Strategies for patient safety in drug administration

This essay will focus on the aspect of nurses providing quality care in relation to patient safety within the nursing context of safe practice of drug administration. It will further discuss the underlying risk factors that are related to drug administration error and also discuss how to maintain a good practice to ensure patient safety. Robert et al cited in the National Nursing Research Unit (NNRU 2012) that quality care can be defined as when a patient is satisfied with a service or treatment being given by healthcare professionals. To achieve thisresult nurses need support, providing them facilities such as a good workforce and understanding to help improve safe practice (NNRU 2008).

As Griffith et al (2003) stated, medication administration is one of the most important duties that are commonly undertaken by nurses which requires official authorized professional mandatory in hospitals or any care settings where care is delivered. These also, are responsible for their own standard of how to care for their patients (NMC 2008). Consequent to this, NMC (2010)standards for pre-registration nursing education emphasise that nurses are expected to work along with patients andcarerswhen administering drugs by means of facilitating information in regards to their treatment so that the patient can choose the right medical treatment. Corben V (2009) recommended that if nurses provide patients with enough information as well as educating them will increase patient trust and courage to take their medications.

NMC (2008) further suggested that nurses should work with the five rights of medication administration in delivering care in clinical settings. This involves; the specify patient, the right drug, route, time and dose thus preventing drug

administration error. However, Elliot & Liu (2010), emphasise on nine rights including right documentation, action, form and response of drug management to maximise safe drug administration.

National Patient Safety Agency (2004) defines patient safety as an event that accidentally may cause damage or does not damage patients in clinical settings where care is delivered. Consequently, these nine rights are there to guide nurses, failure to do so may not onlyprotect the patient from harm thus could also lead to legal action against the registered nurse (Schelbred & Nord 2007). This means the nurse is known to be competent in carrying out such task (NNRU 2012). This can also cause the National Health Service (NHS) a huge amount of expenses (NPSA 2007).

According to NPSA (2011a) in Tingle J (2011a) indicate that 11% of medication errors in hospital were reported including patients' falls and trips. However, the rise of incidents reported does not mean that patients' safety is at high risk. Nonetheless, this is to bring awareness for nurses to provide a good quality care. Therefore, the nurse should show concern in patient safety (NPSA 2011c cited in Tingle J).

Elliot & Liu (2010) highlighted that nurses are required to administer drugs to the right patient as prescribed. This involves verifying the patient's name alongside by asking him or her to state their names, date of birth and hospital identity number on the wristband as well as drug chart which shows a safe practice. Nonetheless, calling patients' by their name may not confirm the patient identity as some patient with cognitive impairment or having language barrier might respond with no doubt (Bunker & Kowalski 2008).

However, Elliot & Liu (2010) cited that in some clinical environments, not all patients such as mental health and service userin nursing homes carry wristbands with the hospital identity number, as they may not be capableof identifyingthemselves individually. Therefore, Lynn P (2011) also argues that in general, the ideal method is that nurses should be checking patients' wristband to identify their name.

Nevertheless, Shulmeister L (2008)pointsout that nurses working under stress due to heavy work-load could lead to not verifying patients' identity beforegiving medication as required. Although this does not justify for a staff nurse not to follow the guideline of patient safety (Gould 2009).

Additionally, nurses are expected to give the right drug to the patient as being prescribed. In a situation where the nurse is in doubt or not familiar with the prescribe drug, the nurse administering medication should use the British National Formulary as a guide (Dimond 2003). Williams D. J. P (2007) cited that an error in drugadministering could occur when a patient is prescribed the wrong drug without understanding the patient's medical status.

Benjamin D (2003) emphasised that nurses should assess patients' knowledge of any allergies from the right drug being prescribed. Where there is a good quality of safe drugadministration, staff administering drug are expected to do so. If an allergy is identified, it is thenurse'sduty to document it and address it to the prescriber. Although Elliot & Liu (2010) cited that sometimes for the patient's best interest, they are given medication in spite of any sensitive reaction that the patient may have experienced due to the

benefits of administering the right drug is more than the allergy experience. As a result the nurse administering should take this into account.

In addition to this, an effective team work within the multidisciplinary is essential as this contributes to patient safety (Miller et al 2001). Consequently, registered nurses inform the prescriber immediately when a patient surfers a possible reaction from the drug given and documented. Thus this prevents patient from danger which may have been caused by the medication given NMC (2008). Elliot & Liu (2010) furthermore highlighted that safe drug administration does not only involve giving the right medication to a patient but also it is the duty of a nurse to observe if the patient is responding well to the drug given. Consequent to this, the nurse will have to assess the patient's effectiveness of certain drugs being administered like anticoagulants; anti-arrhythmics and insulin which are so potential that the patient's blood glucose level, pulse rate, respiratory or urine output will need to be checked.

Wright K (2009) state that for nurses to administer medication to patients it involves knowledge in drug calculation as this will help the nurse to give the right drug dosage to patients. NMC (2008) further highlighted that even though nurses may find some drug calculations very tricky to solve, as a result to maintain a good nursing practice it is the duty for another member of registered professional nurse to verify the drug calculations autonomously to reduce possible errors in drug volume or quantity. Armitage & Knapham (2003) in Agyemang R. E. O & WhileA (2010) argue that, most common drug incidents in hospitals is that a number of senior nurses in clinical settings sometimes do not follow drug preparation guidelines to ensure that drug

prepared by another memberofstaff is accurate or not due to the hierarchy that the senior nurse may have overajunior staff.

According to Tang et al (2007) research has shown that more than a thirdof theerror in drug administration to patients is due to wrong dose. Williams D. J. P (2007 highlighted that approximately 5% of drug doses given to patient in hospital were caused by medication error even though it was not the intention of the prescriber. Elliot & Liu (2010) highlighted that sometimes administering wrong drug to a patient may take place if a prescriber does not prescribe the correct unit such as mg (milligram) in its place for mcg (microgram). Therefore, nurses are accountable to ensure patients' safety and that they should be able to interpret patient's drug chart cautiously. Therefore to prevent wrong drug calculation the nurse must make every effort to give the correct dose (Elliot & Liu 2010).

A safe medication administration can improve patient safety if nurses administer drug on the correct route as indicated by the prescriber. This action is a must to nurses and where the right route is not identified on the prescription, the nurse understands that the drug should not be administered but reported to the prescriber (Jones 2010). According to NPSA (2007) approximately 2. 1% of drug administration errors from clinical settings were accounted for drug given mistakenly via the wrong route.

King's College Medication administration policy (2010) further recommended nurses to perform safe medication administration; therefore, it is not acceptable for nurses to prepare at the same point in time drugs such as oral, intravenous and intramuscular as this can cause giving drugs to

patients on the wrong route. For example, this safe practice was well recognised during my clinical placement. Registered nurses were administering medication according to the NMC (2008) Standard for Medicines Management as well as Kings College Hospital Medication policies which involve the nine rights. Even though sometimes nurses had heavy work-load on the ward yet this did not justify an unsafe medication practice.

NMC (2008) highlighted that as nurses are accountable for promoting patient wellbeing, also the nurse administering drug shouldbeaware to give patients medications at the right time. By doing so will enhance the effectiveness of the drug being prescribed for the patient. On the other hand, in some institutions drugs administrations are sometimes given in between half an hour before or in a while than the prescribed time dosage (Boundy & Stockert 2008). Dean S (2005) in Elliot & Liu (2010) mentioned that an investigation carried out in clinical settings showed 31% of drug administration errors were due to those patients who have been given their drug dose at the wrong prescribe time.

Additionally, documentation is another core element of nursing quality of care. Nurses are aware of recording and signing patients' drug chart including the common drug name (generic), prescribed dosage, time, route and the purpose of the prescribe drugs as emphasised (Woodrow 2007). Also, the nurse is known to document whether if the patient rejects their drug as well as the possibility of not remembering to take the drug. Failing to do so could lead patients to be administered the same drug two times since there is no indication which can show that it has been administered.

Therefore, the role of the nurse is to maintain an accurate record keeping maximising safe drug administration topatients(Woodrow 2007).

Gladstone J (1995) in Agyemang R. E. O & While A (2010) cited that even though patients are always the victim of drug administration error, nonetheless, nurses committing drug error are psychologically affected of remorse and have less trust or fear in legal action raised against him or her. Nevertheless, nurses recognize that addressing a medication error is a must. Also, reporting an incident may not only protect the nurse's imagebut prevent another possible error from occurring and can be addressedin the local trust where the nurse is employed (NPSA 2010). Thus nurses by doing this, manifest their sincerity of theirprofessional character (NMC 208).

According to Fry & Dacey (2007) a survey carried out in the United Kingdom 94% participant of 127 out of 135 highlighted interruptions as a major factor that causes drug administration errors. However, Hitchen L (2008) in Jones SW (2009) stated that a number of NHS trustshave introducedthe use of putting on red sleeveless coat to minimise interruptions during drug rounds.

Drug administration has always been an important task in the nursing care with factors contributing to medication error which affects patient safety. Therefore, it is necessary that preventive measures should be taken to minimise drug error in clinical settings. This means nurses must develop their knowledge in medication along with patient's medical care plan as well as following hospital drug guiding principles (Agyemang & While 2010).

Although nurses are putting into practice the five or nine rights of medication administration in clinical settings, it is still difficult to achieve good quality of

care as drug errors are still occurring in hospitals. Therefore registered nurses should consider patient safety as a major concern in delivering care in clinical settings and to achieve this, the nurse should continue to focus and provide a safe atmosphere when administering drug (Elliot & Liu 2010).