



# Handling of Expired Medicines, Excess Stock and Pharmaceutical Waste Disposal Procedure

## 1. Guiding Principles

This procedure is to provide guidance for nursing and medical staff in the appropriate handling of expired drugs, excess stock and pharmaceutical waste disposal in the WACHS-SW region.

Medications shall not be discarded down the sink or into general waste bins.

## 2. Procedure – District Sites (excluding Busselton Health Campus)

### 2.1 Expired Medications

Handling and control of medications at a ward level is within nursing responsibilities. This includes management of stock with regard to expiry dates. This management must include checking of medication expiries prior to administration to patients, management of medication expiries within medication rooms and ward areas, and prompt removal of expired stock. Removal of expired stock is to be managed to ensure that sufficient in-date stock is available at site.

#### 2.1.1 Non-Recordable Stock

Medications which are not Schedule 4 Recordable (S4R) or Schedule 8 (S8) medications can be appropriately disposed of if expired. Pharmaceutical waste is required to be disposed of by high temperature incineration separated from other clinical waste. To facilitate this, district sites are to utilise the Pharmasmart P22 pharmaceutical waste container for the purpose of expired medication disposal.

**Before** putting stock into the bin, please record on the “Expired Stock for Disposal Record” (see [Appendix 1](#)).

When filling the Pharmasmart P22 pharmaceutical waste container please ensure that the medication strips are removed from the cardboard boxes. The cardboard boxes should be placed in the appropriate co-mingled recycling or confidential waste bins. Filled Pharmasmart P22 pharmaceutical waste containers are to be closed and locked prior to removal from the Medication / Clean Utility Room.

The filled Pharmasmart P22 pharmaceutical waste container is collected by Daniels during their routine collection of clinical waste. The timing of these collections may vary between sites.

A copy of the “Expired Stock for Disposal Record” is to be sent to the Pharmacy Department at Bunbury Hospital via internal mail.

Pharmasmart P22;



### 2.1.2 S4R / S8 Medications

S4R and S8 medication must NOT be discarded into the Pharmasmart P22 pharmaceutical waste container. These must be returned to the Pharmacy for disposal.

When returning expired S4R or S8 medications to the Pharmacy, a correctly completed requisition form must accompany any stock to clearly document the transfer. This requisition form must clearly state that the medication is a return of expired stock for disposal. The requisition form used must only specify the expired stock being returned (either S4R or S8) and not include any other orders of stock or return of excess stock (which is to be written onto their own separate requisition forms). A S4R requisition form must accompany returned S4R stock and a S8 requisition form must accompany returned S8 stock.

All stock being returned is to be written out of the appropriate registers with reference to the requisition form number clearly marked in the entry. Both the register and the requisition are to be signed by two authorised staff members.

All S4R or S8 stock being returned is to be packaged into the appropriate blue bag for transport and sealed using a tamper evident seal. To avoid any attention being drawn to the blue bag, it is then to be placed inside a sealed and de-identified cardboard box for transport with the courier.

Blue bags are used by the Pharmacy to transport S4R and S8 medications to sites. An empty bag and additional tamper seals may be requested to be sent to a district site to allow return of stock if that site is not anticipating a S4R or S8 order within a suitable time period.

When returning S4R or S8 medications, it is recommended that the Pharmacy is contacted to inform them that the stock is being sent. This can be done via phone, fax or email.

If returning S4R or S8 liquid medications, it is important to ensure that the bottle is suitably sealed, preferably with the original lid.

Example of a tamper seal;  
Blue bag packed, sealed and boxed:



When returned sealed blue bags are received by Pharmacy they will be stored in the Pharmacy safe until processing can occur. When processed the Pharmacy will complete a “Confirmation of Receipt of Returned S4R or S8 Medications” form and fax it back to the sending site with a copy of the signed requisition(s).

## 2.2 Patient’s Own Medication

Handling of patient’s own medication should follow the - [Handling and Storage of Patient’s Own Medications – Including Schedule 4 Restricted And Schedule 8 Medications Procedure](#)

Patient’s Own medications are the property of the patient and should be returned to the patient on discharge from the hospital.

If a medication has been ceased this may be removed from the patient’s own medication, with the patients permission, to prevent medications errors / misadventure post discharge. This should be documented in the patient’s medical records.

If a patient is considered by medical staff to be at risk of harm if patient’s own medication is returned to them, medications should be retained with this clearly documented in the patient’s medical records.

Every effort should be made to return patient’s own medications to the patient.

Any patient’s own medications that are unable to be returned to the patient are to be treated as per expired medications.

When recording on the “Expired Stock for Disposal Record” they must be clearly noted as patient’s own stock.

## 2.3 Return of Excess Medications

### 2.3.1 Refrigerated Medication (Non Recordable)

The return of any excess stock of refrigerated items to the pharmacy must be pre-arranged with the Pharmacy in order to obtain the necessary temperature monitor and instructions associated with its preparation and use. Once the temperature monitor has been obtained and prepared for use, any stock for return is to be packaged in an esky with ice bricks and the “activated” temperature monitor (follow instructions for activation/use).

Complete a “Returned Stock Record” (see [Appendix 2](#)) and include a copy with the returned medications. The sealed esky is then to be couriered to the Pharmacy.

### 2.3.2 General Stock

Any excess stock of medications is to be packaged into a carton and returned to the Pharmacy via courier. A “Returned Stock Record” is required to be completed and a copy included with the returned medications.

### 2.3.3 S4R / S8 Medications

When returning excess S4R or S8 medications to the Pharmacy, a correctly completed requisition form must accompany any stock to clearly document the transfer. This requisition form must clearly state that the medication is a return of excess stock. The requisition form used must only specify the stock being returned (either S4R or S8) and not include any other orders of stock or return of expired stock (which are to be written onto their own separate requisition forms).

All stock being returned is to be written out of the appropriate registers with reference to the requisition form number clearly marked in the entry. Both the register and the requisition are to be signed by two nurses.

All S4R or S8 stock being returned are to be packaged into the appropriate blue bag for transport and sealed using a tamper evident seal. To avoid any attention being drawn to the blue bag, it is then to be placed inside a sealed and de-identified cardboard box for transport with the courier.

Blue bags are used by the Pharmacy to transport S4R and S8 medications to sites. An empty bag and additional tamper evident seals may be requested to be sent to a district site to allow return of stock if that site is not anticipating a S4R or S8 order within a suitable time period.

When returning S4R or S8 medications it is recommended that the Pharmacy is contacted to inform them that the stock is being sent. This can be done via phone, fax or email.

#### **Please note:**

Returns of both general, refrigerated and S4R / S8 medications will only be accepted **for credit** if there is greater than three (3 months) expiry remaining on the stock, it is the current brand held within the pharmacy **and** it will be able to be used at Bunbury Hospital upon return (based on stock usage reports). If not, no credit to district site cost centres will be available and the stock will be disposed of.

## 2.4 Disposal of portions of Medications generated during administration

Pharmaceutical waste may be generated through the process of administration of medications to patients for example, half tablets, portions of vials or part used inhalers or tubes of cream.

Every effort is to be made to ensure that this waste is disposed of via high temperature incineration via placement in specific pharmaceutical waste bins.

Suitable Pharmaceutical specific waste bins are to be available in all Medication / Clean Utility Rooms to facilitate this process.

These are to be used to dispose of;


- any portions of S4R or S8 medications generated during preparation for administration,
- empty ampoules / vials or the remainder of the contents generated during preparation for administration,
- used (and no longer required) inhalers, eye drops, creams, insulin pens or cartridges
- any removed patches
- reconstituted IV medications
- refused liquid doses

Half tablets generated during preparation for administration or tablets or capsules that have been refused or dropped on the floor may be disposed into sharps containers at the patient bedside where work flow practices may otherwise be impeded by use of specific pharmaceutical waste bins.

Suitable Pharmaceutical specific waste bins include the Pharmasmart P22 or P64 pharmaceutical waste containers (supplied by Daniels) or the Drug Waste Bins (manufactured by Drug Waste Bin company).

- All pharmaceutical waste, other than high volume liquid waste, is suitable to be disposed of in the Pharmasmart P22 pharmaceutical waste containers.
- When large volumes of liquid pharmaceutical waste require disposal, such as remaining liquid component for infusions/CADD's – removed from the device, the Drug Waste Bins (for Injectable / Oral Liquid drugs) are recommended for use.

Drug Waste Bins (for Injectable / Oral Liquid drugs) are to be activated prior to commencing use and may be kept in use for a maximum of 7 days. Once full they are to be closed and placed into the secure P64 size Pharmaceutical Waste bin at site.

Drug Waste Bin (for Injectable / Oral Liquid drugs);	Pharmasmart P22;	P64 Pharmaceutical Waste bin;
		

Sharps such as needles are to be placed directly into a yellow sharps container and not into the Pharmaceutical Waste bin.

## 2.5 Cytotoxic Medications

All cytotoxic waste must be kept separate and placed in a purple disposable plastic container labelled "Cytotoxic Waste"

## 2.6 Intravenous Fluids without Additives

Intravenous fluids without additive may be discarded into the sink or general waste. This includes electrolyte infusions such as potassium chloride and total parenteral nutrition.

## 2.7 Couriers

All medications must be transported from district sites to the Pharmacy via a registered courier. Stock is not to be sent via any other method without specific approval from the Chief Pharmacist.

The sending site is required to complete the courier consignment note including:

- the name and address of your hospital in the sender's box
- the following address in the receiver's box

PHARMACY DEPARTMENT – Bunbury Hospital  
Cnr Robertson Drive and Bussell Hwy  
Bunbury WA 6230

- the number of parcels (number of boxes/eskies)
- the description – "Medical goods"
- weight of the parcel – estimation (minimum of 1kg)
- signature and date.

Contact courier to arrange a pick up.

### 3. Procedure – Bunbury Hospital and Busselton Health Campus

#### 3.1 Expired Medications

Handling and control of medications at a ward level is within nursing responsibilities. This includes management of stock with regard to expiry dates. This management must include checking of medication expiries prior to administration to patients, management of medication expiries within medication rooms and ward areas, and prompt removal of expired stock. Removal of expired stock is to be managed to ensure that sufficient in-date stock is available at site.

##### 3.1.1 Non-Recordable Stock

Medications which are not Schedule 4 Recordable (S4R) or Schedule 8 (S8) medications are to be marked as expired and placed into the “Return to Pharmacy” container available in each Medication / Clean Utility Room.

##### 3.1.2 S4R / S8 Medications

S4R and S8 medications must be returned to the Pharmacy for disposal. Contact your clinical pharmacist to arrange the return of any S4R or S8 expired medications to Pharmacy.

#### 3.2 Patient’s Own Medication

Handling of patient’s own medication should follow the - [Handling and Storage of Patient’s Own Medications – Including Schedule 4 Restricted And Schedule 8 Medications Procedure](#)

Patient’s Own medications are the property of the patient and should be returned to the patient on discharge from the hospital.

If a medication has been ceased this may be removed from the patient’s own medication, with the patient’s permission, to prevent medication errors / misadventure post discharge. This should be documented in the patient’s medical records.

If a patient is considered by medical staff to be at risk of harm if patient’s own medication is returned to them, medications should be retained with this clearly documented in the patient’s medical records.

Every effort should be made to return patient’s own medications to the patient. Any patient’s own medications that are unable to be returned to the patient are to be treated as per expired medications.

### 3.3 Return of Non-Imprest Medications

#### 3.3.1 Refrigerated Medication (Non Recordable)

If there is refrigerated non-imprest medications that are no longer required the Pharmacy Assistant managing imprest medications should be contacted by pager to request that this medication is returned to Pharmacy.

#### 3.3.2 General Stock

Non imprest medications that are no longer required are to be placed in the "Return to Pharmacy" container available in each Medication / Clean Utility Room.

#### 3.3.3 S4R / S8 Medications

Contact your clinical pharmacist to arrange the return of any non imprest S4R or S8 medications that are no longer to Pharmacy.

### 3.4 Disposal of portions of Medications generated during administration

Pharmaceutical waste may be generated through the process of administration of medications to patients for example, half tablets, portions of vials or part used inhalers or tubes of cream.

Every effort is to be made to ensure that this waste is disposed of via high temperature incineration via placement in specific pharmaceutical waste bins.

Suitable Pharmaceutical specific waste bins are to be available in all Medication / Clean Utility Rooms to facilitate this process.

These are to be used to dispose of;

- any portions of S4R or S8 medications generated during preparation for administration,
- empty ampoules / vials or the remainder of the contents generated during preparation for administration,
- used (and no longer required) inhalers, eye drops, creams, insulin pens or cartridges
- any removed patches
- reconstituted IV medications
- refused liquid doses

Half tablets generated during preparation for administration or tablets or capsules that have been refused or dropped on the floor may be disposed into sharps containers at the patient bedside where work flow practices may otherwise be impeded by use of specific pharmaceutical waste bins.




Suitable Pharmaceutical specific waste bins include the Pharmasmart P22 or P64 pharmaceutical waste containers (supplied by Daniels) or the Drug Waste Bins (manufactured by Drug Waste Bin company).

- All pharmaceutical waste, other than high volume liquid waste, is suitable to be disposed of in the Pharmasmart P22 pharmaceutical waste containers.



- When large volumes of liquid pharmaceutical waste require disposal, such as remaining liquid component for infusions/CADD's – removed from the device, the Drug Waste Bins (for Injectable / Oral Liquid drugs) are recommended for use.

Drug Waste Bins (for Injectable / Oral Liquid drugs) are to be activated prior to commencing use and may be kept in use for a maximum of 7 days. Once full they are to be closed and placed into the secure P64 size Pharmaceutical Waste bin at site.

Drug Waste Bin (for Injectable / Oral Liquid drugs);	Pharmasmart P22;	P64 Pharmaceutical Waste bin;
		

Sharps such as needles are to be placed directly into a yellow sharps container and not into the Pharmaceutical Waste bin.




### 3.5 Cytotoxic Medications

All cytotoxic waste must be kept separate and placed in a purple disposable plastic container labelled "Cytotoxic Waste"

### 3.6 Intravenous Fluids without Additives

Intravenous fluids without additive may be discarded into the sink or general waste. This includes electrolyte infusions such as potassium chloride and total parenteral nutrition.

#### 4. Definitions

<p><b>Pharmaceutical Waste Container - Pharmasmart P22</b></p> 	<p>Specific pharmaceutical waste container to be utilised for disposal of pharmaceutical waste. Supplied via Daniel's</p> <p>The lid should not be closed before the full indicator appears. Once closed the lid should be locked into place, so that it cannot be reopened.</p> <p>Even while the lid is open the contents remain secure and inaccessible.</p>
<p><b>Pharmaceutical Waste Container - Pharmasmart P64</b></p> 	<p>Specific pharmaceutical waste container to be utilised for disposal of pharmaceutical waste. Supplied via Daniel's</p> <p>Once closed the lid should be locked into place, so that it cannot be reopened.</p> <p>These are to be stored in a secure, restricted access area.</p>
<p><b>Drug Waste Bin (for Injectable / Oral liquid drugs)</b></p> 	<p>Specific pharmaceutical waste container to be utilised for disposal of liquid pharmaceutical waste. Ordered via iProcurement.</p>
<p><b>Non Recordable Stock</b></p>	<p>A range of medications including unscheduled, Schedule 2, Schedule 3 or Schedule 4 medications (as per the Standard for the Uniform Scheduling of Medicines and Poisons) that are stocked and utilised for the treatment of patients at within WACHS-SW hospitals and nursing post.</p>
<p><b>WACHS-SW District Sites</b></p>	<p>Augusta Hospital; Boyup Brook Hospital; Bridgetown Hospital; Collie Hospital; Donnybrook Hospital; Harvey Hospital; Margaret River Hospital; Nannup Hospital; Northcliffe Nursing Post; Pemberton Hospital.</p>
<p><b>Pharmacy</b></p>	<p>WACHS South West Pharmacy Department located at Bunbury Hospital.</p> <p>For Busselton Hospital – the Satellite Pharmacy located on site.</p>

<b>Schedule 4 Restricted</b>	Range of Schedule 4 medications that are liable to abuse and therefore require additional storage and recording requirements within public hospitals. As defined by the Department of Health <a href="#">Operational Directive OD 0528/14 Storage and Recording of Restricted Schedule 4 (S4R) Medicines</a>
<b>Schedule 8</b>	Poisons to which the restrictions recommended for drugs of dependence by the “1980 Royal Commission of Inquiry into Drugs” apply. A drug register is required to monitor and record usage. The <i>Poisons Act (1964)</i> and Poisons Regulations (1965) provide clear instructions for nurses in relation to the administration of Schedule 8 medications

## 5. Roles and Responsibilities

### Nursing Staff

Nursing staff are responsible for the appropriate handling of medications as described in this procedure and the completion of associated documentation.

### Pharmacy Staff

Pharmacy staff are responsible for ensuring that returned excess medications from district sites are processed in a timely manner and that returned S4R and S8 medications are reconciled against the provided requisitions.

### All Staff

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 6. Compliance

Medicines must be stored and handled in accordance with requirements set out by the Medicines and Poisons Act 2014 and the Medicines and Poisons Regulations 2016. Pharmaceutical waste must be disposed of or destroyed in accordance with requirements set out by the Medicines and Poisons Act 2014, the Medicines and Poisons Regulations 2016 and the Department of Health Operational Directive OD 0651/16.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 7. Evaluation

Monitoring of compliance with this document is to be carried out by Nurse Unit Managers at a ward or district site level and the Chief Pharmacist at a Pharmacy level.

## 8. Appendices

**Appendix 1:** [Expired Stock for Disposal Record](#)

**Appendix 2:** [Returned Stock Record](#)

**Appendix 3:** Disposing of Pharmaceutical Waste Poster – Bunbury Hospital and Busselton Health Campus

**Appendix 4:** Disposing of Pharmaceutical Waste Poster – District Sites

## 9. Standards

[National Safety and Quality Health Service Standards](#) (Second edition 2017) –

1.7, 4.1 4.14

## 10. Legislation

*Medicine & Poisons Act 2014*

Medicine & Poisons Regulations 2016

## 11. Related Policy Documents

WACHS [Waste Management Policy](#)

WACHS [Requisitioning and Receipt of Schedule S4R and 8 Medications and Ordering of Pharmacy Imprest Supplies Procedure](#)

## 12. Related WA Health System Policies

[Operational Directive OD 0528/14 Storage and Recording of Restricted Schedule 4 \(S4R\) Medicines](#)

[Operational Directive OD 0651/16 Clinical and Related Waste Management Policy](#)

## 13. Policy Framework

Public Health Framework.

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	Chief Pharmacist WACHS-SW (N. Lillywhite)		
<b>Directorate:</b>	Medical Services	<b>TRIM Record #</b>	ED-CO-13-34536
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# Disposing of Pharmaceutical Waste

## Appendix 3



No Medicine should ever be washed down the sink.



Do not dispose of any medicines in small, unsecure clinical waste bins.



Partially used S4R and S8 medicines must  
• have complete documentation before disposal  
• have two witnessed signatures  
• be rendered 'unusable' before disposal

	SHARPS WASTE	PHARMACEUTICAL WASTE	S8 AND S4R LIQUID WASTE	CLINICAL WASTE	RETURN TO PHARMACY	WARD PHARMACIST	CYTOTOXIC WASTE
<b>S4R AND S8 MEDICATION</b>							
<b>In original packaging</b> ↳ Inpatient / imprest (S4R/S8) ↳ Patients own Medication (S4R/S8) ↳ Discharge (S4R/S8)						✓	
<b>Partially used</b> ↳ Loose / half tablets ↳ Open ampoules / vials ↳ Used patches or partially used lozenges ↳ Open oral liquid PODS	✓ Rendered unusable	✓ Rendered unusable					
<b>Open mixtures</b> ↳ Suspension, solution (bottles)						✓	
<b>Infusions / CADDs (Partially used or empty)</b> ↳ Remaining liquid component (removed from device) ↳ Empty: Bags / CADD / Syringes ↳ Giving sets			✓	✓			
<b>COLD CHAIN</b>							
<b>In original packaging</b> ↳ Cancelled						✓ Leave in fridge	
<b>In original packaging</b> ↳ Expired					✓		
<b>Out of packaging or partially used</b> ↳ Loose / half tablets ↳ Open ampoules / vials ↳ Open mixtures	✓	✓					
<b>CYTOTOXIC</b>							
<b>In original packaging</b> ↳ Cancelled or expired					✓		
<b>Out of packaging or partially used</b> ↳ Loose / half tablets							✓
<b>Partially administered or empty</b> ↳ Bags / syringes ↳ Giving sets							✓
<b>ALL OTHER PHARMACEUTICALS</b>							
<b>In original packaging</b> ↳ Cancelled or expired					✓		
<b>Out of packaging or partially used</b> ↳ Loose / half tablets ↳ Open ampoules / vials ↳ Used patches or partially used lozenges ↳ Open mixtures	✓	✓					
<b>Partially administered</b> ↳ Bags / syringes ↳ Giving sets		✓					
<b>Empty</b> ↳ Empty: Bags / CADD / Syringes ↳ Giving sets				✓			

Acknowledgement: NMHS / WNHS



# Disposing of Pharmaceutical Waste

South West  
**District Sites**  
(Excluding Busselton Health Campus)

## Appendix 4



No Medicine should ever be washed down the sink.








Do not dispose of any medicines in small, unsecure clinical waste bins.



Partially used S4R and S8 medicines must

- have complete documentation before disposal
- have two witnessed signatures
- be rendered 'unusable' before disposal

	SHARPS WASTE	PHARMACEUTICAL WASTE	S8 AND S4R LIQUID WASTE	CLINICAL WASTE	RETURN TO PHARMACY VIA COURIER (S4R/S8 in tamper proof bag)	CYTOTOXIC WASTE
<b>S4R AND S8 MEDICATION</b> <b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Inpatient / imprest (S4R/S8)</li> <li>➤ Patients own Medication (S4R/S8)</li> <li>➤ Discharge (S4R/S8)</li> </ul>					✓	
 <b>Partially used</b> <ul style="list-style-type: none"> <li>➤ Loose / half tablets</li> <li>➤ Open ampoules / vials</li> <li>➤ Used patches or partially used lozenges</li> <li>➤ Open oral liquid PODS</li> </ul>	✓ Rendered unusable	✓ Rendered unusable				
 <b>Open mixtures</b> <ul style="list-style-type: none"> <li>➤ Suspension, solution (bottles)</li> </ul>					✓	
<b>Infusions / CADDs</b> (Partially used or empty) <ul style="list-style-type: none"> <li>➤ Remaining liquid component (removed from device)</li> <li>➤ Empty: Bags / CADD / Syringes</li> <li>➤ Giving sets</li> </ul>			✓	✓		
<b>COLD CHAIN</b> <b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Cancelled</li> </ul>					✓ Temperature Monitor required	
 <b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Expired</li> </ul>		✓ Expired Stock Record				
<b>Partially used</b> <ul style="list-style-type: none"> <li>➤ Loose / half tablets</li> <li>➤ Open ampoules / vials</li> <li>➤ Open mixtures</li> </ul>	✓	✓				
<b>CYTOTOXIC</b>  <b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Expired</li> </ul>						✓ Expired Stock Record
<b>Out of packaging or partially used</b> <ul style="list-style-type: none"> <li>➤ Loose / half tablets</li> </ul>						✓
<b>Partially administered or empty</b> <ul style="list-style-type: none"> <li>➤ Bags / syringes</li> <li>➤ Giving sets</li> </ul>						✓
<b>ALL OTHER PHARMACEUTICALS</b>  <b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Cancelled</li> </ul>					✓	
<b>In original packaging</b> <ul style="list-style-type: none"> <li>➤ Expired</li> </ul>		✓ Expired Stock Record				
<b>Partially used</b> <ul style="list-style-type: none"> <li>➤ Loose / half tablets</li> <li>➤ Open ampoules / vials</li> <li>➤ Used patches or partially used lozenges</li> <li>➤ Open mixtures</li> </ul>	✓	✓				
<b>Partially administered</b> <ul style="list-style-type: none"> <li>➤ Bags / syringes</li> <li>➤ Giving sets</li> </ul>		✓				
<b>Empty</b> <ul style="list-style-type: none"> <li>➤ Empty: Bags / CADD / Syringes</li> <li>➤ Giving sets</li> </ul>				✓		

Acknowledgement: NMHS / WNHS