

Analgesia Prescribing Errors in Half of Hospital Discharges

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SAN FRANCISCO — Half of 83 prescriptions for analgesics written for 77 children being sent home from the hospital contained one or more errors, including 2 prescriptions with errors that could have significantly harmed the patients, Benjamin H. Lee, M.D., said at the annual meeting of the American Academy of Pediatrics.

Unbeknownst to the primary medical or surgical physicians who wrote the discharge analgesic prescriptions, investigators from the Johns Hopkins Medical Institutions' (Baltimore) pediatric pain service secretly monitored the prescriptions during the study and rewrote any they considered dangerous, so no children were harmed, said Dr. Lee of Johns Hopkins.

"We were surprised at this potential adverse drug event rate of 2.4%. That's not insignificant in this small patient series," he said, adding, "I don't think this is something that's limited to Johns Hopkins Hospital."

Discharge time is a vulnerable period for inpatients, who lose the safety net of pharmacists, nurses, and multiple physicians

who look at medication orders while the patient is hospitalized, he explained. When the patient is sent home with analgesics, a single physician writes the prescription and the discharge orders, which are reviewed usually by a single nurse, with no pharmacists or other providers involved.

The two dangerous prescriptions in the study were for opioids. One included a 10-fold overdose error. The other included instructions for a long-acting medication that could lead a patient to take multiple

doses all at once. All patients got prescriptions for opioids at discharge, and 7% also received NSAIDs.

Most of the prescription errors were not clinically significant; the study used a strict definition of error. The two most common causes of errors, however, illustrate problems that could lead to patient harm: a lack of any identification of weight or weight-based dosing in the prescription, and incomplete information about dispensing of the medication.

For patients weighing less than 40 kg, no weight was recorded on 45% of analgesic prescriptions. They found discrepancies between the written prescriptions and the discharge data form in 10% of cases. Physicians wrote an incorrect name or patient identifier in 4% of analgesia prescriptions.

A separate study is underway to see if using a computerized prescription-writing program that includes weight-based dosing for pediatric patients will reduce errors and improve patient safety, Dr. Lee said. ■

EMRs Provide 'Paper' Trail for Homeless Patients

CHICAGO — Electronic medical records can provide the foundation for an effective "virtual" medical home for families and youth who seek health care in homeless and domestic violence shelters, a pilot program has demonstrated.

As part of a 5-year Anne E. Dyson Community Pediatrics Training Initiative grant, Indiana University and Wishard Health Services of Indianapolis have established an electronic connection (via the Regentrief Medical Records System) between the community health service network's computer systems and the Julian Center for Domestic Violence shelter for battered women and children in Indianapolis. The shelter provides services to nearly 1,000 women and children annually.

The computer system links all of the large hospitals of Indianapolis, 13 homeless care sites, 44 clinics/offices in the community, and state health departments. When parents and children seek care at the domestic violence shelter, health care providers can access medical information for these patients in a password-protected format and can document the services provided.

This system "essentially facilitates a virtual medical home until a permanent medical home is established," Dianna L. Fox, M.D., of Indiana University reported in a poster presentation at a conference on the Community Access to Child Health and Medical Home.

"Through an accessible computerized documentation system, providers can effectively transition youth in need to a permanent medical home," Dr. Fox said.

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References: 1. Grifulvin V [prescribing information]. Raritan, NJ: Ortho Pharmaceutical Corporation; January 1997. 2. Data on file, OrthoNeutrogena. 3. Cole GW, Stricklin G. A comparison of a new oral antifungal, terbinafine, with griseofulvin as therapy for tinea corporis. *Arch Dermatol*. 1989;125(11):1537-1539.

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