

MEDICATION ERRORS IN ANESTHESIA

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DEFINITION: A MEDICATION ERROR IS ANY ERROR IN THE MEDICATION PROCESS WHETHER ADVERSE CONSEQUENCES OR NOT.

NCCMERP DEFINITION (NATIONAL COORDINATING COUNCIL FOR MEDICATION ERROR REPORTING AND PREVENTION).

ANY PREVENTABLE EVENT THAT MAY CAUSE OR LEAD TO INAPPROPRIATE MEDICATION USE OR PATIENT HARM WHILE THE MEDICATION IS IN THE CONTROL OF THE HEALTH CARE PROFESSIONAL OR PATIENT.

DRUG ERRORS:

ACTIVE FAILURE- DONE BY PERSON GIVING WRONG DRUGS, MEMORY LAPSE OR CARELESSNESS.

PASSIVE FAILURE- SYSTEM FAILURE, HEAVY WORK LOAD, EXHAUSTION, INEXPERIENCED PERSON ADMINISTERING.

MISTAKE- KNOWLEDGE BASED ERROR DUE TO INCORRECT THOUGHT PROCESS.

LAPSE- SKILL BASED. FAILURE TO EXECUTE APPROPRIATE ACTION.

SLIP- TIRED, DISTRACTED. FAILURE TO EXECUTE APPROPRIATE ACTION.

INCIDENCE: 0.1% OF ANESTHETIC PROCEDURES IN AUSTRALIA,USA,CANADA,JAPAN,NEWZEALAND.

MAY NOT BE REPORTED DUE TO FEAR OFBLAME AND DEFAMATION.

TIME OF MEDICATION ERROR:

- 30% MADE AT BEGINING OF ANESTHESIA.
- 52% IN MIDDLE OF ANESTHESIA
- 18% AT END OF ANESTHESIA.

DRUGS-- NEUROMUSCULAR BLOCKING DRUGS.

REASONS:

1. STORAGE OF DANGEROUS AND NORMAL DRUGS TOGETHER.
2. AMPOULES LOOK ALIKE.
3. SAME SOUND LIKE DRUGS.
4. HASTE- CARELESSNESS OR ATTITUDE.

INATTENTION , CASUAL

STORAGE- MIDAZOLAM-SCOLINE,
ATRACURIUM- HEPATITIS.VAC
SOUND ALIKE .

NORCURON -NARCAN (NALOX)

LOOK ALIKE :

ADRENALINE - NEOSTIGMINE

CARELESSNESS :

BUPIVACAINE - DOUBUTAMINE
- TRANEXEMICACID

PREVENTION :

- KEEP DRUG DRAWER AND WORK PLACE TIDY.
- SEGREGATE LOOK ALIKE, SOUND ALIKE DRUGS.
- NO PREFILLED, PRELABELLED SYRINGES TO BE USED.
- AVOID ABBREVIATIONS EX: ATR-- ATROPINE. ATRA-- ATRACURIUM.
- LABEL SYRINGES LEGIBLE, CORREC DOSE.
- FOLLOW STANDARD LOADING IN SYRINGES.
 - 2.5% THIOENTONE-- 10CC SYRINGE.
 - 1mg/cc VECURNIUM -5 CC SYRINGE
 - 50mg/cc SUXA - 2 CC SYRINGE

- LOAD SYRINGES SELF- NO TECNICIAN HELP/FRIENDS HELP.
- READ THE DRUG,DATE OF EXPIRY IF TECHNICIAN GIVES OR IF YOU ARE IN GOWN FOR SPINAL.
- DISCARD UNUSED DRUG.
- SUPERVISE JUNIOR MEDICAL STAFF,TECHNICIANS.

WHEN TO SUSPECT WRONG DRUG ADMINISTRATION:

- UNEXPECTED CHANGE IN VITAL PARAMETERS.
- UNEXPECTED CHANGE IN CONSCIOUSNESS
- UNEXPECTED S/S, EXTREME PAIN, MUSCLE TWITCHES etc.
- INCORRECT AMPOULE FOUND OPEN.

**STEPS TO BE TAKEN WHEN WRONG
DRUGS ARE GIVEN:**

CHECK AMPOULES, SYRINGES USED.

**MEASUREMENT OF BLOOD LEVELS TO
ASCERTAIN THE DRUGS GIVEN.**

**DISCUSS IN THE DEPARTMENT
MORTALITY, MORBIDITY MEET**

**CONFERENCE--REPORT NATIONAL
LEVEL**

MESSAGE:

- SIMPLE VIGILANCE
- STANDARDISED PROTOCOL
- THINK BEFORE YOU ACT.