Drug Diversion is a common occurrence in all healthcare facilities. The most common medications diverted in healthcare facilities are those that relieve pain or alter mood, or consciousness. These medications include, but are not limited to, benzodiazepines, narcotics, and stimulants. Those who take these medications can be using them in many different ways. Not all people who steal medications are drug addicts. Some signs and actions to look for that may indicate a drug diversion include unexplained employee disappearances from the unit, making rounds at odd times, patients reporting the lack of pain relief or increased PRN sign-outs (both usually confined to one unit) offering to medicate co-workers’ patients, discrepancies with narcotic sheets, and unexplained alterations in orders. Although not all employees who divert medications are doing so to consume them, addiction in the workplace is a possibility. Some physical signs of intoxication to watch for can include shakiness, excessive fatigue, watery eyes, weight loss or gain, and changes in pupil dilation.

A common misconception is that if an employee is taking medications, it only brings harm to himself or herself. Stealing medications does not only bring harm to the culprit, but also can harm the patient, as well as the facility. For the offender, stealing medications from the supply chain can result in felony prosecution and civil malpractice actions, as well as actions taken regarding their professional licensure. Patients can be harmed in a number of ways, including suffering injury from withholding pertinent medications, the administration of contaminated drugs in place of the diverted drug, receiving an alternate drug to which they are allergic, or simply the potential risk of being under the care of an impaired individual. The facility itself is at risk by possible loss of revenue and civil liability for failure to prevent diversion. Facilities with significant drug diversion are subject to investigation by local or state law enforcement, the Board of Pharmacy, the Board of Nursing, and the Drug Enforcement Administration (DEA).

In order to ensure that patients are getting the correct medication and diversion is not occurring, be sure to follow proper procedure when dealing with narcotics throughout the day. This includes the off-going and on-going nurses doing a shift count, looking at both the medications and count sheets, (all narcotics, including contingency stock narcotics, have a count sheet with them). It is essential that the administration of medication is done appropriately with accurate documentation of administration to or refusal by the patient. In addition, documentation of the receipt of medications from the pharmacy must be completed. If there is a discrepancy, notify the charge nurse immediately. If there is suspicion of diversion, do not be afraid to report it to a supervisor. Most facilities have a policy of how to handle these situations, but as a director of nursing or administrator, call your consultant pharmacist as soon as you realize there is a problem. Your team of pharmacists can help you along the way and know whom you need to contact.

Some helpful hints to avoid the surprise of diversion include checking for proper documentation of administered PRN medications, holding surprise audits of narcotic drawers/count sheets, and discontinuing unused PRN medications to eliminate the potential for diversion. Do not forget that any employee can be diverting medications. As soon as diversion is suspected, contact the appropriate people and follow your facility’s policy. No one wants to deal with a theft, but should it occur, your team at Remedi can help you through the process.

Selected References


