

Prevention of administration-related medication errors

ADMINISTRATION

- Nursing act
- Bringing the drug to the patient

1
Concordance/
prescription/
products/
patient's identity

Preparation PO / INJ

2

Administration

3

Recording /

Traceabilty

4

Errors related to the preparation step Solvent choice → pH

Precipitation:

Acid - base: drug / solvent

Solvent	рН	Incompatibility
NaCl 0.9%	6 - 7	Amphotericine B
G5%, G10%	4 - 5	Aciclovir (high cct)

Pay attention to the pH of the solvents!!

Stability: light → photo degradation

- Attack of fragile bonds by light
- Rate of degradation depends on the intensity of the light and the duration of the exposure

Loss of activity

Changing the appearance of the drug

Toxic photo-degradation products

E.g:

- Amiodarone
- → Administration with a syringe pump exposed to light.

Administration errors

Injection speed



Fast IV, slow IV, Intermittent infusion, Continuous infusion??...



The right choice

=

Efficiency and Security

Very Fast

- Vancomycine : Eythematous rashes
- Rituximab : Allergic reaction → Anaphylactic shock
- Aciclovir : Crystallization → Renal toxicity



Incompatibilities

Precipitation:

Acid - base: drug / drug

Drugs with acidic pH D	Drugs with basic pH
Adrenaline F Dobutamine C Midazolam G Morphine N	Aciclovir Furosemide Omeprazole Ganciclovir Meropenem Ampicillin

Never mix an acidic drug with a basic drug

E.g.:

Ceftazidim + Aciclovir

Colistine+ Aciclovir

Vancomycine + Cefotaxime

■ Amiodarone +Furosemide

Incompatibility: Moxifloxacin / FUROSEMIDE



Clinical consequences: Amoxicillin / Midazolam

Superficial thrombophlebitis



Precipitation:

After dilution

E. g: Diazepam



Solutions to reduce these errors?

- To protocolize
- To form
- To assess







Examples: UHC Ibn Sina

- Resuscitation department
- Internal Medicine
- Hospital medical emergencies
- National Institute of Oncology hospitalization

Training of the paramedical team

Antibiotics + Emergency drugs (adre, noradre, dobutamine, nicardipine...)

Preparation and Administration Sheet

Interest:

- Knowledge of the specificities of the molecule
- Improvement of our practices



- Limit the number of medication errors
- Allow a secure circuit of the drug

ABX Preparation and Administration Worksheet

■Each sheet:

- ✓ Name of the antibiotic
- ✓ Product Reconstitution Mode: Solvent to Use
- ✓ Dilution to perform for infusions: choice of solvent and its volume for better stability
- ✓ Stability over time as a function of temperature and Concentration after dilution
- ✓ Different modes of administration
- ✓ Incompatibilities in mixture or in Y



Hôpital IBN SINA

Médecine interne

Fiche <u>d'administration</u> des anti-infectieux injectables:

AMIKACINE

Voies d'administration possibles : IV, IM, S/C, Intrathecale.

Reconstitution	Solvant et volume de perfusion	Modalités d'administration	Stabilité physico-chimique	
250mg dans 2ml d'EPPI 500mg dans 4ml d'EPPI 1g dans 5 ml d'EPPI	Dilution dans : NaCl 0,9%, G 5% ou G 10% 2 g/100 à 500 ml Cmax=20mg/ml	IV : Pas d'IVD Perfusion de 30min au minimum (à 60min)	Après reconstitution: 12 h à t°C < 25°C ou 24 h au réfrigérateur (+2° C à +8° C) Après dilution : 24 h à t°C < 25°C	
			A l'abri de la lumière	

Incompatibilités en Y :

β-lactamines, Téicoplanine, Amphotericine B

Emergency Drug Preparation and Administration Worksheet



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Urgences médicales hospitalières (UMH)

Fiche de Stabilité physicochimique des médicaments injectables:

Amiodarone: amp 150 mg/3ml

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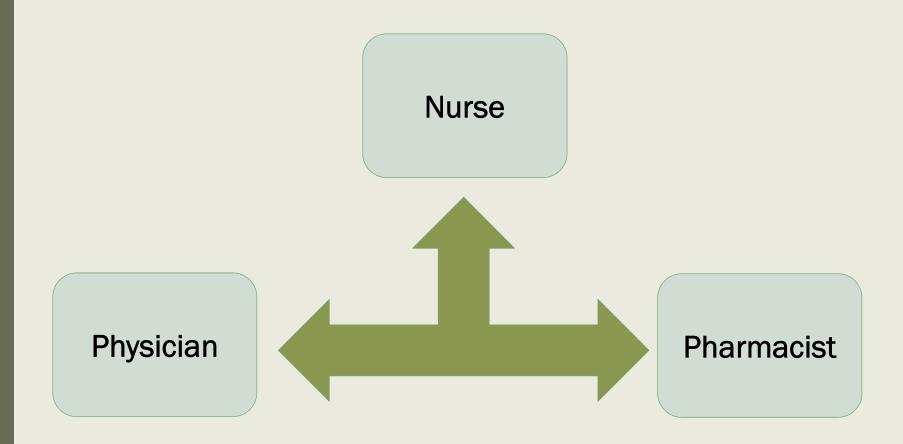
Voies d'injection

VVC de préférence et si conc. > 2 mg/ml

VVP Possible en dilution

Conditionnement	Soluté (s)	Posologie	Concentratio n	T°	Conditions	Durée de conservation
Seringue	G 5%	15 MG / KG 300 mg / 250 ml en bolus puis	1.2 mg/ ml (bolus)	25°C	A l'abri de la lumière	
		300 mg/ 50 ml en PSE = 6 ml /h	6 mg/ ml	25°c	A l'abri de la lumière	24h

■ The importance of collaboration:



Thank you!