

A PROSPECTIVE OBSERVATIONAL STUDY OF MEDICATION PRESCRIBING ERRORS IN AN EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE

Prescribing errors (PE) are an important cause of medication-related adverse events in the Emergency Departments (ED) but limited data are available in ED with electronic prescribing and administration (ePA) systems.

AIM AND OBJECTIVES


To determine the rate of PE in the ED, to classify incident types and to identify critical points where measures should be implemented to improve patient safety.


MATERIAL AND METHODS

Prospective, observational and cross-sectional study in an ED with ePA system during 6 working days (May-June 2021). The inclusion criteria were patients stayed more than 8 hours in the ED and all patients awaiting hospitalization. Prescriptions were analyzed by a multidisciplinary team made up of two pharmacists, an emergency physician and the person in charge of the hospital's medication errors committee. PE were reported to the hospital's patient safety-related incident notification system.

RESULTS

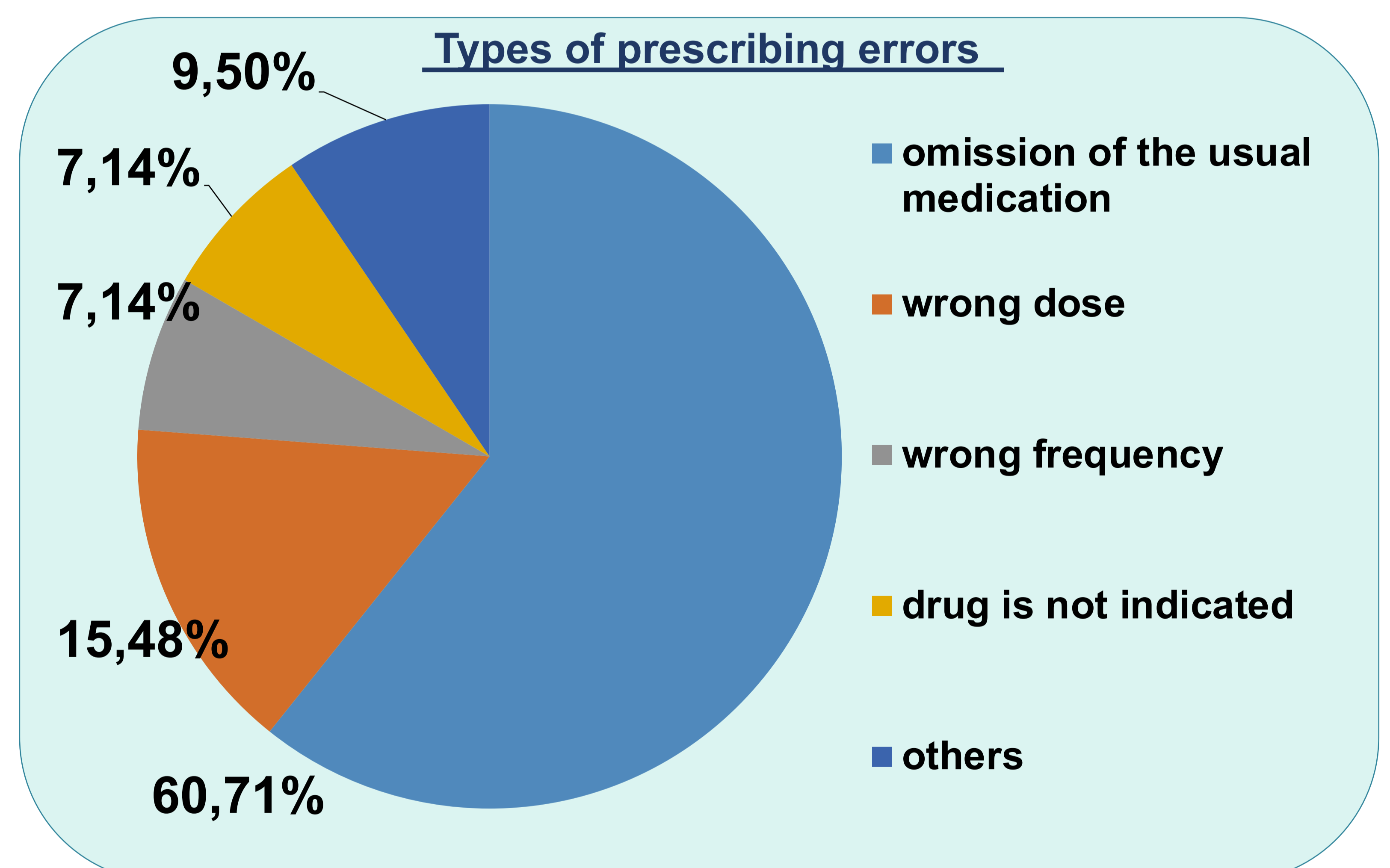
 **65 prescriptions** (each prescription had an average of 8.4 medications)

 **67 ± (SD=17,9) years**

 **84 PE** and 15 situations with the capacity to cause errors

 No adverse reactions related to EP were detected

 **Rate of PE: 1.52 errors per patient**



Higher in less severe patients than monitored patients (1.09 vs 2.0 PE per patient)

According to the Spanish consensus about Medication Reconciliation in Emergency Units, 47.1% of omissions of usual medication were drugs that should be reconciled during the first 4 hours in the ED.

The results of the study are highlighted in a session in the ED.

CONCLUSION AND RELEVANCE

The PE rate in the ED was 1.52 per patient and the main type was omission of the usual medication. A cross sectional study will be made in the future and compared to the current one to establish the impact of the implemented measures on the PE rate.

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