ANALYSIS OF MEDICATION ERRORS INVOLVING HIGH-RISK PATIENTS IN THE PERIOPERATIVE SETTING

Servicio de Farmacia. Hospital General Universitario Gregorio Marañón. Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM). Madrid, España

OBJECTIVES
Beatriz.torroba@salud.madrid.org

MATERIALS AND METHODS

RESULTS

CONCLUSION

This study revealed a high incidence of ME in high-risk patients undergoing major surgery. Strategies to reduce ME in the perioperative setting should be implemented in order to improve the quality of surgical care and patient safety in the surgical environment.

Pharmacists play a key role in medication errors prevention and they should be engaged in promoting the safe use of medications.

Beatriz.torroba@salud.madrid.org

www.madrid.org/hospitalgregoriomaranon/farmacia

@farma_gregorio

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OBJECTIVES

Background: The perioperative setting has suggestive differences from any other hospital unit that make it more vulnerable to medication errors (ME):

1. Multiples transitions of care during their surgical pathway
2. Medications are usually prescribed and administered by the anesthesiologist
3. A significant proportion of medications used are high-alert medications

Objective: Analyze perioperative ME rates in high-risk patients that occurred throughout the use of medication in the surgical process

MATERIALS AND METHODS

High-risk adults
1- Anticoagulated therapy
2- Dual antiplatelet therapy
3- ASA-IV*
4- complex chronic patients
*American Society of Anesthesiologists physical status

Design: A observational, descriptive, and retrospective study conducted from October to December, 2020 in a 1,300-bed tertiary teaching hospital.

RESULTS

68 patients were included:
- mean age: 71 years
- 66.6% males

- Patients received an average of 7.8 chronic drugs.
- Most patients underwent general surgery (32,3%) or urology (29,4%) procedures.

WE DETECTED 4.9 MEDICATION ERRORS PER PATIENT

Absence of sequential therapy affected 76.5% of patients

Inadequate management of chronic medications was in 39.7% of patients

The incidence of ME in reconciliation was higher at patient admission (41.2%) than at discharge (29.4%)

Antibiotic prophylaxis was inadequate in 52.9% of the patients

7.3% patients presented any ME related to pain management

3.2% of patients presented inadequate treatment to prevent nausea and vomiting

27.9% patients had incorrect glycemic management

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