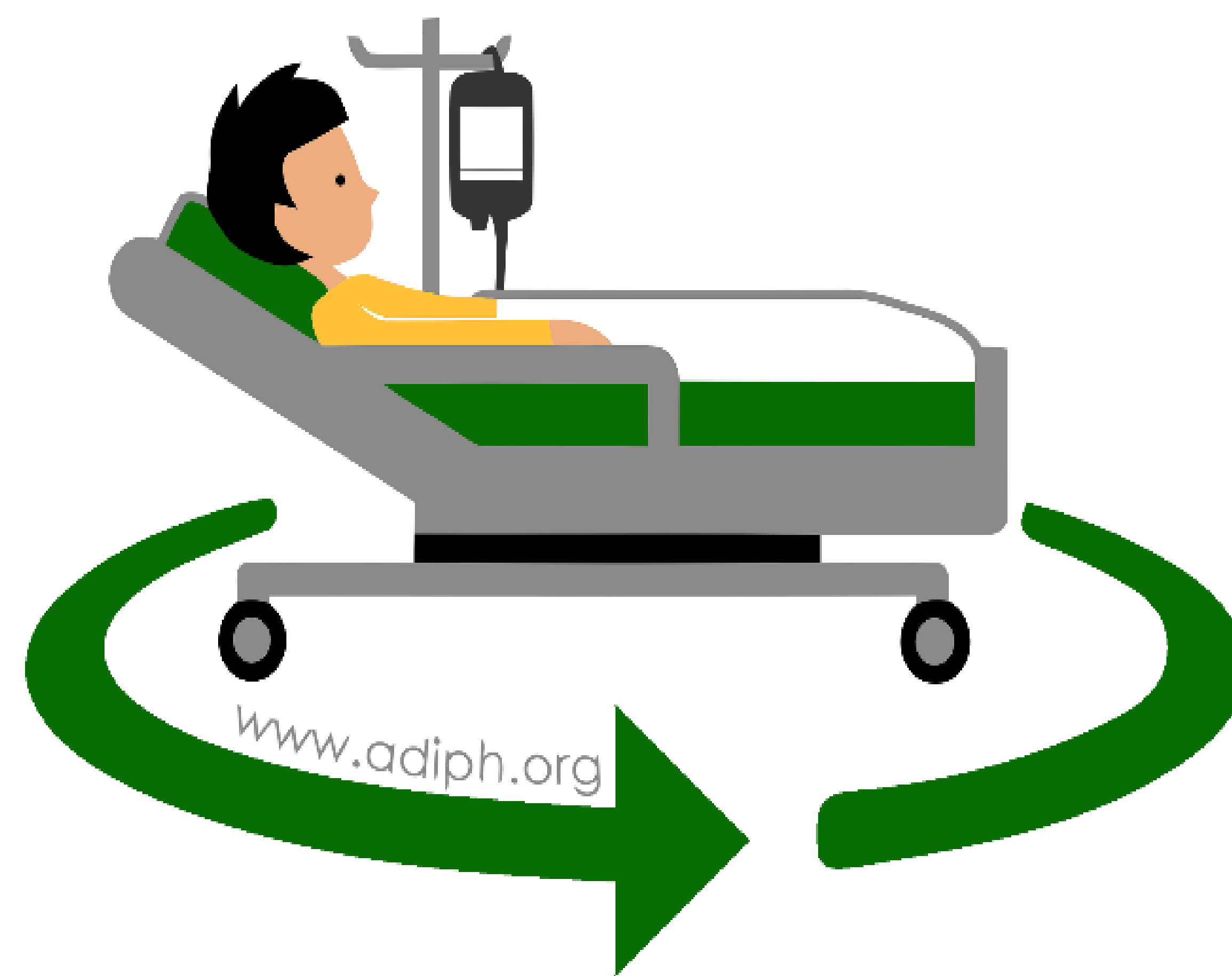


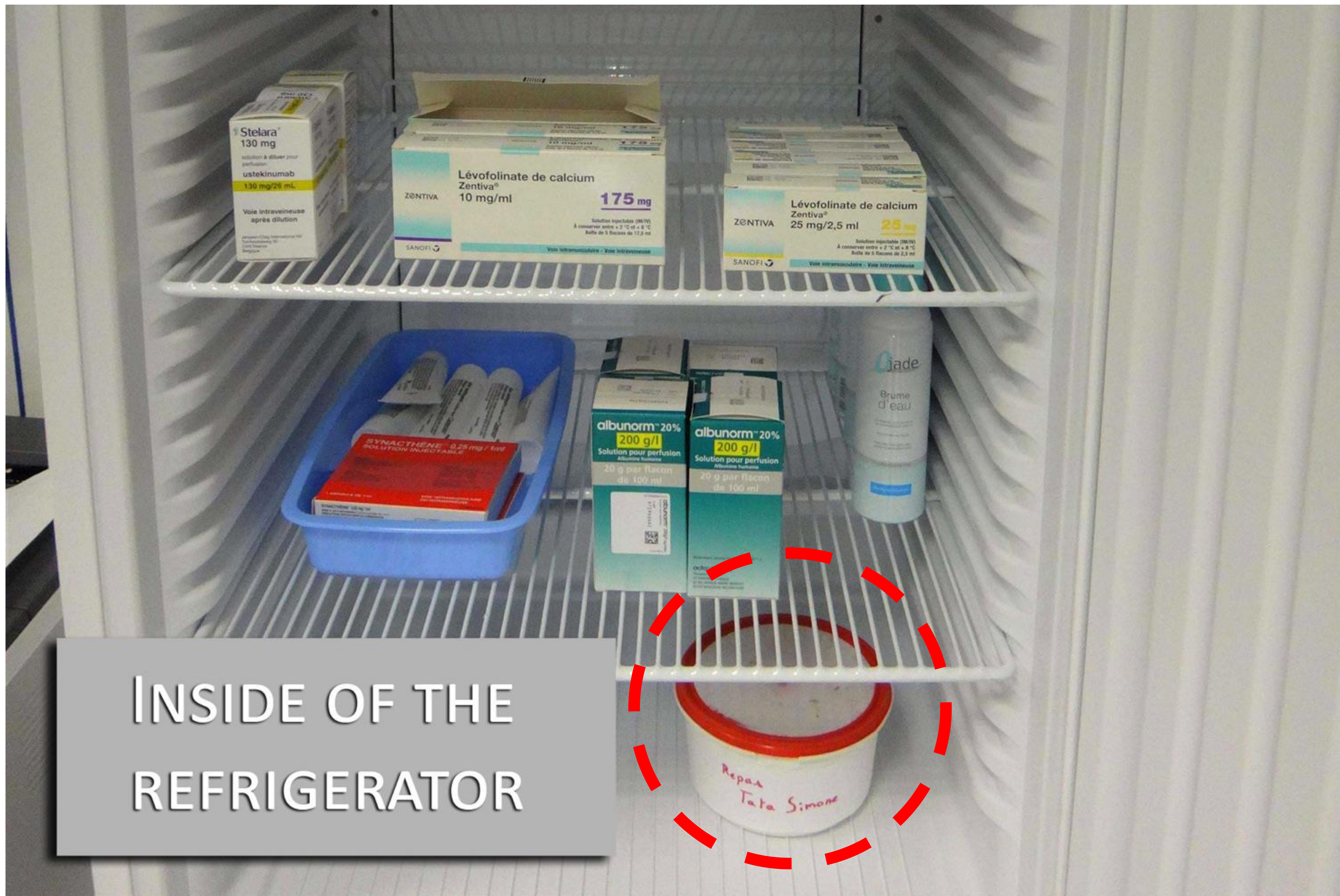
# ERRORS ROOM 360° : *AN AMAZING EXPERIENCE !*

## IatroMed 360°



DEBRIEFING SUPPORT





## INSIDE OF THE REFRIGERATOR

Food is present in the refrigerator dedicated to health products.

**Medical refrigerators are reserved exclusively for the storage of medicines.**

CARE UNIT: GASTROENTEROLOGIE MONTH: OCTOBER YEAR: 2016

Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Name of the operator	Delon	Pottier	SATEUR		Pottier	SATEUR			Delon	SATEUR	SATEUR	Pottier			SATEUR
Temperature Morning (08:00 a.m.)	1.8°C (=35.2°F)	3.2°C (=37.8°F)	5.8°C (=38.9°F)		1.2°C (=34.2°F)	6.6°C (=43.9°F)		6.6°C (=43.9°F)	9.1°C (=48.4°F)	5.1°C (=41.2°F)	7.4°C (=45.3°F)	6.1°C (=43.0°F)			7.0°C (=44.6°F)
Name of the operator	Delon	Pottier	SATEUR		Pottier	SATEUR		Pottier		SATEUR	SATEUR	Pottier			SATEUR
Temperature Afternoon (05:00 p.m.)	3.4°C (=38.1°F)	9.2°C (=48.6°F)	1.1°C (=34.0°F)			5.2°C (=41.4°F)		7.0°C (=44.6°F)		6.1°C (=43.0°F)	7.2°C (=45.0°F)	6.1°C (=43.0°F)			8.0°C (=46.4°F)

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name of the operator	Pottier	ALFRED		Pottier		ALFRED		ALFRED								
Temperature Morning (08:00 a.m.)	6.1°C (=43.0°F)	2.1°C (=35.8°F)		4.1°C (=39.4°F)		4.1°C (=39.4°F)		1.1°C (=33.8°F)								
Name of the operator	Pottier			Pottier				ALFRED								
Temperature Afternoon (05:00 p.m.)	3.1°C (=37.6°F)	2.4°C (=36.3°F)		4.6°C (=40.3°F)				1.1°C (=33.8°F)								

The temperature must be checked twice a day and be between +2°C (= 35.6°F) and +8°C (= 46.4°F).  
 If the temperature exceeds these limits, you must call the pharmacy.

Monthly maintenance							
Maintenance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature 2 hours after turning on (°C/°F)	.....°C (= .....°F)	Date	...../...../.....	Name of the operator	.....
						Signature by the quality manager	

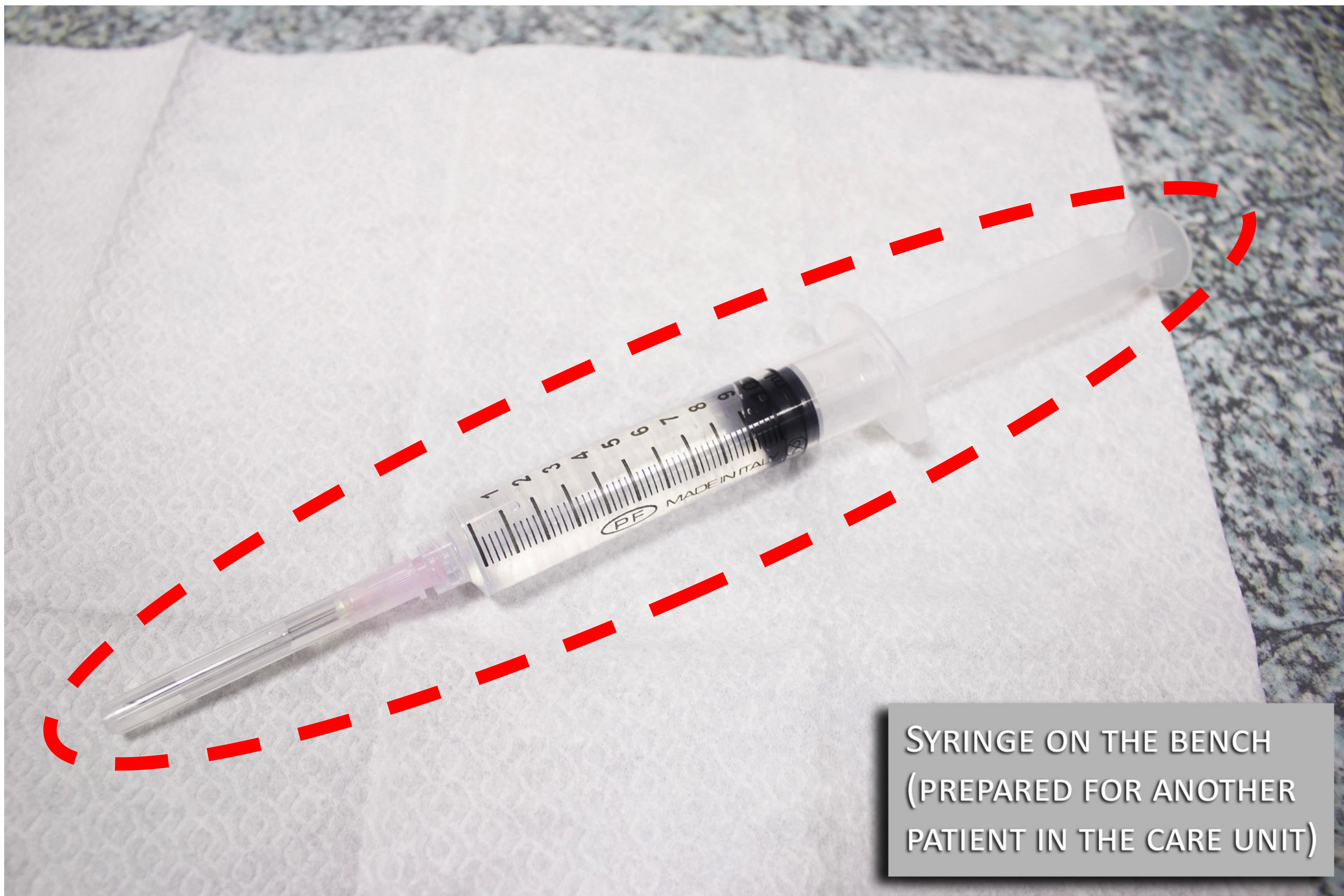
This document needs to be kept 5 years in the care unit

LOG DOCUMENT FOR REFRIGERATOR TEMPERATURE MONITORING

The refrigerator temperature record is not regular. Moreover several values show temperature **variations outside the norm**, while no corrective measures seem to have been taken.

The management and monitoring of refrigerators temperatures are key issues for several reasons: cold, and in particular freezing, destroys many drugs, while others can be degraded into toxic derivatives when heated (curare).

**Many heat-sensitive drugs are expensive → improper storage leads to their destruction and potentially significant financial losses.**



A syringe has been prepared but it is not identified (**no patient name, no information on the contents**).

The risk of error is therefore very high: the syringe must be discarded.

Such situations are often the **result of interruptions**.



The keys of the narcotic drugs locker should never be left on the locker.



The narcotic drugs locker is for storing medications.

It should **not be used to store jewellery or money.**



A bottle of Risperdal® oral solution was opened, but no opening date was mentioned on the label.

Any opened multi-dose packaging without an opening date must be thrown away



Ampoules of calcium gluconate are stored in the drawer with 0.9% NaCl ampoules.





A bottle of Cefotaxime has slipped in among the bottles of Cefazolin.

These drugs combine two risks: they look alike (“**look-alike**”) and **sound-alike**.



A blister pack is cut, but it has been cut irrespectful of two important elements:  
**the expiry date and the batch number.**

All packagings must be kept legible with :  
the name of the drug, the dosage, the batch number and the expiry date

➔ A drug must remain identifiable with these mentions until it is administered to the patient.



Here, Unit doses of Ventolin® lie **out of their protective packaging.**

Yet, packaging protects the product from light: salbutamol is photosensitive, like a certain number of medications.

If the unit doses are no longer in their packaging, they should be kept in a medicine drawer or in an opaque box.



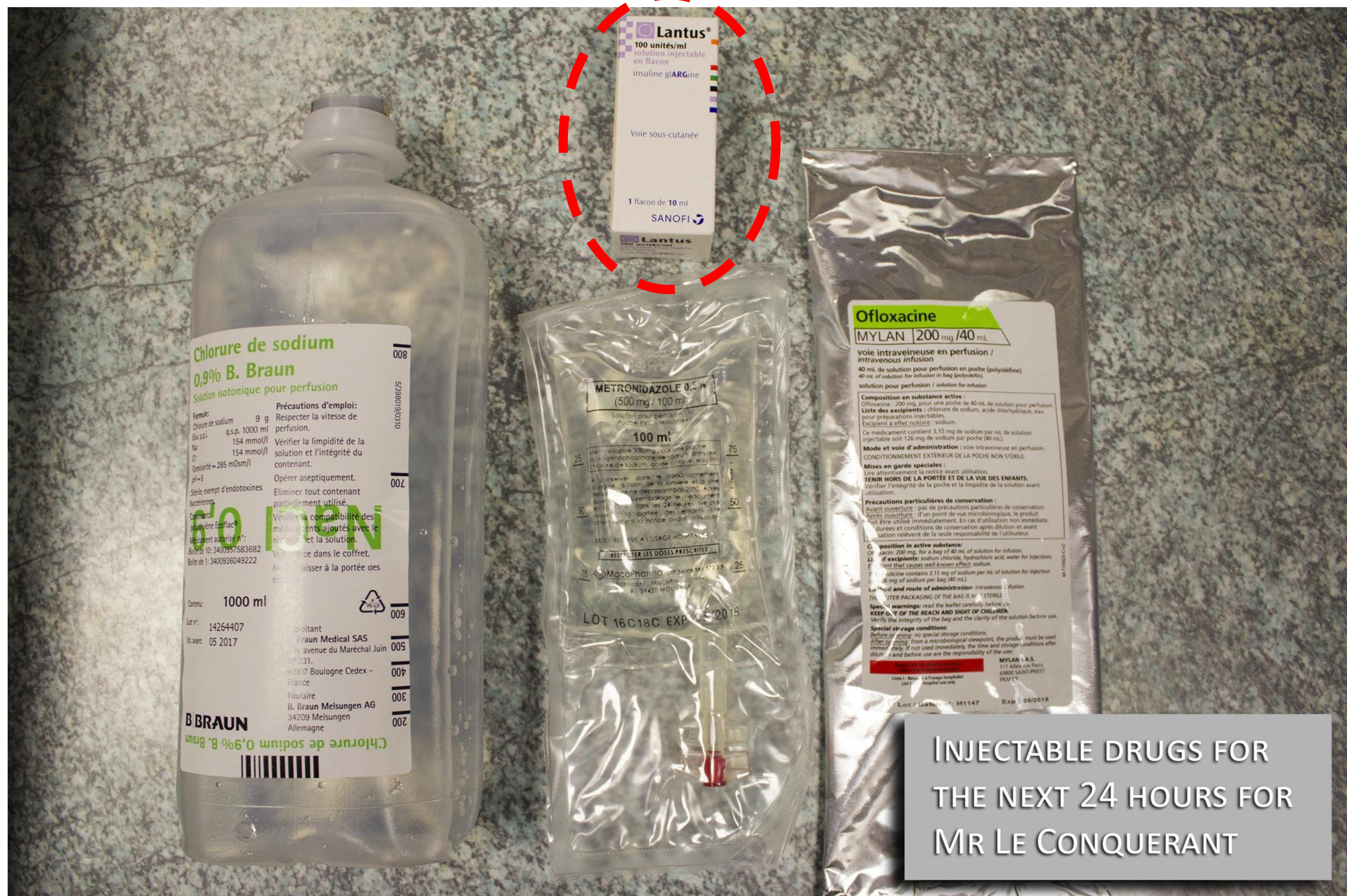
MR LE CONQUÉRANT'S MEDICINES  
FOR THE NEXT 24 HOURS  
(WITHOUT INJECTION DRUGS)

The patient is on **Theralene®**.

However, in his medication drawer, a tablet of Teralithe® is found.

**Theralene®** is an anti-histamine with anxiolytic purposes, whereas Teralithe® is a normothymic.

The error is probably due to the fact that they are **two similar sounding drugs**, also qualified as « **Sound-Alike** ».



The patient brought his insulin pen from home, expecting he would inject his own insulin (as he did at home). But the doctor also prescribed insulin, but omitted adding a comment such as "the patient manages his own insulin".

There is a **risk of administering a double dose of insulin**. In 2/3 of cases, errors related to insulin administration are serious (ie life-threatening, prolonged hospitalization, or death).

It is essential, upon admission of the patient, to remove the personal medications. They must be returned back to the patient when discharged.



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**PATIENT NAME:** LE CONQUERANT

**Surname:** Guillaume

**Weight:** 63 kg (= 139 lbs)

**Address:** 3 route du château de Falaise,

**Job:** truck driver

**DOB:** October 14<sup>th</sup>, 1966 (50 y/o) in Falaise

**Height:** 175 cm (= 6'1")

**City/Zip:** Caen/14000

### CASE HISTORY

**October 23<sup>rd</sup>, 2016, 6:00 p.m.:** DUBOIS M. (RN): 50 year old male with metastatic colorectal cancer, chemotherapy (FOLFOX) last week, very good condition. Diabetic.

Urgently hospitalised for suspected biliary tract infections (*E. coli?*). Cooperating patient, well accompanied, he could return home after antibiotic therapy and biological check-up.

### TRANSMISSIONS

Date/Time	Aim	Data	Actions	Result	Name/fonction
October 24 <sup>th</sup> , 2016 7:50 a.m.	Pain	Gastro-intestinal pain, NRS=4	No drugs prescribed	Doctor informed	DUPOND J. (RN)
October 24 <sup>th</sup> , 2016 7:20 p.m.	Pain	Headache and still GI pain but no GERD	Painkiller? No anti-reflux medication because no GERD	-	DUCHEMIN F. (RN)
October 10 <sup>th</sup> , 2016 8:30 a.m.	Attitude	Wants to go home	Return home? Ask the doctor	Waiting for imaging results	MAURICE A. (RN)

### OTHER ELEMENTS

Technical care: NTR

Hygiene care: NTR

Physiological Data Patient Monitoring: NTR

The patient is complaining of pain since his arrival.

**No painkillers are prescribed** despite pain increasing.

Pain management (and its traceability) is a legal obligation for healthcare professionals.



Nicotine patch was prescribed **7 mg/day**.  
But here, half a patch of Nicotine **14 mg/day** is applied.

It is strongly recommended not to cut a patch.



## New treatments or changes in medication

Name: LE CONQUERANT Surname: Guillaume DOB: 14/10/1966 50 y/o Date of admission: October 23rd, 2016		THE SOURCES OF INFORMATION Investigation conducted on: 24/10/2016	DOCUMENTS			ORAL INTERVIEW	
			Type (letter, prescription, ...)	Prescriber (Name)	Date	Interlocutor (Name)	Date
			Prescription	Dr. JEAN NEYMAR	03/10/2016	Patient	24/10/16
			Prescription	Dr. JEAN NEYMAR	01/09/2016	Pharmacy A. POTHICAIRE	24/10/16
			Prescription	Dr. BIGLEUX	04/06/2016		

Prescribed and taken treatment BEFORE hospitalisation		DIFFERENCE or CONTINUE*	Medical decision about differences		Prescribed treatment at the admission		OBSERVATIONS + corrections and date of the unintended differences
Drug (name, dosage form, strength)	Frequency		Qualification **	Reason	Drug (name, dosage form, strength)	Frequency	
1	esomeprazole 20 mg tablet	1 - 0 - 0	SUBSTITUTED	not available at the hospital	pantoprazole (PROTONIX) 20 mg tablet	1 - 0 - 0	
2	insulin glargine SC	14 IU in the morning	CONTINUE		insulin glargine SC	14 IU in the morning	
3	metformin (GLUCOPHAGE) 1000 mg tablet	1 - 1 - 1	CONTINUE		metformin (GLUCOPHAGE) 1000 MG tablet	1 - 1 - 1	
4	irbesartan/hydrochlorothiazide 150/12.5 mg tablet	1 - 0 - 0	SUBSTITUTED	not available at the hospital	irbesartan 150 mg tablet	1 - 0 - 0	
5			SUBSTITUTED	not available at the hospital	hydrochlorothiazide (APO-HYDRO) 25 mg tablet	1/2 - 0 - 0	
6	amlodipine 5 mg capsule	1 - 0 - 0	CONTINUE		amlodipine (NORVASC) 5 mg capsule	1 - 0 - 0	
7	alimemazine 5 mg capsule	0 - 0 - 0 - 1	CONTINUE		alimemazine (THERALENE) 5 mg tablet	0 - 0 - 0 - 1	
8	macrogol 4000 10 g packet	2 - 0 - 0	SUBSTITUTED	not available at the hospital	macrogol 3350 (MIRALAX) packet	2 - 0 - 0	
9	nicotine patch 7 mg/day patch	1 in the morning	CONTINUE		nicotine (NICOTINE PATCH) 7 MG/24H patch	1 in the morning	
10	GAVISCON suspension	1 - 1 - 1 after the meal	CONTINUE		aluminum hydroxide + mg carbonate susp. (GAVISCON)	1 - 1 - 1 after the meal	
12	timolol LP 0.5% eye drops	1 drop in every eye in the morning	DIFFERENCE	STOPPED mistake (forgotten)			START timolol LP 0.5% again
13			DIFFERENCE	ADDED	empiric antibiotic therapy		
14			DIFFERENCE	ADDED			
15			DIFFERENCE	ADDED			
16							
17							
18							

\*: DIFFERENCE: difference between before hospitalisation and at the admission / CONTINUE: treatment continued at the admission

\*\*: Qualification of the differences

- ⇒ DOSE ADJUSTMENT: same drug but not the same strength or frequency
- ⇒ ADDED: new treatment prescribed at the admission
- ⇒ STOPPED: treatment stopped at the admission

- ⇒ SUBSTITUTED: drug not available at the hospital but another drug in the same therapeutic class is available

Writing	24/10/16
By:	Dr. Colombe, pharmacist
Pharmaceutical validation	24/10/16
By:	Dr. Colombe, pharmacist
Medical validation	25/10/16
By:	Dr. G. Pamalh

NEW TREATMENTS OR  
CHANGES IN MEDICATION  
MADE BY THE PHARMACIST

Medication reconciliation\* led by the pharmacist at the patient's admission reveals that the patient was also taking an eye drop (**Timoptol® LP 0.5%**) for a glaucoma.

This was not known before and therefore not recorded in the medical record. The doctor has to adjust the prescription accordingly.

\* in-depth investigation of the patient's treatment before his hospitalisation

1

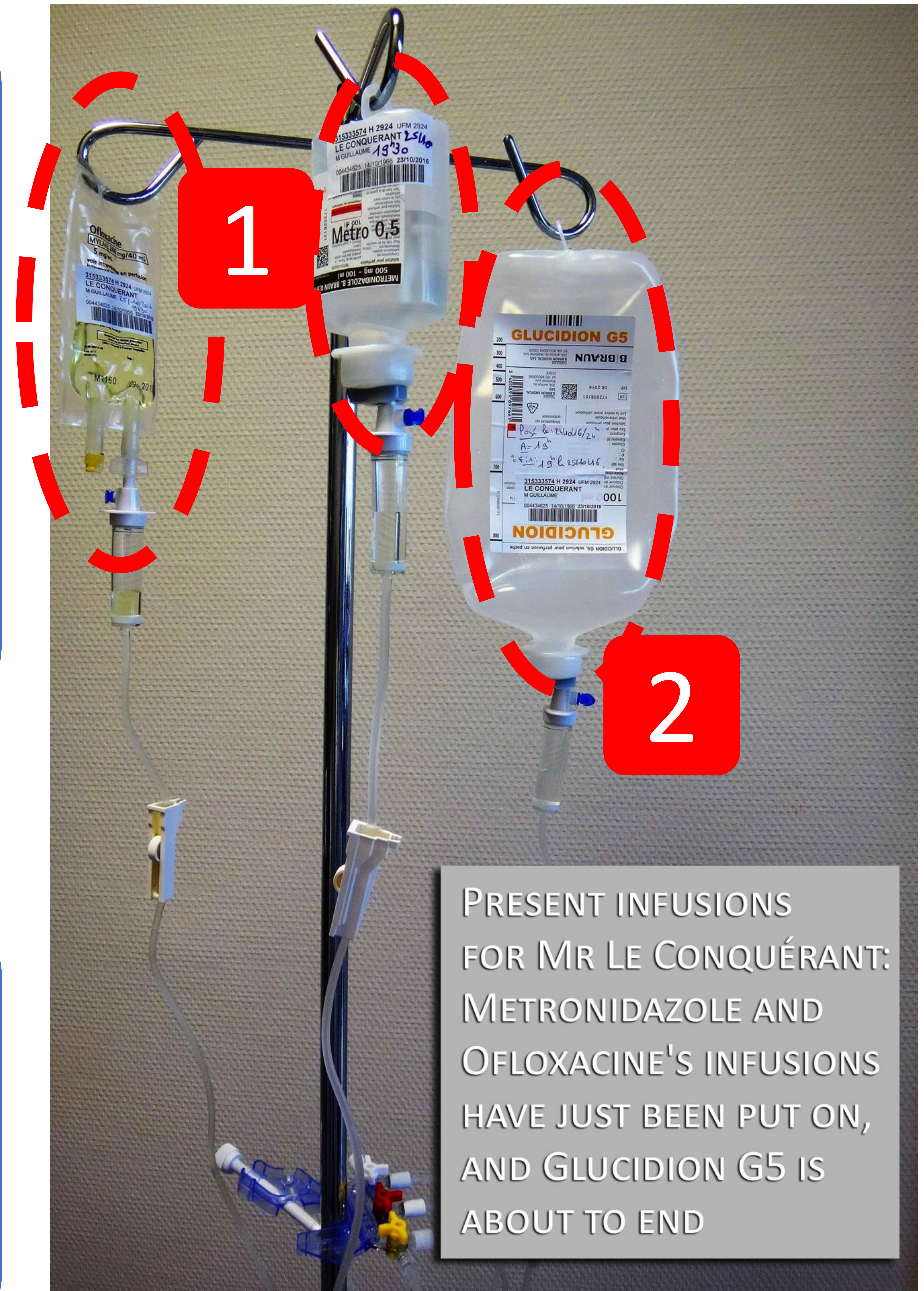
Both antibiotics are to be **administered** within about 30 minutes mornings and evenings

To avoid incompatibility between those antibiotics, it is recommended not to administer them concurrently, but one after the other.

2

**NaCl 0.9 %** is prescribed on the computerised prescription but GLUCIDION G5 (G 5 % + NaCl 4 g/L + KCl 2 g/L) is **currently administrated**.

This kind of error can lead to electrolyte disorders.



Beginning on	Item	ATC	ROA	D. F.	Dosage	Period
<b>Oral route</b>						
23/10/2016	AMLODIPINE	ORAL			5 MG 1 / J at 08:00 a.m. (5 MG / 24h)	beginning on 23/10/2016 07:00 p.m.
		CAPSULE			1 CAPSULE of AMLODIPINE (NORVASC) 5 MG CAPSULE	
23/10/2016	IRBESARTAN 150 MG TABLET	ORAL			1 TABLET 1 / J at 08:00 a.m. (1 TABLET / 24h)	beginning on 23/10/2016 07:00 p.m.
		TABLET			IRBESARTAN/HCTZ 150 MG/12.5 MG at home => IRBESARTAN 150 MG + 1/2 HCTZ 25 MG at the hospital	
23/10/2016	HYDROCHLOROTHIAZIDE (APO-HYDRO) 25 MG TABLET	ORAL			0.5 TABLET 1 / J at 08:00 a.m. (0,5 TABLET / 24h)	beginning on 23/10/2016 07:00 p.m.
		TABLET			IRBESARTAN/HCTZ 150 MG/12.5 MG at home => IRBESARTAN 150 MG + 1/2 HCTZ 25 MG at the hospital	
23/10/2016	PANTOPRAZOLE (PROTONIX) 20 MG TABLET	ORAL			1 TABLET 1 / J at 08:00 a.m. (1 TABLET / 24h)	beginning on 23/10/2016 07:00 p.m.
23/10/2016	ALUMINUM HYDROXIDE AND MAGNESIUM CARBONATE SUSPENSION (GAVISCON)	ORAL			1 PACKET 3 / J at 08:00 a.m., 12:00 p.m., 07:00 p.m. (3 PACKETS / 24h)	beginning on 23/10/2016 07:00 p.m.
		SUSPENSION			Only as needed: at least 2 hours before or after another drug	
23/10/2016	METFORMIN (GLUCOPHAGE) 1000 MG TABLET	ORAL			1 TABLET 3 / J at 08:00 a.m., 12:00 p.m., 07:00 a.m. (3 TABLETS / 24h)	beginning on 23/10/2016 07:00 p.m.
23/10/2016	MACROGOL 3350 (MIRALAX) PACKET	ORAL			2 PACKETS 1 / J at 08:00 a.m. (2 PACKETS / 24h)	beginning on 23/10/2016 07:00 p.m.
23/10/2016	ALIMEMAZINE (THERALENE) 5 MG TABLET	ORAL			1 TABLET 1 / J at 10:00 p.m. (1 TABLET / 24h)	beginning on 23/10/2016 07:00 p.m.
<b>Injectable route</b>						
23/10/2016	INSULIN GLARGINE	SUBCUTANEOUS			14 IU 1 / J at 08:00 a.m. (14 UI / 24h)	beginning on 23/10/2016 07:00 p.m.
		SOLUTION			14 UI of LANTUS 100 IU/ML INJ SOL 10 ML	
23/10/2016	METRONIDAZOLE (FLAGYL) 500 MG / 100 ML INJECTABLE SOLUTION	INTRAVENOUS			1 BAG Every 8 hours (3 BAGS / 24h)	beginning on 23/10/2016 07:00 p.m.
		SOLUTION			Intravenous for 24 hours then given by mouth. During 30 minutes using central venous line of the patient	
23/10/2016	OFLOXACIN (FLOXIN) 200 MG / 40 ML INJECTABLE SOLUTION	INTRAVENOUS			200 MG Every 8 hours (600 MG / 24h)	beginning on 23/10/2016 07:00 p.m.
		SOLUTION			1 bag of OFLOXACINE (OFLOCET) 200 MG/40 ML INJ SOL	
					Intravenous for 24 hours then given by mouth. During 30 minutes using central venous line of the patient	
23/10/2016	Perfusion	INTRAVENOUS			administered as a slow infusion over 24 hours every 24 hours	beginning on 23/10/2016 07:00 p.m.
	SODIUM CHL 0.9 % BAG 1000 ML	SOLUTION			1000 ML 1 L of solution over 24h	
					1000 ML of SODIUM CHL 0.9 % BAG 1000 ML	

Both antibiotics should have been **administrated orally**.

The medical record specifies “IV empiric antibiotic therapy for 24 hours, then oral antibiotic”.

The oral route should be used whenever possible.