MED-ERROR BULLETIN

Brought to you by Pharmacy Department, HCTM
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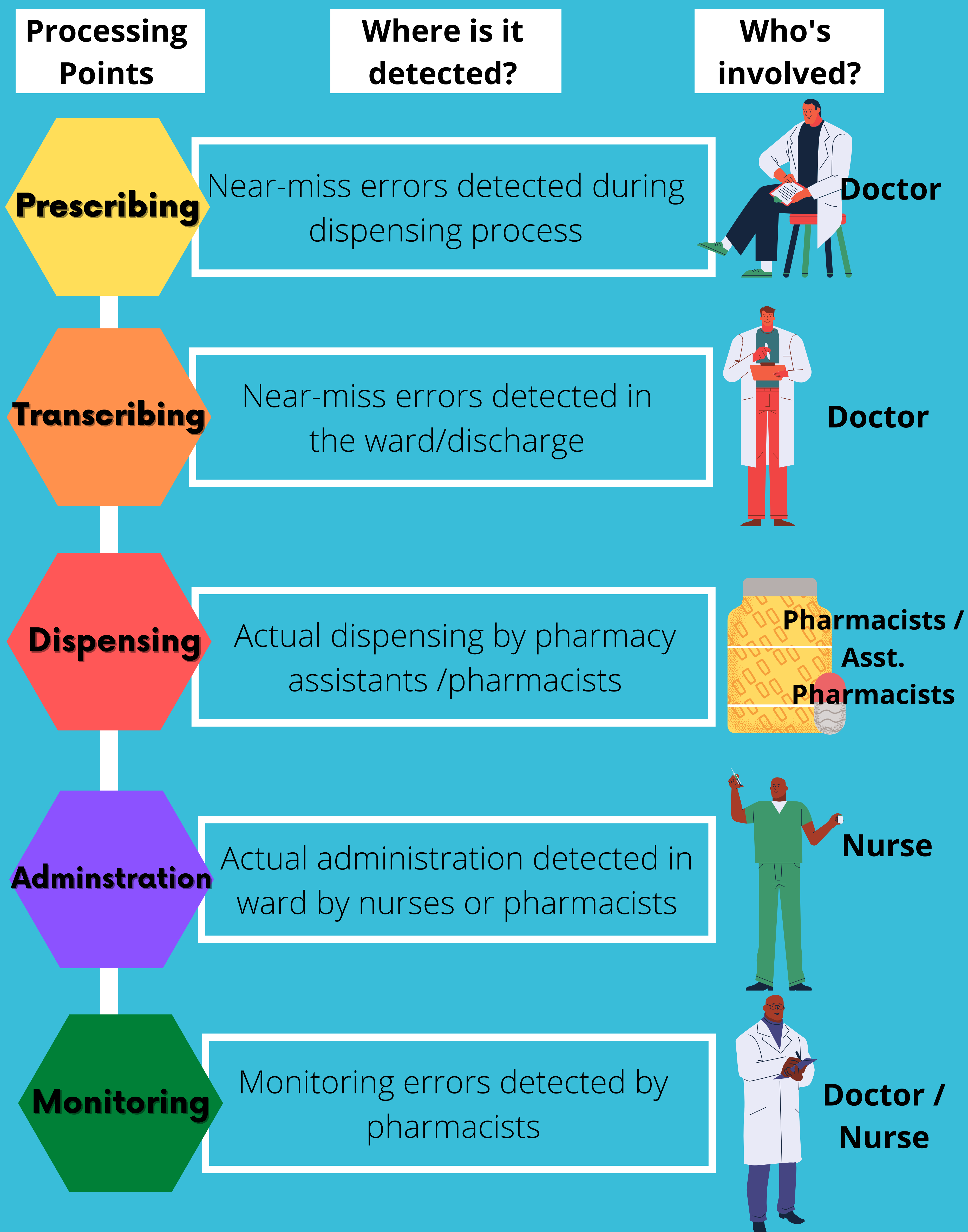
Medication Error

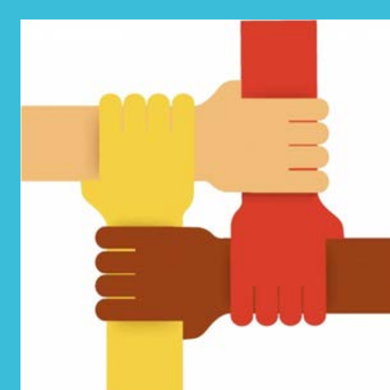
Any avoidable event which can lead to patient harm or medication misuse while the medication is in the possession of the healthcare professionals or patients.

Where and how are these errors detected?

Many thought, errors are only detected when administer to patient or when we received feedbacks from patients. In reality, there are many more points that can lead to near and actual errors. Pharmacists or Assistant Pharmacists will screen the prescriptions and detect the errors. Confirmation will be done via phone call or direct contact with prescribers, usually in the wards.



"Blaming is NEVER a way out, mistakes are for us to learn from"



Near Miss

Any errors detected by intervention during medication process that prevents patient from getting any potential harm or adverse effects.

1 Wrong Frequency & Wrong Duration (Transcribing Error)

WRONG FREQUENCY

T.Azithromycin 500MG BD instead of OD

+

WRONG DURATION

T. Azithromycin prescribed 1 WEEK instead of 1 DAY

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CONSEQUENCES

↑ Risk of Ventricular Tachyarrhythmias, Torsade de Pointes, Cardiac arrest

HOW CAN WE AVOID ?

1) Before save, go through the prescription and ensure each medication is correct and necessary for patient.

2) Unsure of the dose, frequency and duration? Fret not! Check them out in PPUKM Drug Formulary App or ask our friendly pharmacists.

Actual Error

Any medication errors that has reached patient or end user and it is detected.

2 Wrong Dilution/Rate - TPN infusion

Medical staff overheard SMOF Kabiven infusion to be given 1.7ml/hr instead of 41.7ml/hr

SMOF Kabiven was infused at the rate of 1.7ml/hr for 9 hours

Covering medical staff noticed the error and immediately switch infusion to 41.7ml/hr

CONSEQUENCES

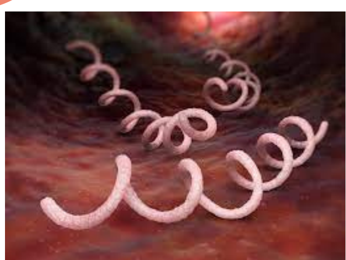
> Drug wastage in volume & cost (RM 180/bag)
> Drug stability compromised
> Under dosed supplementation

HOW CAN WE AVOID ?

1) Avoid oral pass over and instruction. If unavoidable, repeat and make sure the other person understands the instructions.

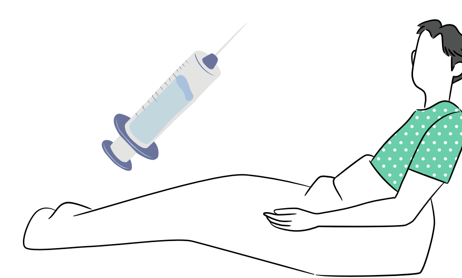
2) Go through the BHT and look for the entry. It might be hassle but it saves an error away!

3 Wrong Drug (Prescribing Error)



Patient having syphilis. Treatment should be IM Benzathine

Dr ordered IM Benzylpenicillin instead of IM Benzathine penicillin in the BHT & system



IM Benzylpenicillin was served to patient for 1 dose

CONSEQUENCES

> Treatment Failure
> Prolonged hospital stay which increase risk of other hospital infections

Inj Benzathine penicillin

Route: only IM
Administration: Prolonged & delayed absorption
Peak: More than 24 hours

DIFFERENCES

Inj Benzylpenicillin

Route: IM,IV
Administration: Rapid & complete
Peak: Attained within 30mins

HOW CAN WE AVOID ?

1) Be aware of SOUND ALIKE medications, this error is common but it does not mean ok to happen.

2) Always double check with another colleague if you are unsure. Well, you have us the pharmacists too!

1. Kezerashvili A, Khattak H, Barsky A, Nazari R, Fisher JD. Azithromycin as a cause of QT-interval prolongation and torsade de pointes in the absence of other known precipitating factors. J Interv Card Electrophysiol. 2007; 18: 243-246.
2. Gartlan WA, Rahman S, Reti K. Benzathine Penicillin. [Updated 2020 Nov 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-.

PPUKM DRUG FORMULARY NOW AVAILABLE ON :

Editors
Lydia Gan
lydiagan@ppukm.ukm.edu.my

Nur Ammal binti Mohd Farit
ammalfarit@ppukm.ukm.edu.my

Co Editor
Lau Chee Lan
cllau@ppukm.ukm.edu.my

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#TowardsZeroMed-Error

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