

**WHITE PAPER:  
UPDATING LANGUAGE TO ENHANCE NURSE NARCOTIC SAFETY**

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**Purpose**

Between 1996 and 2006, there were 217,957 violations by 52,297 nurses reported to the NURSUS database by 44 of the 60 member boards of the National Council of State Boards of Nursing. Of these cases, 60,010 (27.53%) were specifically related to alcohol and other drugs, with 16,268 categorized as drug diversion by the nurse for their own use. There is strong evidence to support that the actual frequency of drug diversion by nurses in the U.S. is greater than this since 16 jurisdictions were not included in the se statistics and some instances of drug diversion by a nurse may go unidentified or unreported.

Medications which have mood-altering qualities which may result in addiction are controlled by federal regulation. In an effort to secure these pharmaceutical products against theft, heightened security measures are in place, including the requirement that all doses of controlled medication be accounted for. For this reason, non-administered partial doses, as well as spillage and contamination of controlled substances, requires two nurses to witness such events, signing documentation to verify that these substances were not diverted.

For decades, nurses have used the term “waste” in reference to medication that is not administered for any reason. Although such instances may include situations in which medication is beyond the expiration date, or has been spilled or otherwise contaminated, most often this term refers to medication that is available only in doses above the required amount ordered for a given patient.

Words carry much more than their intended meaning. There are many situations when language transmits an unintended message, attitude, tone or image which may be inaccurate or even harmful. For this reason, language is reviewed and updated as the need arises.

Given the growing epidemic of recreational prescription drug use in our society and statistics which clearly demonstrate that thousands of nurses divert drugs from work every year, we believe that a change in language can enhance the boundaries between the nurse and the substances they administer on-the-job. Furthermore, as language is the primary tool by which we communicate in writing as well as verbally, and there is an inherent challenge to enact these recommendations without enlisting the cooperation and support of key professionals outside of nursing who interact regularly with the nurses who administer medications or may require legal counsel, addiction treatment or professional monitoring due to drug diversion, the rationale for

this amended language should be communicated effectively to all professions who customarily utilize the term “waste” in reference to medication.

### **Statement of Position**

Inasmuch as nurses and nurse managers use language daily to describe the handling of non-administered controlled substances, we believe that accurate terms which reflect the legal, ethical and safety considerations surrounding the handling of non-administered doses of controlled substances can increase nurse accountability, underscore the need for safety in handling these substances, and decrease the incidence of drug diversion. Language which denotes a solid boundary between the nurse handler and the medication which should never be breached can promote an optimal climate of occupational safety while enhancing public safety.

Given the increasing rate of prescription addiction in all sectors of the population, the long-standing incidence of drug diversion by nurses in the workplace, and the erroneous inferences associated with the term “waste” in reference to medication, this term should be phased-out of use. Accurate language reflective of actual clinical situations, such as “partially non-administered dose,” “totally non-administered dose,” “expired dose,” “spilled dose,” and “contaminated dose,” should be adopted. Due to the ongoing risk of drug diversion as well as present ecological considerations regarding the deposition of medication into drain pipes contaminating ground water supplies, all non-administered controlled medication doses should be referred to as “collected doses” which are witnessed, labeled, bagged and deposited into a locked container, collected, and subjected to random and for cause quantitative and qualitative screening to verify the integrity of the collected dose of controlled substance.

### **History/previous related position statements**

American Nurses Association Position Statement On Elimination Of Medication Waste In Long Term Care Facilities (Archived) Effective Date: 6/21/2000

Status: New Position Statement

Originated by: ANA Board of Directors

Adopted by: ANA Board of Directors

Related Past Action: 1. 1999 Medication Waste in Long Term Care Facilities

2. 1998 The Future of Medicare

3. 1996 Maintaining Federal Quality Protections for Nursing Home Residence

4. 1995 Changes in Medicare and Medicaid

5. 1992 Long-Term Care

6. 1986 Long-Term Care Commission

7. 1982 Support for Recommendations of the White House Conference on Aging (WHCOA)

8. 1976 Administration of Medications by Aides

AMA Report 2 of the Council on Scientific Affairs (I-97) Full Text 1996 Recycling of Nursing Home Drugs

National Association of Boards of Pharmacy Position Statement on the Return and Reuse of Prescription Medications in the Community Pharmacy Setting, July 2009. Retrieved August 1, 2010 from  
<http://www.nabp.net/assets/Return%20and%20Reuse%20of%20Prescription%20Medication.pdf>

American Society of Consultant Pharmacists Reducing Pharmaceutical Waste, March 26, 2009. Retrieved August 1, 2010 from  
<http://www.ascp.com/advocacy/briefing/upload/Reducing%20Pharm%20Waste%20White%20Paper.pdf>

### **Supportive material**

National Council State Boards of Nursing, 2010. Board of Nursing Discipline Program Survey Preliminary Results. Retrieved July 5, 2010 from  
[https://www.ncsbn.org/Discipline\\_Survey\\_Results.pdf](https://www.ncsbn.org/Discipline_Survey_Results.pdf).

National Council of State Boards of Nursing, 2009. Discipline Data 1996-2006. Chicago: Unpublished.

### **Recommendations:**

#### **Schools of Nursing**

- Nursing curricula should phase-out use of the term “waste medication,” substituting the terms “partially non-administered dose,” “totally non-administered dose,” “expired dose,” “spilled dose,” and “contaminated dose,” etc. The term “wasting medication,” should be replaced by the term “collected medication.”
- Faculty and administrators should encourage and assist in the revision of nursing program literature to promote and underscore use of more accurate language to enhance recognition of legal and ethical boundaries between nursing student and administration of any and all substances.
- Nursing curricula should include experiential and didactic content on the process of addiction, as well as the professional, legal, ethical and health consequences associated with any breach in boundaries by a nurse, such as drug diversion.

### **Education**

- The term “waste medication,” as incorporated in learning materials and employment manuals, should be replaced by the terms “partially non-administered dose,” “totally non-administered dose,” “expired dose,” “spilled dose,” “contaminated dose,” etc. The term “wasting medication” should be replaced by the term “collected medication.”
- Continuing education for all nurses should underscore the legal, ethical, professional and health implications associated with any breach in boundaries by a nurse, such as drug diversion.

### **Workplace policies**

- Facilities should phase-out use of the term “waste medication,” by taking the following actions:
  - a) Institutions which employ nurses should provide mandatory in-service education with continuing education credit that underscores the erroneous and inaccurate inferences inherent in prior use of the term “waste” or “wasting medication” and substitute the terms “partially non-administered dose,” “totally non-administered dose,” “expired dose,” “spilled dose,” “contaminated dose,” etc. The term “wasting medication” should be replaced by the phrase “collected medication.”
  - b) Nursing supervisors should receive additional training and support by management in order to reinforce the actual implementation of the staff nurses’ consistent use of accurate language.
  - c) Employee Assistance Programs, pharmacy personnel and other disciplines should be made aware of the amended language and the need underscore distinct boundaries between staff and medications to promote optimal safety in the workplace.
  - d) Protocols which ensure that all non-administered medication doses be deposited into a securely locked container for appropriate environmental disposal should be developed which require that all non-administered doses of controlled substances be witnessed, labeled and bagged prior to depositing them into the locked container.
  - e) All personnel should be informed that all non-administered controlled substance doses are subject to random and for cause quantitative and qualitative screening in order to verify the integrity of the non-administered medication.

### **Summary**

There are clear occupational risks associated with the handling and administration of controlled substances. By changing language from “waste medication” and “wasting medication,” to terms

which accurately reflect clinical situations and conditions, such as “partially non-administered dose,” “totally non-administered dose,” “expired dose,” “spilled dose,” “contaminated dose,” etc., boundaries between controlled substances and the handlers of those substances can be more easily recognized. Language which accurately reflects clinical conditions more readily identifies the professional, legal and ethical boundaries that exist between nurse and medication and may decrease the risks associated with administration of controlled substances.

## References

Burke, J. (2002). Nurse Diversion in Health Facilities—Part I. New Indications 2002. *Pharmacy Times*. [http://www.pharmacytimes.com/issues/articles/2002-12\\_291.asp?mode=...](http://www.pharmacytimes.com/issues/articles/2002-12_291.asp?mode=...) Retrieved August 1, 2010 from [http://associationdatabase.com/aws/NADDI/asset\\_manager/get\\_file/2904](http://associationdatabase.com/aws/NADDI/asset_manager/get_file/2904).

Shumaker, R. & Hickey, P. (2006, March) Medication diversion in the perioperative setting. *AORN Journal*, 83(3), 745-46, 748-49. Retrieved August 1, 2010 from [http://findarticles.com/p/articles/mi\\_m0FSL/is\\_3\\_83/ai\\_n26802882/](http://findarticles.com/p/articles/mi_m0FSL/is_3_83/ai_n26802882/)