

Scenario #2

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- The nurse enters the pre-op area to take vitals before the patient is taken to the operating room suite.
- After recording information, the nurse tells the patient to wait while he draws up the medication for the procedure. He enters the medication prep room and draws up the medications that he needs for his case.
- Among other pre-op meds, he draws up two syringes of Fentanyl, one for his patient and the other for himself and he puts it in his shirt pocket. He returns to the pre-op area to administer the medications to his patient.

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- The nurse wheels the patient into the operating room and assists the OR tech with set-up.
- After the case is over, he is near the door when the syringe falls out of his pocket.
- Both the OR tech and the doc see the syringe on the floor.
- The anesthesiologist picks up the syringe and places it on the table and asks the nurse where the syringe came from.

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- The nurse shrugs and says that he was in a hurry and it must be a left over from yesterday's cases.
- The nurse grabs the syringe from the table and walks out of the OR suite.
- The OR tech begins to say something to the anesthesiologist about the nurse's weird behavior, but decides not to.

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- Last week the tech noticed the nurse came in when he wasn't scheduled and was hanging out near the medication preparation area/room.
- The tech decides it is none of his business, he needs this job and is not getting involved.
- He wheels the patient to the recovery room after the procedure is over.

Scenario #2 - Questions

- Does the facility have an internal mechanism to report unusual behavior/potential diversion?
- What is the facility's policy for drawing medication for each procedure?

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- The next day, the nurse is not scheduled to work, but arrives at the facility.
- He says he left something in his locker. As he makes his way back towards the locker room, he makes a quick move to the medication room.
- He enters the Pyxis using a co-worker's code, takes a vial of Fentanyl, slips it in his pocket and leaves the building.

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- On his next scheduled work day, he goes to the medication room and fills a syringe with Fentanyl syringe.
- He goes into the bathroom, injects himself with the Fentanyl, and fills the syringe with tap water before returning to the patient area.
- He puts the water-filled syringe on the cart where other medications for the procedure are kept.

Scenario #2 - Questions

- How is monitoring of the medication machines conducted? By whom?
- Where are medication/Pyxis records kept?
- Who monitors these records?
- When unusual behavior is suspected, how is it handled?

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- During the case, the anesthesiologist sees an unmarked syringe on the cart and asks the OR tech and nurse where the syringe came from, as it is not labeled.
- The nurse says he does not know but that he will dispose of it once the case is over.
- The unlabeled/water filled syringe is kept off to the side of the cart.

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- The OR tech takes the patient to recovery and the nurse tells the anesthesiologist he is going to the med room to get meds for the next case.
- The nurse empties the water-filled syringe goes to the med room and fills a syringe with Fentanyl, walks to his locker and puts the syringe in his locker.
- The tech approaches the nurse and tells him that he saw what he did and is going to tell the director of nursing.

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- The nurse is upset and goes into the bathroom, injects the medication and passes out.
- The nurse is found by another staff member with the needle still in his arm.

Scenario #2 - Questions

- Does the facility have a policy that addresses drug use in employees?
- Is local law enforcement contacted?
- What other agencies are contacted? And by whom?

Scenario #2 - Questions

- After a diversion incident, is there an internal group that meets to discuss policies/procedures?
- Is education/in-service provided to staff about the facilities diversion policies?
- Is there a phone number for employees to call to alert the facility about drug diversion/employee drug use?