

# EVALUATION OF SAFE PRACTICES IN HIGH-ALERT MEDICATIONS: AREAS FOR IMPROVEMENT AND OPTIMIZATION PROPOSALS

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## BACKGROUND AND IMPORTANCE

High-alert medications (HAMs) carry a high risk of serious harm and require strict safety management.

## AIM AND OBJECTIVES

- Evaluate implementation and compliance with safe HAM practices in a tertiary care hospital.
- Identify improvement areas and optimization proposals.

## MATERIAL AND METHODS



Descriptive, cross-sectional study.



Tertiary level care hospital.

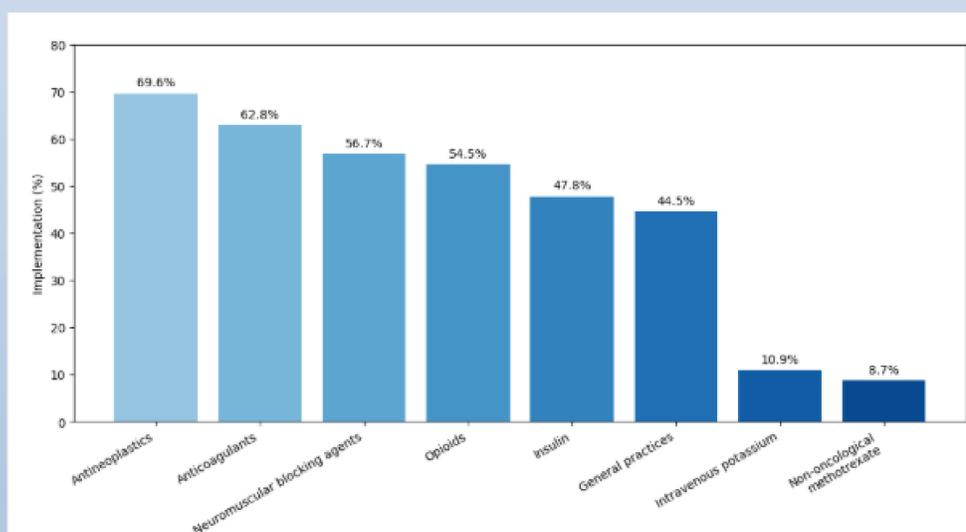


Validated five-level medication safety questionnaire.

The questionnaire included eight sections, one on general high-alert medication practices and seven on prioritized high-risk drug groups: neuromuscular blocking agents, intravenous potassium, insulin, non-oncological methotrexate, oral and parenteral antineoplastics, anticoagulants, and opioids.

## RESULTS

Implementation of safe practices by high-alert medication group:



- Implementation levels varied considerably among different groups of high-risk medications.
- Antineoplastic drugs showed the highest level of compliance, while non-oncological methotrexate and intravenous potassium showed the largest safety gap.
- The main areas for improvement include better identification and labeling of high-risk medications, enhanced prescribing alerts, and strengthened staff training.

## CONCLUSION AND RELEVANCE

The analysis proved highly useful in identifying key safety gaps, particularly in non-oncological methotrexate and intravenous potassium management.

The implementation of targeted actions, including electronic prescribing alerts for weekly methotrexate regimens and improved storage and labeling of intravenous potassium, contributed to strengthening patient safety.

