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Analysis of 429 Cases of Medication Errors and Preventive Measures

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SUMMARY. The objective was to analyze current medication errors (MEs) in our hospital, and propose measures to reduce MEs. 429 MEs were reported from January 2022 to August 2023 in our hospital, we analyzed the grades, types, reasons of MEs, and top 10 drugs with high frequency of ME were observed. The 429 MEs were divided into grade A–I, with C (165 cases, 38.46%) and D (136 cases, 31.7%) accounting for the largest proportions. The top six types of MEs were administration frequency error (60 cases, 13.99%), dosage error (58 cases, 13.52%), missed dose (58 cases, 13.52%), drug selection error (47 cases, 10.96%), contraindicated medication (32 cases, 7.46%), and indication error (32 cases, 7.46%). The main reasons of MEs were lack of knowledge and insufficient training, accounting for 54.70% and 25.33% respectively. The hospital should establish an ME management team and develop effective measures, such as strengthening training, full prescription review, and using the information system to develop medication rules, to reduce the occurrence of MEs.

RESUMEN. El objetivo fue analizar los errores de medicación (EM) actuales en nuestro hospital y proponer medidas para reducirlos. Se informaron 429 EM desde enero de 2022 hasta agosto de 2023 en nuestro hospital, analizamos los grados, tipos, motivos de los EM y se observaron los 10 principales medicamentos con alta frecuencia de EM. Los 429 EM se dividieron en grados A-I, donde C (165 casos, 38,46%) y D (136 casos, 31,7%) representaron las proporciones más grandes. Los seis tipos principales de EM fueron error de frecuencia de administración (60 casos, 13,99%), error de dosis (58 casos, 13,52%), dosis omitida (58 casos, 13,52%), error de selección de fármaco (47 casos, 10,96%), contraindicaciones. medicación (32 casos, 7,46%) y error de indicación (32 casos, 7,46%). Los principales motivos de las EM fueron la falta de conocimientos y la formación insuficiente, representando el 54,70% y el 25,33% respectivamente. El hospital debe establecer un equipo de gestión de EM y desarrollar medidas efectivas, como fortalecer la capacitación, revisión completa de las recetas y utilizar el sistema de información para desarrollar reglas de medicación, para reducir la aparición de EM.

KEY WORDS: medication errors, pharmacist, rational administration of drugs,

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