

Controlled Drug Use on Neonatal Transport

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Document Type	Procedure
Owner/Sponsor	Paediatric Pharmacy Team & Neonatal Intensive Care Unit
Summary	Standard operating procedure for the carriage of Controlled Drugs (CD's) on the neonatal transport ambulance based at the John Radcliffe Hospital. Going from and to hospitals within the Thames Valley Network and also to local tertiary referral centres.
Subject Area	Transport of Controlled Drugs
Approved Via	Neonatal Unit <del>Women's and Children's</del> Clinical Governance Committee OUHFT Accountable Officer
Date of Next Review	<del>November 2026</del> May 2019
Target Audience	Neonatal Transport Team based at John Radcliffe Hospital and Pharmacy Staff
Associated Policy	Medicines Policy
Related Documents	Controlled Drug Procedure Transport of Medicines Procedure
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This Document replaces	<del>Controlled Drug Use on Neonatal Transport Version 1.2</del> New Document

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Issue Date: ~~XX46/1106/2023~~16

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Stakeholders – Who has Been Consulted?

Who? Individuals or Committees	Rationale and/or Method of Involvement
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Document History

Date of revision	Version number	Reason for review or update
<del>26/10/2023</del>	<del>1</del>	<del>Date of review overdue</del>
24/3/25	1.3	Addition of appendix

Contents

Executive Summary ..... 54

Introduction ..... 65

Scope ..... 65

Responsibilities ..... 75

Definitions ..... 75

Content ..... 85

Dissemination and Implemenation ..... 95

Training..... 95

Monitoring Compliance ..... 95

References ..... 106

Equality Analysis..... 106

[Appendix 1: Procedure for carrying premade fentanyl syringes for intubation on transport](#). 11,

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## Controlled Drug Use on Neonatal Transport

### Executive Summary

The neonatal transport team at the JR operates 24 hours a day, 7 days a week. This procedure is to enable the team to have access to ~~five~~ ~~four~~ ~~three~~ controlled drugs on the transport ambulance:

- Phenobarbital (for seizures)
- Midazolam (for sedation)
- Fentanyl (~~for intubation~~ for sedation and intubation if pfs not available)
- Fentanyl pre-filled syringes (for intubation)
- Morphine (for pain)

The babies can be medically unstable and require urgent transportation for surgery to another specialist centre (E.G. Southampton or Great Ormond Street Hospital). During transportation there is a risk that a baby may start to have a seizure or self-extubate. To prevent pain and distress, controlled drugs are needed for re-intubation and the treatment of seizures.

## Carriage of controlled drugs on Neonatal Transport based at the John Radcliffe Hospital to and from other hospitals within the Thames Valley Network and to specialist tertiary referral centres

For use by the Neonatal Unit and the Neonatal transport team at the John Radcliffe Hospital only and must be used in accordance with Trust Controlled Drugs Procedures

### Introduction

1. This procedure is to provide guidance for the doctors, Advanced Nurse Practitioners (ANP), nurses and pharmacists working on the John Radcliffe Hospital neonatal transport for the carriage of controlled drugs whilst transporting babies to and from other hospital trusts.
2. The hospitals we transport to and from usually consist of: ~~Royal Berkshire~~, Wexham Park, Milton Keynes, Stoke Mandeville, ~~Banbury~~, Southampton, Swindon and Great Ormond Street Hospital.
3. The team is acting under the Thames Valley Network and will transport babies to tertiary referral centres when needed, for specialist procedures.

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### Scope

4. This procedure is for use by the neonatal transport team (including doctors, advanced neonatal nurse practitioners and nurses) at the John Radcliffe for the carriage of controlled drugs operating under the Thames Valley Network and in order to transfer patients to specialist centres.
5. This procedure applies to this clinical area only as authorised by the OUHFT Accountable Officer

## Responsibilities

7. The **Paediatric Pharmacist** has responsibility for carrying out 6 monthly CD checks as per the Trust CD ~~Policy~~~~procedure~~ and investigating any discrepancies appropriately. In addition, will maintain and update this procedure, as required.
8. The **Advanced Neonatal Nurse Practitioner (ANNP)** will ensure safe and secure storage of the controlled drugs both on the neonatal transport and at the neonatal transport office as per the Controlled Drug Policy. They are responsible for the safe prescribing and administration of medication, in accordance with current legislation and local guidance.
9. **Doctors** will prescribe and administer controlled drugs in line with current legislation and local guidance.
10. **All staff working in the NNU Transport Team** are required to follow and implement this guideline. They are responsible for ensuring safe and secure storage of medication at the NNU office at the John Radcliffe and on the transport. They are responsible for managing stock levels and retaining documentation as per the CD policy and local guidelines.
11. Responsibility for ensuring the safe use and management of controlled drugs within the organisation is with the Accountable Officer. This is the **Clinical Director of Pharmacy and Medicines Management**. They have lead responsibility for safe medicines practice throughout the Trust and reports to the Trust's Medical Director.

## Definitions

Term	Definition
Neonatal Transport	Ambulance used to transport neonatal babies to and from hospitals safely in a special incubator for treatment or repatriation to their local hospital.
ANNP	Advanced <u>Neonatal</u> Nurse Practitioner
CD	Controlled Drug
NNU	Neonatal Unit
TVN	Thames Valley Network
<u>PFS</u>	<u>Pre-filled syringes</u>

### Operational procedures for the NNU transport office

12. Please see ~~Controlled Drug Procedure~~ Controlled Drug Policy Procedure for the legal and trust requirements for the safe storage and handling of CD's within the trust.
13. In addition to the Medicine Policy and Controlled Drugs Policy being adhered to, specific requirements, due to the nature of the neonatal transport remit will include:
  - 13.1. The Controlled Drugs will be stored in the CD cupboard located in the NNU transport office at the John Radcliffe.
  - 13.2. The CD's will be checked daily as per the CD policy.
14. Prior to a journey, two registered nurses will pack the controlled drugs into a foam-lined, tamper evident storage box, to prevent breakage.

This will consist of:

  - 1 x ampoule of fentanyl (100micrograms/2ml)
  - 1 x ampoule of midazolam (10mg/2ml)
  - 2 x ampoules of phenobarbital (60mg/ml)
  - 1 x ampoule of morphine (10mg/2ml)
- ~~15. The CD book must be taken in the ambulance with the CD's. The CD book should be filled with the patient's name if a dose is given during the journey.~~
- ~~16.~~ 15. Once moved to the ambulance by the registered nurse, the controlled drugs must be kept in a locked box. The locked box for the drugs must be permanently attached to the incubator ~~in order to~~ prevent theft.
- ~~17.~~ 16. The CD keys to the locked box must be ~~kept on the person of the nurse at all times~~ always kept on the person of the nurse. This will include when the ambulance is back at base (the John Radcliffe Hospital NNU) and the CD's are locked away, a nurse either in the transport team or on the ward should still carry the key at all times.
- ~~18.~~ 17. If the drugs are used during a journey, the name of the patient and the dose received should be documented in the CD book retrospectively on the same day/on return, for a clear audit trail.
- ~~19.~~ 18. If the drugs are not used during the journey, they should be ~~returned back~~ returned into the CD cupboard as per the CD ~~Policy~~ Procedure on the same day/return.
- ~~20.~~ 19. The ward pharmacist will audit the prescriptions and CD's during the 6 monthly CD check.
- ~~21.~~ 20. Any doses of these controlled drugs must be prescribed on the drug chart for the baby prior to administration as per the Medicines Policy. These drug charts need to be kept for 2 years, to comply with legal prescription requirements.
- ~~22.~~ 21. The temperature of the controlled drugs must be monitored during transport to and from, to ensure safe storage whilst in the ambulance. Any breaches of temperature must be managed as per the safe and secure storage of medicines procedure.



## Dissemination and Implementation

~~23.22.~~ This procedure will be disseminated by the clinical lead and lead ANNP to appropriate staff members. It will be the responsibility of the neonatal transport team to implement.

~~24.23.~~ At the time of approval of this procedure the following equipment was identified to be purchased:

~~24.1-23.1.~~ Foam lined, tamper evident, storage box

~~24.2-23.2.~~ Lockable CD box to be attached to incubator

~~24.3-23.3.~~ Prescription chart for transport journey

~~24.4-23.4.~~ Thermometer for temperature monitoring

~~24.5-23.5.~~ CD record book

~~24.6-23.6.~~ CD red bag

~~24.7-23.7.~~ Pharmacy cost centre for neonatal transport team

~~25.24.~~ This will be monitored by the paediatric pharmacist and lead ANP for NNU

## Training

~~26.25.~~ There is no additional training associated with this procedure.

## Monitoring Compliance

Compliance with the document will be monitored in the following ways.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
CD audit	6 monthly CD check	Ward Pharmacist	Every 6 months	Local Governance as per Trust CD Procedures
Temperature monitoring during transport	Temperature monitoring forms (see safe and secure SOP)	Lead clinician	Each journey	Local Governance

Review

27.26. This policy will be reviewed in 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

References

28.27. Oxford University Hospitals NHS Foundation trust, 202146. The Controlled Drugs policy (PDF). Available at: <https://ouhnhuk.sharepoint.com/sites/policiesandprocedures/Clinical%20Policies%20and%20Procedures/Pharmacy/Medicines%20Policy.pdf> documents (sharepoint.com) <http://ouh.oxnet.nhs.uk/Pharmacy/Med%20Policy%20Docs/Controlled%20Drugs%20SQP.pdf> [Accessed on 269/105/202346]

29.28. Oxford University Hospitals NHS Foundation trust, 202146. The Medicines policy (PDF). Available at: <https://ouhnhuk.sharepoint.com/sites/policiesandprocedures/Clinical%20Policies%20and%20Procedures/Pharmacy/Medicines%20Policy.pdf> cy template (sharepoint.com) <http://ouh.oxnet.nhs.uk/Pharmacy/Med%20Policy%20Docs/Medicines%20Policy.pdf> [Accessed on 269/105/202346]

Equality Analysis

30.29. As part of its development, this policy and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken (see appendix attached) and in order to minimize the potential to discriminate, the following adjustments have been identified:

How does this policy affect each characteristic? Protected Characteristic:	Reasonable adjustments required
Disability (all disability including dementia and learning disability)	n/a
Sex	n/a
Age	n/a
Race	n/a
Sexual Orientation	n/a
Pregnancy and maternity	n/a
Religion or belief	n/a

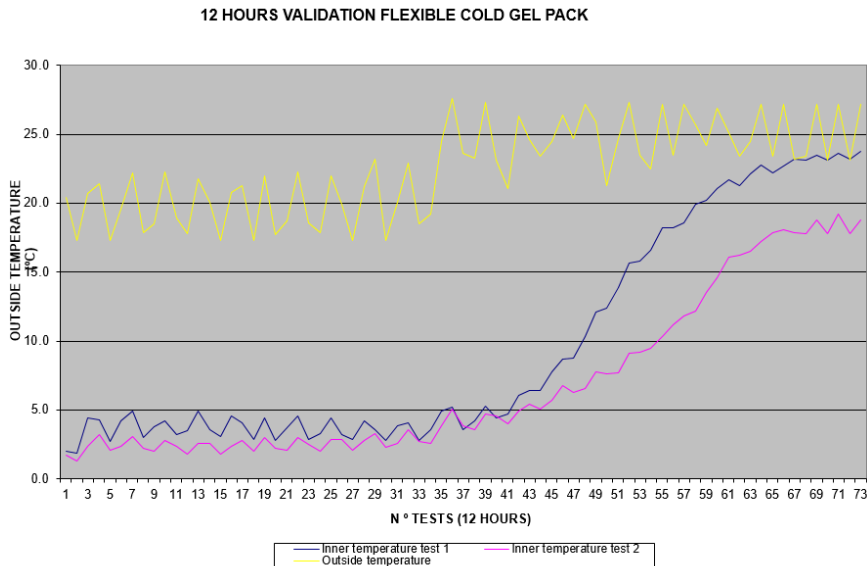
Gender re-assignment	n/a
Marriage or civil partnerships	n/a
Carers	n/a
Safeguarding people who are vulnerable	n/a

**Appendix 1:**  
**Procedure for carrying premade fentanyl syringes for intubation on transport**

1. Pre made fentanyl syringes for intubation must be kept at a temperature of 2-8C. The ROWS XL Isothermal Bag, has an external temperature display to monitor temperature of the contents and has been shown by manufacturers to maintain internal temperature below 8C for 7 hours when an ice block is placed inside the bag (see below graph)

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2. Prior to a journey, two registered nurses will pack the controlled drug pre made syringes of fentanyl into ROWS XL Isothermal Bag, containing ice blocks. The bag then must remain sealed, with a combination padlock. The syringe will be taken from the unit controlled-drug fridge and signed out on the unit controlled-drug record, will be signed out using the transport U number.
3. The locked ROWS XL Isothermal Bag must be permanently attached with a lock to the incubator to prevent theft.

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**Commented [MM5R4]:** I would say sealed - I think they don't have a key

**Commented [KW6]:** Is this correct?

**Commented [MM7R6]:** Yes, unless we have a locked fridge in the transport office where we could keep the stock overnight?

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- 4. Once moved to the ambulance by the registered nurse, the controlled drug fentanyl syringe must be moved into the ambulance drug fridge and the fridge cupboard must be kept locked.
- 5. On arrival to the referring hospital the controlled drug pre made fentanyl syringe must be taken out of the ambulance drug fridge, placed back into the ROWS XL Isothermal Bag, which must be sealed and attached the transport incubator.
- 6. If at any point during the transfer the temperature of the ROWS XL Isothermal Bag exceeds 8C the controlled drug fentanyl pre made syringes must be not be used and discarded as per unit controlled drug policy on return to base.
- 7. If the drugs are used during a journey, the name of the patient and the dose received should be documented in the CD book retrospectively on the same day/on return, for a clear audit trail.
- 8. If the drugs are not used during the journey and maintained within the temperature range, they should be returned into the CD fridge as per the CD Policy on the same day/return.
- 9. The ward pharmacist will audit the prescriptions and CDs during the 6 monthly CD check.
- 10. Any doses of these controlled drugs must be prescribed on the drug chart for the baby prior to administration as per the Medicines Policy. These drug charts need to be kept for 2 years, to comply with legal prescription requirements.
- 11. The temperature of the controlled drugs must be monitored during transport to and from, to ensure safe storage whilst in the ambulance. Any breaches of temperature must be managed as per the safe and secure storage of medicines procedure.
- 12. Thermometer calibration of the ROWS XL Isothermal Bag needs to be done yearly.

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