

Medication Information and Safety Tips

Learning from incidents – Quarter 3 (Oct - Dec 2019)

There were **226** incidents reported between October and December 2019 (Q3), the majority of which were graded no harm.

Level of Harm	Number	% of Total
No Harm	207	92%
Low Harm	18	8%
Moderate Harm	0	0%
Severe Harm	0	0%
Death	1	0%

Hyperkalaemia treatment

Five patients were treated incorrectly for [hyperkalaemia](#), a potentially life-threatening emergency. Incidents described errors in prescribing and administration, including:

- Wrong dose (insulin - Actrapid®)
- Wrong drug (sodium chloride vs glucose)
- Omitted drug (calcium gluconate)

Harm included hypoglycaemia requiring treatment (low harm), and inadequate cardiac protection requiring additional monitoring via ECG (low harm). For further information refer to [clinical guideline 496](#), available on the intranet.

Patient weight and height

Please **document** patient weight and height **on drug chart** (EPMA/paper) to ensure appropriate dosing of medications. In addition this assists pharmacists when remotely supplying medicines.

On JAC access via **'patient management'**.



Allergy status

There were a number of incidents relating to poor documentation of allergy status. Patients received medications despite having known allergies to them. Harm was low in the cases reported (rash, increased monitoring) however potential risks include anaphylaxis and death.

Advice to staff:

- **CONFIRM** patient allergies on admission and before administering medicines
- **RECORD** drug and nature of allergy (e.g. penicillin – rash)

For **inpatients**, allergies should be recorded on JAC (EPMA), and on paper drug chart if admitted to intensive treatment unit (ITU).

For **outpatients** or **emergency department**, allergies should be recorded on paper drug charts and in notes where appropriate.

Reminder: pregabalin, gabapentin

From 1st April 2019 pregabalin and gabapentin were re-classified as schedule 3 controlled drugs requiring additional prescription requirements.

When prescribing for inpatient discharge, outpatients or in emergency department, ensure that the prescription includes:

1. **Dose**
2. **Formulation**
3. **Strength (where appropriate)**
4. **Total quantity in words and figures**

These requirements are in addition to standard prescription requirements. Further information can be found [here](#).