

Medication errors

[Health & Medicine](#), [Nursing](#)



1 How to Avoid Medication Errors Derived from Kathy Quan's "Your Guide to Nursing" <http://nursing.about.com/od/pharmacology/ht/mederrors.htm>

Medication errors account for a major factor in why healthcare can be hazardous to your health. If we, as nurses, do our part to observe basic rules we learned in school, many errors can be avoided. Care for your patients in the same way you would want someone to care for your loved ones. Never take shortcuts with your license.

Here's How:

1. Right Medication. Check the MD order and check it against the medication label. If you can't read it... ASK for help... call the MD
2. Right Dose. Check the MD order and the medication label. If you aren't familiar with the medication, look it up. Does this dose make sense for your patient?
3. Right Time. Check the MD order and check the medication label. Check the time. Give the medication at the time prescribed.
4. Right Route. Check the MD order and check the medication label. Make sure the route is accessible. If it's p. o., can the patient swallow meds? If not, can it be crushed? Is the IV site appropriate? Can it be given via a peripheral line or does it need to be a central line, and vice versa?
5. Right Patient. Check the MD order and check the medication label. Now check the patient. Can you identify this patient? Don't assume you know who the patient is, and NEVER go by room and bed number alone. Simple ways to ensure your patient's identity are to ask him for his name, date of birth, MD name.
6. Follow any manufacturer's instructions. Follow your facility's protocols.

7. Observe the patient taking oral meds to be sure he has swallowed them.
 8. Observe the patient for how well the medication and the procedure (especially if invasive such as an injection) is tolerated.
 9. DOCUMENT medication, dose, time, route, and immediate response.
 10. Notify the MD immediately of any adverse situations, including errors.
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The Queensland Health Department is committed to improving the quality and safety of patient care and it is hoped that these guidelines will assist health care workers to achieve a safer health service delivery environment. Health care workers are often faced with the dilemma of achieving a balance between maintaining a safe environment for patients, residents, staff and others and preventing another person from inflicting physical or psychological harm to themselves or others. At times, restraint appears to be the only option. In such circumstances, these guidelines will provide a step by step approach to assist clinicians in their decision-making about whether to apply a restraining device. These guidelines will be helpful to clinicians across all sectors of health care delivery. The guidelines have been developed by health care professionals in the fields of emergency medicine, mental health, aged care, education and hospital administration, and provide advice on the relevant legislative schemes, assessment and monitoring as well as documentation. The guidelines identify relevant legislation of which health care providers should be aware when making decisions about the use of restraint, including: The Criminal Code Act 1899, Powers of Attorney Act 1998, Guardianship and Administration Act 2000, Workplace Health and Safety Act 1995, and the Mental Health Act 2000.

These guidelines provide practical advice for health care providers in hospital and residential settings. They identify a nine-step process for assessing the need for restraint, as well as the importance of determining the type of behaviour to be modified, prevented or managed, so that the most appropriate strategy can be implemented. Recommendations for minimum standards of documentation are included, as well as advice on monitoring, evaluation and choice of restraint. The guidelines have been developed with the assistance of clinicians working in acute, aged care and mental health areas, as well as input from State and Commonwealth agencies and non- government organizations.

Examples of the application of these competency standards and the relevant sections of the Scope of practice framework for nurses and midwives, to the practice will be available the Queensland Nursing Council's web site www.qnc.qld. In assuming additional responsibilities for the initiation, administration and supply of medications, it must be understood that a nurse is not relieved of his/her legal responsibility or accountability for his/her own practice. Like duty of care, accountability for one's actions cannot be delegated. Regardless of the setting, registered nurses are legally bound to provide the most reasonable or appropriate care possible for their clients. Duty of care is owed by the nurse to their clients to prevent harm and the rural and remote area nurse is therefore bound by the standards of care set out by the nursing profession and by legislation. It is therefore essential that registered nurses be responsible for maintaining their competency to practise in their chosen setting at the highest possible standard.

Flow chart:

- Medication error
- Investigation
- Relieved from work
- Litigation
- if not guilty, nurse can continue work
- if found guilty, nurse is punished depending on the gravity of the case:
 - Revocation of license
 - Permanent termination from job
 - Penalised for the damage done
 - Could go to jail

Sources:

Caulfield H. Nurse prescribing. Legal issues. Practice Nurse 2003; 25(4): 48

Griffith R et al. Administration of medicines part 1: the law and nursing.

Nursing Standard 2003; 18(2): 47-53.