



Practice sting 2025-02

Practice sting Medication verification with obstacles

This Practice Sting is particularly interesting for healthcare professionals who carry out medication verification

Six percent of the reports that VMI receives from hospitals are medication verification incidents. A good example is the following notification.

Notification

A patient has been admitted to hospital for a liver puncture. The procedure will take place on the fifth day of admission. On the day of admission, a pharmacy assistant carries out a medication verification with the patient. This is difficult because the patient has a mild intellectual disability. She has little insight into her illness. She has also not given permission to share data via the National Exchange Point. On the third day of admission, a nurse notices that the patient is still using acetylsalicylic acid from the home supply. Because the patient did not stop taking acetylsalicylic acid in time, the liver puncture cannot take place on the planned date. This leads to a longer admission and delay in diagnosis.

Analysis

With some procedures it may be necessary to temporarily discontinue antithrombotic agents. If a patient has not stopped in time, the risk of bleeding during the procedure is too high. That is why the anesthesiologist or the physician performing the procedure will discuss stopping antithrombotic medicines prior to the procedure.

Good medication verification is essential in order to properly instruct the patient about discontinuing antithrombotic agents. This is preferably done in a conversation with the patient and/or informal caregiver on the basis of a medication list and medication brought along. In this case, proper medication verification was not possible. This can occur when no information is available from the patient's own pharmacy or own GP and/or when inquiring with the patient or caregiver is not possible. In this case, it is due to a mild intellectual disability, but can also be due to dementia or language problems.

Recommendations

Healthcare professionals performing medication verification

- Recognize patients for whom medication verification may be less reliable, such as patients with mild intellectual disability, cognitive decline or a language barrier.
- If possible, involve informal caregivers or healthcare professionals in medication verification for these patients. Ask the patient to bring the medication used upon admission.
- If permission has not been granted to request data: still try to obtain permission to request data from the regular pharmacy and/or GP and include this data in the medication verification.
- Communicate any doubts about the completeness of medication verification to the anesthesiologist or physician performing the procedure, unless this physician performs the verification himself.

Healthcare professionals in primary care and long-term care

- Encourage everyone, but especially vulnerable patients and their loved ones, to participate in the National Exchange Point (LSP).