Medication Safety Today

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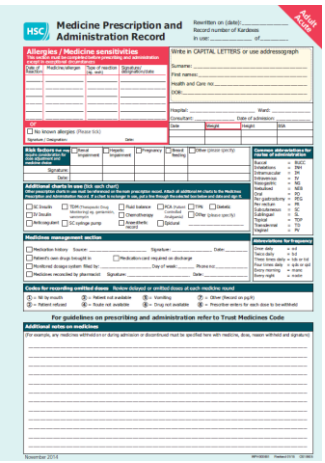
New Kardex

A new regional acute prescription and administration record (Kardex) has been developed for Northern Ireland hospitals. This is for use in adult acute areas. A separate Kardex has been developed for maternity. A paediatric Kardex is in development.

The introduction of the new Kardex is supported by an e-learning course entitled "Patient safety: medicine prescription and administration record". All medical, nursing and pharmacy staff are encouraged to complete the course which can be accessed via www.medicinesNI.com.

You must register for this website before studying the course. To receive credit for 2 hours of learning you must undertake the post-course assessment and get at least 70% of the multiple-choice questions (MCQs) correct. Two attempts at the MCQs are allowed and there is no negative marking. Having successfully completed the MCQ assessment you may print a certificate of completion for your CPD records. Pharmacists should access this course via www.nicpld.org



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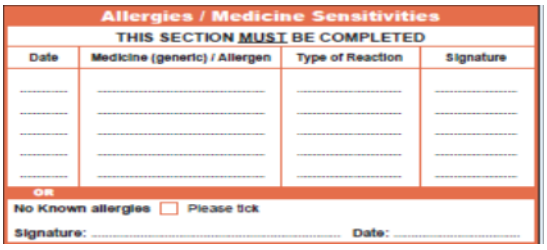
Further copies of this newsletter can be viewed at www.medicinesgovernanceteam.hscni.net or on your Trust intranet.

Allergy – Cross Check & Confirm

Medication incidents continue to be reported where a patient is prescribed and administered a medicine to which they have a known and documented allergy. Such incidents have the potential to cause serious harm or death of a patient. The majority of cases are seen in those patients with an allergy to penicillin, particularly if a combination product is prescribed, where there is more than one ingredient and there may not be a recognised 'co-name'. Some penicillin-based medications are not easily recognisable as containing penicillin, for example, co-fluampicil, Tazocin®, co-amoxiclav.



Check the patient's allergy status on the prescription EVERY TIME a medication is prescribed, administered or dispensed to avoid similar incidents.

Safety tips:

- Confirm the patient's allergy status on admission to hospital.
- Document the allergy status on the front cover of the kardex or in the appropriate section of whichever prescription document is in use, using the generic name as appropriate.
- Check combination medicines for individual constituents.
- Always check the allergy status before prescribing, administering or dispensing a medicine to ensure that the patient has no known allergy to that medicine, except in an emergency.
- Always document the patient's allergy status on discharge documentation.

Child's play

Medication incidents have been reported where parents have administered medication to children during a hospital admission in addition to that administered by nursing staff.

On admission to hospital, parents or carers must be informed that:

- medicines will be administered by nursing staff; parents or carers must not administer medicines themselves to their children; parents or carers may be involved in administering medicines to children but under the direct supervision of nursing staff
- all medicines, including a child's own medicines, must be stored securely in hospital for the safety of all children; nursing staff must ask parents or carers if they have any of their child's own medicines on admission.

A fluid situation

The MHRA 'Drug Safety Update' in July 2014 reported on a number of incidents where mannitol (osmotic diuretic) was administered instead of sodium chloride (used to hydrate and restore fluid status) and vice versa. A mix-up with these can therefore cause the opposite of the intended effect. In local hospitals we also see mix-ups with intravenous (IV) fluids. IV fluids are often very similar in appearance therefore particular care is required to ensure the correct fluid is selected to administer. These include checking:

- ✓ The fluid description matches the prescription
- ✓ The solution is clear and free of particles
- ✓ The medicine has not passed its expiry

Interaction with Mono Amine Oxidase Inhibitors (MAOIs)

MAOIs (examples include phenelzine, isocarboxazid & tranylcypromine) are antidepressant medicines. They are used much less frequently than tricyclic and related antidepressants because of the risks of dietary and drug interactions. They can interact with decongestant cough medications and also a number of foods including mature cheese, Bovril, Oxo and Marmite! Care must be taken when prescribing other antidepressants because of the risk of 'serotonin syndrome' developing.

Safety tips:

- New antidepressants should not be started for 2 weeks after a MAOI has been stopped.
- Please read section 4.3.2 and Appendix 1 in the BNF for further information.

Would you look who it is!

Ensuring the right treatment is provided to the right patient is a fundamental component of providing and receiving safe and effective care, but unfortunately things can, and do, go wrong!

This can be as a result of:

- ✘ Failure to include the 3 core patient identifiers on wristbands* – first and last name, date of birth and H&C/hospital number
- ✘ Failure to follow clear and consistent processes for producing, applying and checking patient wristbands
- ✘ Printing labels for several different patients at one time

Not only does the administration of a medicine to the wrong patient put that patient at risk of the effects of that medication, but the intended patient may also suffer as a result of NOT receiving their medication.

Wrong patient incidents can occur during any process in the use of medicines: - prescribing, dispensing, administration or monitoring.

To avoid wrong patient errors, the following should be observed:

- ✔ Always ensure the 3 core patient identifiers on the kardex match those on the patient's wristband before proceeding.
- ✔ Add an additional barrier into the process by asking the patient to confirm their name for you by asking them 'what is your name?' (where feasible).
- ✔ Don't assume you know who your patient is! Never refer to patients by way of bed number or room number when attempting to identify them.
- ✔ A white identity band must be put on each patient as soon as they are admitted and worn throughout their hospital stay*.

Always verify that the person you are attending to is the one for whom the treatment is intended and match the treatment to that person*.

*There will be exceptional cases where patients do not routinely wear wristbands and other arrangements are in place to confirm identity, for example, photographs.