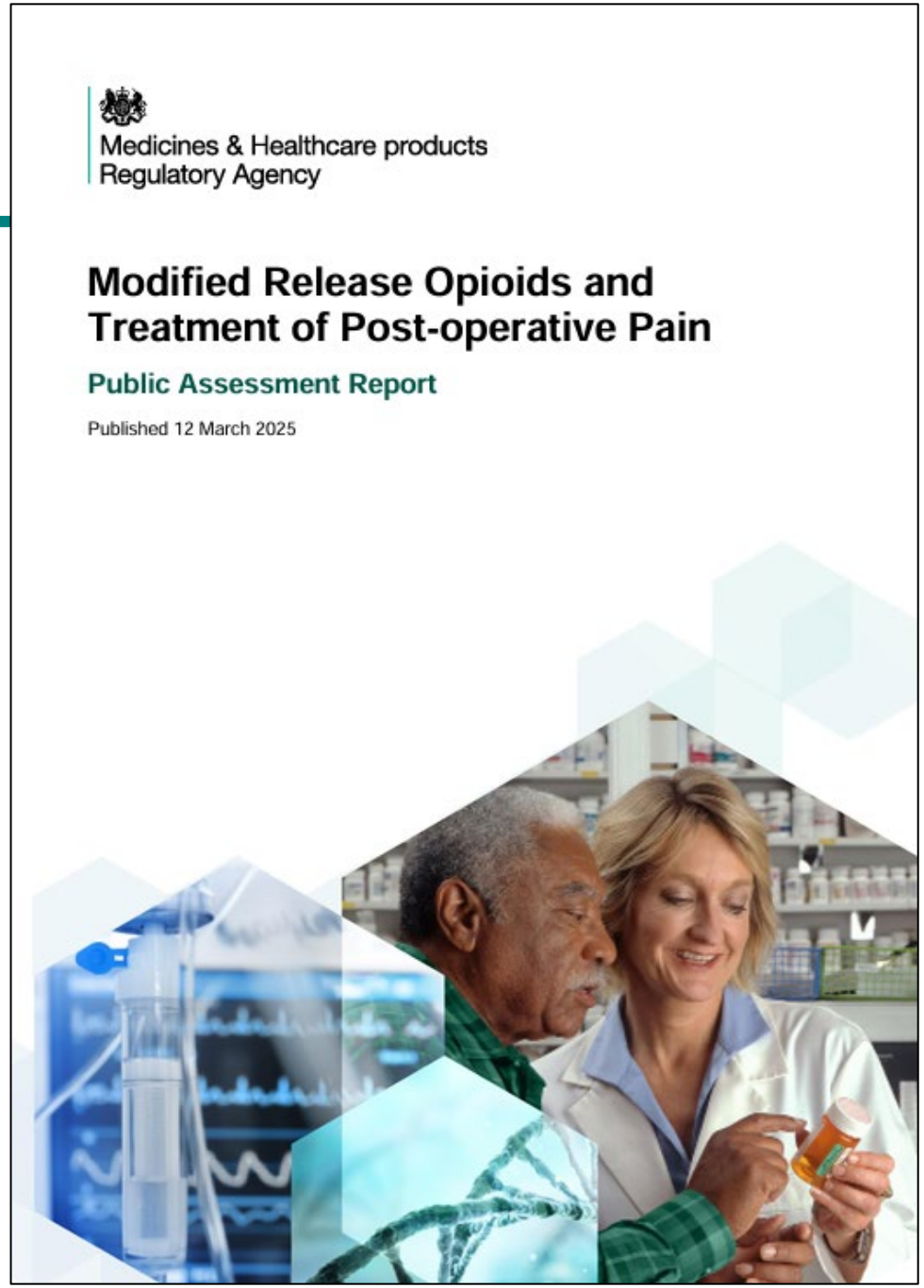
- Reports show that those discharged from surgical care on opioids are 44% more likely to be taking opioids a year after discharge than those discharged without opioids

MHRA Update 2025

- Modified release (prolonged release or sustained release) opioid medicines used in the treatment of pain following an operation may increase the risk of breathing difficulties and persistent use or dependence on these medications

- Risks of these medicines when used for the treatment of pain following an operation exceeded the benefits

- The indication for post-operative pain relief has been removed from morphine and oxycodone modified release medicines' product information and they are no longer recommended for use to relieve pain after surgery



Opioid Stewardship – Discharge Summaries

Discharge summaries are critical factor in opioid stewardship

Prescribe Sensibly – don't be part of the problem

Discharge Summaries should have:

- ✓ A clear plan for the opioid being prescribed
- ✓ Expected duration of acute opioid therapy
- ✓ Clear instruction not to continue acute opioid therapy or indication for short term use
- ✓ Any changes made to pre-existing opioid therapy including dose changes or stopping of medicines
- ✓ Where possible avoid combination therapies e.g. co-codamol, co-dydramol

Opioid Stewardship – Patient Information

NHS University Hospitals Coventry and Warwickshire NHS Trust

Medication considerations for discharge following surgery

When discharging a patient post-surgery, the prescriptions must safe, legal and sufficient detail provided in the discharge summary to ensure continuity of care into primary care. Outlined below is a checklist of existing key principles to consider on discharge, where applicable to that patient.

Ensure patient particulars have been considered, including dose adjustment for renal/hepatic impairment, co-morbidities, body weight and medication interactions.

SUMMARY

ANALGESIA	• Ensure patients have baseline pain relief of paracetamol and NSAIDs, where appropriate. • When an opioid is required on discharge, for patients newly initiated on it, ensure there is an explicit dose and duration on discharge. Usually, 5 days but no more than 7 days should be prescribed (Faculty of Pain Medicine 2021). • Newly initiated modified release opioids should be avoided. • For patient's who have had pain relieving surgery e.g. knee arthroplasty, and are on existing opioids, consider a weaning plan for the patient.
LAXATIVES	• Laxatives may be required on a PRN basis. • Be sure not to prescribe from the same class (e.g. Lactulose and Macrogol, as they are both osmotic laxatives).
ANTI-EMETICS	• Anti-emetics may be required on a PRN basis. • Be aware of contraindications e.g. metoclopramide should not be used in patients with Parkinson's disease. • Be aware of common side effects e.g. ondansetron can cause constipation. • Ensure time-limited alongside any opioids issued on discharge.
THROMBOPROPHYLAXIS	• For patients on anticoagulation prior to surgery, ensure it has been restarted, and the patient is aware of this. • For patients newly initiated, ensure they have been thoroughly counselled and are aware of the bleeding risks associated.
ANTIBIOTICS	• Allergy status to be checked prior to issuing the antibiotic. • A clear dose, duration and indication for the antibiotics is needed. • Medication specific counselling required.
COUNSELLING	• Patients should be informed of how to self-administer their medication at home for all of the above. This should include how to measure out doses of liquid formulations, and what to do with remaining medication following course completion. • Ensure patients are provided with safety netting advice for worsening pain, bleeding, bruising, thromboembolism, infection not improving etc. • For patients who require translation services, please ensure this is arranged e.g. through LanguageLine.

Managing pain after your surgery (National Leaflet)

Author: Lesley Harris

This leaflet explains what you can do to prepare for medicines used to reduce pain, and how to use ther



Managing pain after your surgery

This leaflet explains what you can do to prepare for going home after surgery and to help your recovery. It describes the medicines used to reduce pain, and how to use them safely while you recover.


Questions?