Journal of Advances and Scholarly Researches in Allied Education
Vol. 20, Issue No. 4, October-2023, ISSN 2230-7540

A Study on Medication Errors

Tasneem Hussain*

Student of PharmD

Email Id - tasneemhussain220118@gmail.com

Abstract - ***A medication error, an avoidable event causing harm to patients, can occur at various stages of the treatment process. This study aims to detect and analyze medication error reports, contributing to the prevention of future errors and enhancing medication efficacy and safety. The research underscores the significance of interconnected decisions that optimize the balance between benefits and harm in limiting medication errors.***

Keywords - include medical error, detection, adverse event, dispensing, healthcare, safety, efficacy, healthcare professionals, quality of care, management, failure of machines, safer practices, work environment, morbidity, fatality.

----------X----------

INTRODUCTION

Medical errors within healthcare systems arise from factors such as poor communication, inadequate information flow, lack of training, and machine failures.

These errors, occurring at any treatment stage, can result in severe morbidity and adverse events. The study aims to outline the frequency, stage, and types of medication errors, analyzing the harm to improve reporting systems. Clinical pharmacists play a pivotal role in identifying and preventing medication errors.

Despite numerous case reports and media coverage, systematic research is essential for monitoring safety, identifying unsafe practices, and implementing safety measures.

Common Themes of Barries ro Reportig medical errors

Theme	Number of studies reported this theme as a sigificant barrier
Fear of consequences	19
Lack of feedback	8
Work climate/sulture	8
Poor understadig of ME ad the importance of reporting ME	6
Time consuming	5
Lack of reporting system	3
Personal factors	3

DETECTION AN DREPORTING

The accurate frequencies of medication errors remain unknown, causing dissatisfaction and impeding progress monitoring. Encouraging the reporting of errors with simplified and standardized processes is crucial.

Health care professionals often hesitate to report errors due to fear of liability, job loss ,and a loss of colleagues' confidence. Organizations must cultivate a supportive atmospher efor error examination, focusing on preventing future errors.Timely analysis of medication error reports can reveal opportunities for improvement and system changes.

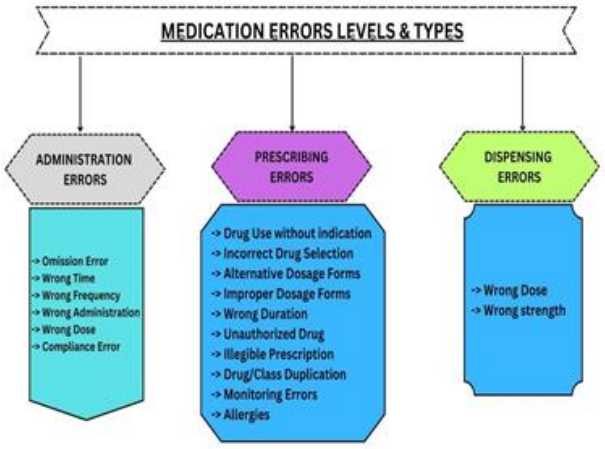
PATIENT WELLBEING

Assessing risk and damage to patients is essential for achieving ultimate patient safety.

Providing safe services will help restore the community's trust in the healthcare system. Distortions are a prevalent cause of medication errors, emphasizing the need for a culture that recognizes safety challenges and implements practical solutions instead of fostering a culture of blame, shame, and punishment.

Effectivecommunicationisachievedthroughclearandsimplemeans,andfaultysystemsmust be redesigned while professionals are adequately trained to utilize technological advances.

www.ignited.in



CLASSIFICATION OF ADMINISTRATION ERRORS

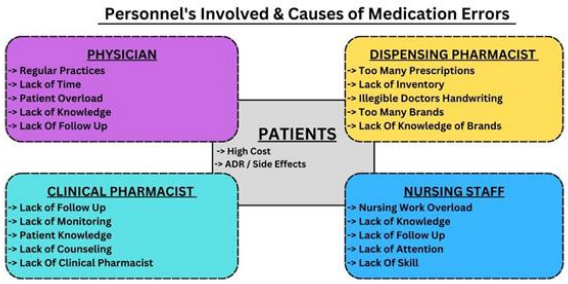
Errors occurring during medication administration involve giving the wrong drug, incorrect dosage, administering via the wrong route, or administering at the wrong time.

CLASSIFICATION OF PRESCRIBINGE RRORS

A prescription error is a failure in the prescription writing process, resulting in incorrect instructions about drugs, dosage, or inappropriate instructions.

CLASSIFICATION OF DISPENSING ERRORS

Dispensing errors occur when the pharmacistor healthcare professional provides the wrong medication or incorrect dosage due to misinterpretation of the prescription, confusion between similar drug names, or incorrect labeling.



PREVENTION OF MEDICATION ERRORS

Pharmacists, drug manufacturers, information systems, and hospital personnel can collectively reduce medication errors.

Adhering to the "five rights" of medication use—right patient, drug, dose ,time, and route— is crucial. Physicians can contribute by observing basic safety practices in drug prescribing, such as writing clearly and avoiding abbreviations.The medication error rate formula involves dividing observed errors by opportunities for errors and multiplying by 100.

CONCLUSION

Early detection and intervention in medication errors improve the rapeutic out comes, posing significant risks to patient safety.

Preventing these errors requires a multifaceted approach involving healthcare professionals, technology, and system improvement. Strategies include maintaining good communication within the health team, reporting errors promptly, and ensuring a responsible approach from hospitals, staff, and healthcare providers before adverse reactions occur.

REFERENCES

1. Wittich CM, Burkle CM, Lanier WL. Medication errors: an overview for clinicians. Mayo Clin Proc. 2014 Aug;89(8):1116-25.

2. S. Farzi, A. Irajpour, M. Saghaei, H. Ravaghi -Causes of medication errors in intensive care units from the perspective of healthcare professionals

3. Occurrence and types of medication error and its associated factors in a reference teaching hospital in northeastern Iran: a retrospective study of medical records. Seyed Saeed Tabatabaee, Vahid Ghavami, Javad Javan-Noughabi & Edris Kakemam - BMC Health Services Research volume 22

4. Monitoring and Evaluation of Medication Error in a Tertiary Care Hospital -U YadhukrishnanP, Nolin Johncy, +3 authors S DanielSundarSingh.

5. Incidence and prevalence of intravenous medication errors in the UK: a systematic review-http://orcid.org/0000-0002-5198-3727Adam Sutherland1,2,Michela Canobbio3,Janine Clarke4, Correspondence to Mr Adam Sutherland, Division of Pharmacy and Optometry, University of Manchester, Medicine and Health, Manchester M13 9PL,

6. Newbould V, Le Meur S, Goedecke T, et al. Medication errors: a characterization of spontaneously reported cases in eudravigilance. Drug Saf. 2017;40:1241–1248.

7. Medication errors: what they are, how they happen, and how to avoid them- J.K. Aronson QJM: An International Journal of Medicine

8. Medication errors: a focus on nursing practice - Nasr Alrabadi, Shaima

www.ignited.in

Shawagfeh, Razan Haddad, Tareq Mukattash, Sawsan Abuhammad, Daher Al-rabadi, Rana Abu Farha, Suzan AlRabadi, Ibrahim Al-Faouri- ***Journal of Pharmaceutical Health Services Research***, Volume 12, Issue 1, March 2021, Pages 78–86**,** https://doi.org/10.1093/jphsr/rmaa025

Corresponding Author

Tasneem Hussain*

Student of PharmD

Email Id - tasneemhussain220118@gmail.com