Practice sting 2024-07

Practice sting Interim adjustment of delivered medication

This Practice Sting is particularly interesting for pharmacists and medication safety committees in mental health/elderly care/disabled care institutions and for healthcare workers who administer medicines.

Interim changes to the medicine role are risky, as shown in the notification below.

Notification

A client from a nursing home uses a multidose medication role. The medicine role includes one furosemide 40 mg tablet once a day. Because of an electrolyte disorder, the prescriber changes the furosemide dose to 20 mg per day. The dose change will arrive on a Friday evening. The pharmacist can therefore no longer change the role before the weekend. The pharmacist also cannot provide a new role. The administration list has been adjusted because the physician and the pharmacist work in the same system, so any medication change is immediately visible on the administration list. The healthcare workers who administer medication must adjust the role at the weekend and therefore halve the 40 mg furosemide tablet. The student nurse who gives the medication on Saturday does not read the administration list properly and gives the client a whole 40 mg tablet instead of half a tablet.

Analysis

According to the Dutch Safe Principles in the Medication Chain, a "change of medication in an individualized drug distribution system is the responsibility of the pharmacist." The pharmacist cannot always make such a change immediately. The Dutch Pharmacists guideline Care for patients with medicines in individualized distribution form recommends "if it is not possible to carry out the medication change in a pharmacy in a timely manner [...] the medication change is carried out by a pre-agreed emergency procedure by a healthcare employee of the institution."
It is therefore necessary that the pharmacist agrees on a clear emergency procedure with the healthcare institution for changing the contents of the medication role. The procedure must describe, among other things, when healthcare employees of the healthcare institution must adjust the contents of the bags, who within the healthcare institution is allowed to adjust the bags and whether the role is completely adjusted at once or whether this happens per administration moment. It is also necessary to consider who carries out the second check and who the healthcare worker can contact with questions. It is also important that the prescriber informs the healthcare worker about changes in the medication and that the medication change is mentioned in the client's report. It is not known whether this latter happened.
The student nurse who administered the medication did not perform the correct checks. She did not notice that the information on the administration list did not match that on the bag. As a result, the patient received too much furosemide.

Recommendations

For pharmacists and medication safety committees of healthcare institutions

- Discuss in the medication safety committees the procedure for changing the contents of medication roles by healthcare employees of the institutions when it is not possible for the pharmacist to implement the change himself.
- Discuss with the prescribers that changes in medication should take effect as much as possible when starting a new medication role.

For healthcare workers who administer medication

- Before administering medication to a client, read his report for any details.
- Perform the following five checks when administering medication:
  1. Is it the right medicine?
  2. Is it the right patient/client?
  3. Is it the right time?
  4. What is the correct method of administration?
  5. What is the correct dose?
- Mention in the client's report when the prescriber reports changes to the medication (if the prescriber has not already done so himself).