Error Prevention and Pharmacist Interventions: A Retrospective Analysis in a Long-term Care Setting.

Turning Errors Into Opportunities

NMPhA Mid Winter Meeting
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Pharmacist Learning Objectives:

1. *Outline the process of preventing medication errors with medication reconciliation.*
2. *Describe common techniques to prevent medication errors in a pharmacy.*
3. *Describe the most common prescribing errors in a long-term care setting.*
4. *Identify the most common clinician interventions made in a long-term care setting.*
5. *Identify processes improvement techniques for detecting and managing medication errors.*
6. *Discuss how essential pharmacists and pharmacy technicians are in preventing errors, correcting prescriptions, and making appropriate life-saving interventions.*

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Pharmacy Technician Learning Objectives:

1. *Outline the process of preventing medication errors with medication reconciliation.*
2. *Describe common techniques to prevent medication errors in a pharmacy.*
3. *Describe the most common prescribing errors in a long-term care setting.*
4. *Discuss how essential pharmacists and pharmacy technicians are in preventing errors, correcting prescriptions, and making appropriate life-saving interventions.*

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PILOT PROJECT

ERROR PREVENTION AND PHARMACIST INTERVENTIONS, A RETROSPECTIVE ANALYSIS IN A LONG-TERM CARE SETTING.

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Background

- Preventable medication errors are a considerable financial burden on the healthcare system, affect patient quality of life, and ultimately may increase both morbidity and mortality.
- A systematic search was conducted of the relevant peer-reviewed research published between January 1, 2000, and October 1, 2015, in English, French, German, or Spanish examining serious outcomes of medication errors (MEs) in NHs residents.
  - MEs were common, involving 16-27% of residents in studies examining all types of MEs
  - 13-31% of residents in studies examining transfer-related MEs
  - 75% of residents were prescribed at least one potentially inappropriate medications.
  - Serious effects of MEs 0–1% of MEs, with death being rare.
- Many of these residents have multiple comorbidities and polypharmacy, leading to a need for dose adjustments and extensive review for drug-drug interactions.

Lee L. Dwyer, Beth Han, David A. Woodwell, Elisabeth A. Rechtsteiner. Polypharmacy in nursing home residents in the United States: Results of the 2004 National Nursing Home Survey,The American Journal of Geriatric Pharmacotherapy, Volume 9, Issue 1, 2010, Pages 43-50

Farah N, Lovell J, et al. Systematic Review of the Prevalence of Medication Errors Resulting in Hospitalization and Death of Nursing Home Residents. J Am Geriatr Soc. 2021 Feb;69(2):413-442.

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Methods

- A retrospective cohort design over a one-year period
- Medication orders for patients at multiple long-term care facilities in New Mexico were reviewed and evaluated by pharmacists at a central dispensing pharmacy.
- All prescriptions that were processed through the point-of-sale system were considered eligible for review. These prescriptions were canceled by a pharmacy team member due to the error caught and were never dispensed.
- Medication errors and subsequent pharmacist interventions were identified by reviewing the point-of-sale system for cancelled prescriptions and grouped into categories.
- The groups were based on the clinical impact and were divided into various subcategories for further analysis.
- Once the medication errors were categorized, the results were then described and grouped into categories of various types of pharmacist interventions.
- If a prescription contained multiple errors and subsequent interventions these were categorized in their own grouping.

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Results

- 22,514 patients with an average of 6-9 prescriptions per patient
- Total of 215,914 prescriptions being processed by the central dispensing pharmacy.
- A total of 205 medication errors were identified through the point-of-sale system.

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Table 1

Categories	Interventions
IR vs. ER	39
Missing Info/Clarification	25
Unavailability	22
Dosing/Frequency	21
Cost	16
End of Therapy	14
Wrong formulation	13
Ease of administration	12
Max dosing	8
Therapeutic Indication	7
Duplicate Therapy	6
Allergy	6
Law	5
Wrong drug/indication	5
Drug-drug interaction	4
G-tube clarification	2
Total	**205**

Results continued

- 16 categories of medication errors identifies
- The most common individual medication error was an incorrect immediate-release or extended-release formulation chosen.
- The second most common medication error was missing information or the need to clarify an item on the prescription.
- 12 order sets were identified that included multiple interventions (duplicate or triplicate errors)

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Table 2

Categories	Interventions
Clinical Interventions	54
Quality of Life	52
Clerical	30
Dosing/Frequency Errors	21
Wrong Drug Indication/Formulation	18
Unintended Patient Harm	16
End of Therapy	14
Total	**205**

Results continued

- The types of medication errors were then reclassified and organized by intervention type.
- The analysis concluded with seven identified types of interventions.
- Clinical interventions made up most of the errors in table two accounting for 26% of the overall data.

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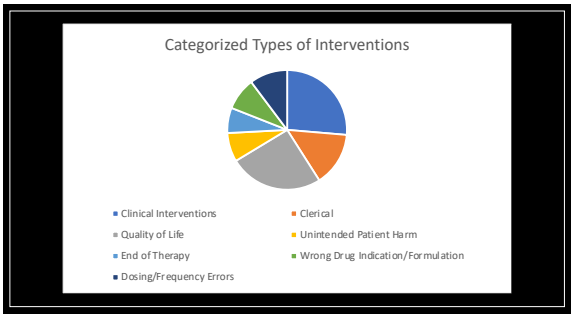

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Limitations

- The utilization of the point-of-sale service and triaging for cancelled prescriptions
  - Numerous pharmacist interventions can occur before the prescription is processed.
- If the medication error was identified before the prescription was processed, the medication error and subsequent intervention would not be captured and included in our study.

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Discussion

- Interventions can often lead to a point of confrontation among healthcare professionals. This is where an area of confrontation can turn into a moment of education and opportunity.
- The findings from this study suggest that pharmacists play a key role and are a vital and necessary addition to any healthcare team

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TURNING ERRORS INTO OPPORTUNITIES

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Poll Question

Have you made a medical or dispensing error?

a. Yes
b. No

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Statistics of Medication Errors

- Estimated dispensing accuracy in community pharmacy is 98.35%
  - 77 errors per 4,481 prescriptions
  - **OR** 4 errors/250 prescriptions DAILY
  - Annually ~ 3 billion prescriptions are filled in America – this translates to 51.5 million errors every YEAR
  - **OR** it is estimated a pharmacist will fill 1.5 million prescriptions in their career= 25,500 errors during the CAREER
- 440,000 deaths in America occur each year due to PREVENTABLE medical errors
  - 1,000 people every day=capacity of 2 JUMBO JETS!!

1. Root Cause Analysis Workbook for Community/ Ambulatory Pharmacy [Brochure]. (n.d.) Horsham, PA: Institution for Safe Medication Practices
2. James, John. T., The Journal of Patient Safety(Sept. 2013, V3, I3, pp.122-328.

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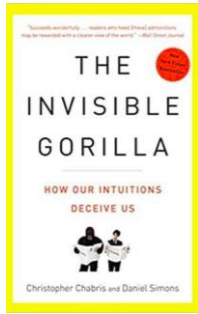

Detecting Errors

- "How could you have missed that?" OR "Who caused this error?"
- Movie depicted basketball game, and the researchers asked the participants to count how many passes occurred between the two groups of players.
- During the experiment a gorilla is seen in the video
- 40% of people failed to see the gorilla
- **HOW** we focus our attention is key, and it determines if we can "see" something that is unexpected

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Selective Attentive Test

- https://www.youtube.com/watch?v=_bunmWY10M

OR

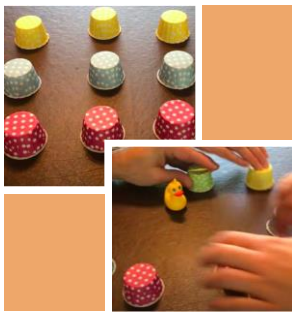
- https://www.youtube.com/watch?v=EsC_sHTW43c

OR

TEDTalk; Apollo Robbins-The art of misdirection

- https://www.youtube.com/watch?v=GZGY0wPAnus

When we are to focused on ONE thing, we FAIL to see more



17

Our minds are against us!

- Proofreading-our minds fill in the blanks or what we EXPECT to be there

"I cdnuolt blveiee that I cluod aulaclty uesdnatnrd what I was rdanieg. The phaonmneal pweor of the hmuan mnid, aoccdrnig to a rscheearch at Cmabrigde Uinervtisy, it dseno't mtaetr in what oerdr the ltteres in a word are, the olny iproamtnt tihng is that the frsit and last ltteer be in the rghit pclae. The rset can be a taotl mses and you can still raed it whotuit a pboerlm. This is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the word as a wlohe. Azanmig huh? Yaeh and I awlyas tghuhot slpeling was ipmorantt!"

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How to identify medication errors?

- Step wise prescription verification process
- 5 (or 8) Rights of Medication Administration
- Always utilizing drug references (Lexicomp, Micromedex, GlobalRph, etc)
- Dual pharmacist/technician check
- Patient counseling
  - 3 prime questions
- Continuous quality improving (CQI) and Root Cause Analysis
- Failure mode and effects analysis (FEMA)
- Subscribing/Alerts from companies that report the most common errors can contributing factors (ISMP, ECRI)
- Phone/Text a friend
- Others?

https://www.pharmacist.com/article/prevent-medication-errors-fmea

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Stepwise Verification Process

Step 1

- ❖Take a breath

Step 2

- ❖Think BIG picture –WHO is getting WHAT
- ❖Does it make sense?

J. Poquette. Prescription Verification Tips for the NEW Pharmacist or Student. http://www.thehonestapothecary.com/2015/01/22/prescription-verification-tips-for-the-new-pharmacist-or-student/. Accessed December 16, 2020.

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Stepwise Verification Process

Step 3

- ❖Check the DETAILS
- ❖Check hard copy prescription against what is on the bottle/what is typed
- ❖BIG 3
  - ➢Patient name and date of birth
  - ➢Drug name, strength and quantity
  - ➢Directions* (NOT merely that they MATCH, but do the make SENSE and are REASONABLE)
- ❖More important items
  - ➢Prescriber
  - ➢Number of refills
  - ➢Prescription date/legal concerns
  - ➢Patient allergies
  - ➢Day's supply
  - ➢Billing & copay, insurance and reimbursement

J. Poquette. Prescription Verification Tips for the NEW Pharmacist or Student. http://www.thehonestapothecary.com/2015/01/22/prescription-verification-tips-for-the-new-pharmacist-or-student/. Accessed December 16, 2020.

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Stepwise Verification Process

Step 4

- ❖**Check the PROFILE**
  - ➢Potential drug-drug interactions
  - ➢Potential drug-disease interactions
  - ➢Patient history (example: history of ER, and new prescriptions for IR)
- ❖**Utilizing Prescription Drug Monitoring Program (PDMP)**

J. Poquette. Prescription Verification Tips for the NEW Pharmacist or Student. http://www.thehonestapothecary.com/2015/01/22/prescription-verification-tips-for-the-new-pharmacist-or-student/. Accessed December 16, 2020.

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5 (or 8) Rights of Medication Administration

1. **Right Patient**
2. **Right Drug**
3. **Right Dose**
4. **Right Route**
5. **Right Time**
6. *Right Reason*
7. *Right Drug Formulation*
8. *Right Line*

Institute for Healthcare Improvement. Improvement Stories. http://www.ihi.org/resources/Pages/ImprovementStories/FiveRightsofMedicationAdministration.aspx. Accessed December 16, 2020.

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Patient Counseling

- 3 Prime questions
  1. What did the prescriber tell you this medication is for
  2. How did the prescriber tell you to take the medication
  3. What did the prescriber tell you to expect from taking this medication?
- Teach back method
- Active listening
- Empathetic approach

Hanh thi Nguyen. The prime questions in authentic patient's consultations: A call for additional research on current and new paradigms. Sapharm.2012.04.007.

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LAST BUT NOT LEAST…

Pharma Sense

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Common Errors in LTC

Table 1

Categories	Interventions
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Chen, MD
Signed and Held phenytoin (DILANTIN) 125 mg/5 mL suspension 300 mg AT BEDTIME Signed and Held
Ordered Dose: 300 mg Volume: 12 mL Admin Instructions: See PPE requirement link below:
http://pel.phs.org/cs/groups/internal/documents/educational_material/pel_00943807.pdf
Route: Oral Date First Scheduled: 06/01/20 2100 Admin Dose: 300 mg Admin Amount: 12 mL Start: 06/01/20 2100 Electronically Authorized by Lihang Chen, MD

IR vs ER

Previous order was:

- Phenytoin ER Capsules

3 capsules at bedtime

What should be clarified on this order?

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Phenytoin (Dilantin™)

Immediate Release	**Extended Release**
Tablets (Dilantin Infatabs) → 50mg (Chewable) Suspension → 125mg/5ml Injection → 50mg/ml (2ml/5ml)	Capsules → 100mg, 200mg, 300mg Dilantin → 30mg, 100mg Phenytek → 200mg, 300mg
Divided in 2 to 3 doses per day	Divided in 1 to 2 doses
Time to peak → 1.5-3 hours	Time to peak → 4 to 12 hours

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7489?cesid=2LWm6CHT7lB&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dphenytonin%26t%3Dname%26va%3Dphenytonin#rftlist

28

Key Points from Error Phenytoin (Dilantin™)

1. Converting from ER capsules to oral solution needs to be converted to multiple administrations instead of daily.

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Order Date:
Communication Method: Phone
Order ID:
Order Summary:

IR vs ER

What should be clarified on this order?

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Metoprolol Tartrate (Lopressor ™) vs Metoprolol Succinate (Toprolol XL™)

Immediate Release Strengths: Available: Tablet→25mg, 37.5mg, 50mg, 75mg 100mg Injectable→5mg/5ml Oral Solution→ 10mg/ml	Extended Release Strengths: Available Tablet→ 25mg, 50mg, 100mg, 200mg Capsule (Kapspargo Sprinkle™)→ 25mg, 50mg, 100mg, 200mg
Duration of Action→ (dose related) 3.3-6.4 hours	Duration of Action→ ~24 hours
Typically given twice daily (at lower strengths <25mg given once daily)	Given once to twice daily* (Twice daily dependent on heart rate control)
CAN be crushed	Tablets CANNOT be crushed
CAN by cut in half	Tablets CAN by cut in half
Available as liquid for G-Tube/PEG-Tube	Sprinkle Capsules: CAN by opened over food NG-Tube- CAN by opened and put in all plastic oral tip syringe with 15ml of water. Shake for ~10 sec and deliver medication

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7287?cesid=5qUQvg0oXzz&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dmetroprolol%26t%3Dname%26va%3Dmetroprolol

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Drugs.com

Metoprolol Succinate (Toprolol XL™)

- Cannot be crushed
- Can by cut
- If used for G-Tube and changed to Metoprolol Tartrate (Lopressor ™) or the new FIRST-Metoprolol kits.

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First Compounding Kits

https://azurity.com/compounding-kits/

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Key Points from Error
Metoprolol Succinate (Toprolol XL™) vs Metoprolol Tartrate (Lopressor ™)

- **Tartrate formulation**
  - Dosed twice daily (unless low dose for indication)
  - Can be crush or cut in half
- **Succinate formulation**
  - once to twice daily
  - Can be cut in half
  - DO NOT CRUSH→ use IR formulation or Suspension

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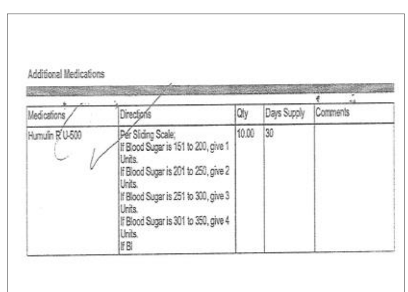
Key Points from IR VS ER Error

- Important to verify strength and identify if directions should be modified to daily or in divided doses
- Additional medications to clarify regarding potential IR vs ER errors
  - Levetiracetam (Keppra ™))
  - Diltiazem (Cardizem, Cartia XT, Taztia XT, Dilt-XR, Etc..)
  - Venlafaxine (Effexor ™)

35


Additional Medications

Medications	Directions	Qty	Days Supply	Comments
Humulin R U-500	Per Sliding Scale; If Blood Sugar is 151 to 200, give 1 Units. If Blood Sugar is 201 to 250, give 2 Units. If Blood Sugar is 251 to 300, give 3 Units. If Blood Sugar is 301 to 350, give 4 Units. If Bl	10.00	30	

Dosing/Frequency Clarification

What should be clarified on this order?

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U-100 vs Humulin R ™ U-500

U-100	U-500
Various	Humulin R™ (insulin regular) ONLY
Strength→100 units for every 1 ml	Strength→500 units for every 1ml
Vial and pen	Vial and Pen
	Pen- each click administers 5 units of insulin

37

Key Points from Error

1. Verify TDD of insulin to identify if U-500 is warranted
2. Express does in both units and milliliters to reduce confusion

https://www.ismp.org/resources/u-500-insulin-safety-concerns-mount-its-time-rethink-safe-use-strengths-above-u-100

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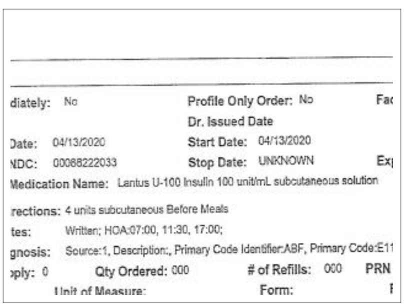
diately: No | Profile Only Order: No | Fa
Dr. Issued Date
Date: 04/13/2020 | Start Date: 04/13/2020
NDC: 00088222033 | Stop Date: UNKNOWN | Ex
Medication Name: Lantus U-100 Insulin 100 unit/mL subcutaneous solution
rections: 4 units subcutaneous Before Meals
tes: Written; HOA:07:00, 11:30, 17:00;
gnosis: Source:1, Description:, Primary Code Identifier:ABF, Primary Code:E11
pply: 0 | Qty Ordered: 000 | # of Refills: 000 | PRN
Unit of Measure: | Form:

Dosing/Frequency Clarification

1. What should be clarified on this order?
2. What other medication could this order be for?

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Lantus™ (Insulin Glargine)

Long-Acting Insulin
100 units/ml Basaglar KwikPen Lantus Lantus Solostar Pen Semglee Pen 300 units/ml Toujeo Pen
TDD in 1 or 2 divided doses
Onset of action→ 3-4 hours (Toujeo-6 hours)
Duration→ 10.8-24 hours (up to 30 hours)
Time to peak→~ 12 hours (Toujeo 12-16 hours)

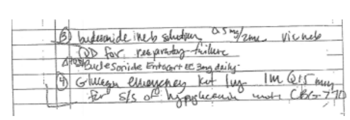
https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7162?cesid=32rXCp55Psg&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dkeppra%26t%3Dname%26va%3Dkeppra

40

Key Points from Error

1. Typical dosing is 1 or 2 divided doses depending on blood sugar patterns, any more frequent dosing could have long-acting repercussions on blood sugar and be dangerous.

41


(3) budesonide neb solution 0.5mg/2mL via neb
QD for respiratory failure
Budesonide Entocort EC 3mg daily
(4) Glucagon emergency kit 1mg IM Q15 min
for S/S of hypoglycemia until CBG>70

Wrong Formulation

1. What should be clarified on this order?
2. What other medication could this order be for?

42

Key Points from Error

1. Provider is wanting to change from nebulizers to an oral formulation of budesonide due to CDC recommendations for decreasing COVID transmission.
2. Oral budesonide available in two forms Pulmicort HFA and Entocort EC
3. Pulmicort HFA indicated COPD
4. Entocort EC FDA indicated for Crohns disease
5. Knowing the differences in indications for the different formulations is key to preventing this type of error

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/5725313?cesid=2yvr7B9KnPS&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dbudesonide%252520oral%26t%3Dname%26va%3Dbudesonide%252520oral

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Order Allow Substitution: Yes
Fill Immediately: No
Profile Only Order: No
Facility User Name:
Rx #:
Dr. Issued Date
Ordered Date:
Start Date:
Ordered NDC:
Stop Date:
Expiration
Ordered Medication Name: nitrofurantoin macrocrystal 100 mg capsule
Pharm.Directions: 1 capsule oral Every 12 Hours
Order Notes: Written; HOA:12:00, 00:00;

Drug Name:	Macrodantin (nitrofurantoin macrocrystal)		
Drug Class:	Anti-Infective Agents | Urinary Anti-Infectives		
NDC Code:	52427028801	Schedule:	Not Scheduled
Form:	capsule	Crushed:	No
Strength:	100 mg	Route:	oral
Amount to Administer:	1 capsule		
Frequency:	Twice A Day		

Wrong Formulation

What should be clarified on this orders?

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Nitrofurantoin (Macrodantin/Macrobid™)

Macro**DANTIN**→ Nitrofurantoin macrocrystals	Macro**BID**→ Nitrofurantoin macrocrystals/monohydrate
Capsules→ 25mg, 50mg and 100mg Suspension→ 25mg/5ml	Tablet→ 100mg
50to 100mg in 4 divided doses 50 to 100mg daily for prophylaxis	100mg twice daily for active infection 100mg daily for prophylaxis
	Monohydrate formulation more slowly absorbed by forming a gel-like matrix
Renal dose adjustment <60ml/min not recommended	

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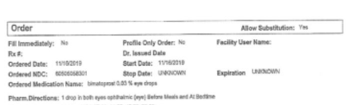
45

Key Points from Error

1. Understanding difference between the macrocrystals and monohydrate guide the dosing strategies.
2. Recommend providers using Brand names instead of choosing the generic. Choosing the generic formulation often ends in the incorrect formulation chosen.

46


Order Allow Substitution: Yes
Fill Immediately: No
Profile Only Order: No
Facility User Name:
Rx #:
Dr. Issued Date
Ordered Date: 11/16/2019
Start Date: 11/16/2019
Ordered NDC: 60505058301
Stop Date: UNKNOWN
Expiration UNKNOWN
Ordered Medication Name: bimatoprost 0.03 % eye drops
Pharm.Directions: 1 drop in both eyes ophthalmic (eye) Before Meals and At Bedtime
Order Notes: Written; HOA:07:00, 11:30, 17:00, 20:00;

Max Dosing

What should be clarified on this order?

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Bimatoprost (Lumigan/Latisse™)

Lumigan: • 0.01% • 0.03% Latisse: • 0.03%
Glaucoma- treatment for elevated intraocular pressure-Lumigan Eyelash growth (hypotrichosis)-Latisse
Lumigan- 1 drop to affected eye daily • More frequent dosing may decrease IOP lowering effects Latisse- Apply to base of eyelashes once daily • More frequent dosing may increase side effect profile

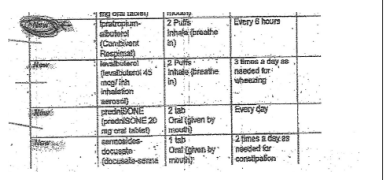
https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7162?cesid=32rXCp55Psg&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dkeppra%26t%3Dname%26va%3Dkeppra

48

Key Points from Error

1. Both formulations of bimatoprost are dosed daily, any different dosing strategies is not recommended.

49



Max Dosing

What should be clarified on this order?

50

Ipratropium and Albuterol (Combivent Respimat™)

Combivent	Combivent Respimat
CFC-propelled Inhaler- Discontinued in 2013	Non-CFC propelled Inhaler
2 puffs by mouth 4 times daily	1 puff 4 to 6 times daily
Maximum 12 puffs daily	Maximum of 6 puffs daily

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_C7114?cesid=YHKUBy5QLc&searchId=%2Flco%2Faction%2Fsearch%3Fq%3Dcombivent%26t%3Dname%26no%3Dcombivent+mono+graph+tab+content

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Key Points from Error

1. Combivent is still a choice in many OE systems, we all need to know the change in dosing and max dosing recommendations

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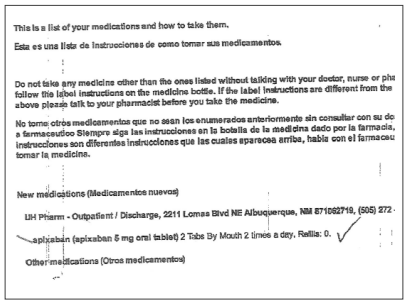

This is a list of your medications and how to take them.

Esta es una lista de instrucciones de como tomar sus medicamentos.

Do not take any medicine other than the ones listed without talking with your doctor, nurse or pha follow the label instructions on the medicine bottle. If the label instructions are different from the above please talk to your pharmacist before you take the medicine.

No tome otros medicamentos que no sean los enumerados anteriormente sin consultar con su do a farmaceutico Siempre siga las instrucciones en la botella de la medicina dado por la farmacia, Instrucciones son diferentes instrucciones que las cuales aparecen arriba, habla con el farmaceu tomar la medicina.

New medications (Medicamentos nuevos)

UH Pharm - Outpatient / Discharge, 2211 Lomas Blvd NE Albuquerque, NM 871062719, (505) 272

apixaban (apixaban 5 mg oral tablet) 2 Tabs By Mouth 2 times a day, Refills: 0.

Other medications (Otros medicamentos)

Max Dosing

What should be clarified on this order?

53

Apixaban (Eliquis™)

Factor Xa Inhibitor
Treatment dosing always has loading dose followed by prophylaxis dosing
DVT/PE treatment: 10mg twice daily for 7 days → 5mg twice daily Heparin Induced Thrombocytopenia (HIT) 10mg twice daily for 7 days → 5mg twice daily

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_C3824162?cesid=w7WwHSPA&searchId=%2Flco%2Faction%2Fsearch%3Fq%3Dapixaban%26t%3Dname%26no%3Dapixaban

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Key Points from Error

1. Key differences between treatment dosing and prophylactic dosing
2. Need to identify if patient needs the treatment/loading dose or is on the maintenance/prophylactic dosing
3. Understanding ALL treatment/loading dose is for 7 days only, extending the time frame could lead to unintended patient harm.

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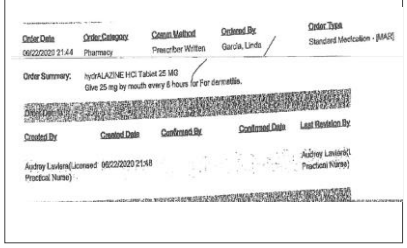

Wrong Drug/Indication

What should be clarified on this order?

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HydrALAZINE	HydrOXYZINE HCL Tablet HydrOXYZINE Pamoate Capsule
FDA indication for **hypertension**	FDA indication for **anxiety**
Tablets→ 10mg, 25mg, 50mg, 100mg Injection→ 20mg/ml	Tablets→ 10mg, 25mg, 50mg Capsules→ 25mg, 50mg, 100mg Solution→ 10mg/5ml

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7034?cesid=45ofC56sYM&searchId=%2Flco%2Faction%2Fsearch%3Fq%3DhydrALAZINE%26t%3Dname%26nw%3DhydrALAZINE
https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7034?cesid=45ofC56sYM&searchId=%2Flco%2Faction%2Fsearch%3Fq%3DhydrALAZINE%26t%3Dname%26nw%3DhydrALAZINE

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Most Confused Drug Names (Sound Alike)

https://www.ismp.org/recommendations/confused-drug-names-list

https://www.ismp.org/recommendations/tall-man-letters-list

Some Examples:

Adderall/Inderal	Lodine/ codeine
Allergra/ Viagra	Metolazone Methadone
Benadaryl/ benazepril	Mirapex/ Miralax
Bupropion/ buspirone	Naloxone / Lanoxin
Clonidine/ Klonopin	Prilosec / Prozac

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Key Points from Error

1. Identifying diagnosis will aid in dispensing correct medication for disease state
2. Always repeat order or use teach back method to ensure correct medication was transcribed

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Poll Question

Do you feel comfortable make clinical recommendations?

a. Yes
b. No

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How to Effectively Make Clinical Interventions?

1. Build a rapport
2. Approach conversation with mutual respect for fundamental knowledge and <u>time</u>
3. Clarify order from their perspective BEFORE providing your point of view
4. Be prepared with references to build your case
   a) Gather useful information
      - Medical references
      - Family members
      - Nursing staff
5. Keep the focus of the conversation on the patient
6. If error could cause patient harm
   a) Use *Conscientious Objection law*
   b) **If used be** prepared to transfer prescription to a different pharmacy **AFTER** adequate counseling to patient and next pharmacy if possible.

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7 Ways to Build a Rapport

1. **Maintain Eye Contact**
2. **Show Empathy**
3. Open Communication
4. Make it Personal
   a) Practice small talk
5. **Active Listening**
   a) Repeat to identify mutual understanding
6. Practice Mirroring
   a) Matching the patient's demeanor or disposition
7. Keep Your Word

https://www.nursechoice.com/traveler-resources/how-to-build-rapport-with-patients-7-effective-tips-for-rns/

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