Individualise E-Drug Chart - Safer Drug **Management During Resuscitation**

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Introduction

Medical resuscitation is an extremely chaotic and stressful situation for both nursing and medical staff. There is no time for discussion and verification of patient's treatment plan including medications. Every second counts and every misssteps or inaction can result in harm patient death. or Calculating drug doses under these conditions is verv challenging. Through the use of FMEA, we want to prevent the occurrence of medication error during resuscitation.

Aim

To enhance patient's safety with implementation of the an individualised E-Drug Chart during resuscitation

 Eliminate the risk of errors in calculation during а chaotic resuscitation situation.

 Eradicates the risk of wrong verbal orders or orders that are misheard and not read back

Conclusion



Analysis Determine Control F Identify risks M Determine Severity failure mode Occurence Ε Effect Create Α team Determine Process Map & function evaluate processes Figure 1



Figure 2

Methodology

A Failure Mode Effect Analysis (FMEA) team consisting of representative from Nursing, Medical, Pharmacy and Informatics Security Department was formed to build safeguards to prevent potentially fatal errors during resuscitation (Figure 1). Input was solicited from meeting attendees about the effects of prescription process (Figure 2). **Members** come to a consensus about the severity of likelihood of failure and preventive measures that can be taken. The results were collected by observing the healthcare professionals during resuscitation.

Results

The new electronic auto-compute Paediatric and Neonatal Code Sheet were developed base on age and weight and built into the current Electronic Medication Record (EMR). The nurse will preprint the ready-touse code sheet with drug dosing instructions in advanced in high risk areas for use during a Code situation. It creates a more efficient and individualized care to patients during resuscitation. It greatly benefits the patients during resuscitation. Not only will the risks of mortality and morbidity of patients be minimized, it also eliminates potential medications errors from occurring. With this new implementation, till date there were no reported errors during



References Kohn LT, Corrigan JM, Donaldson MS (1999) To err is human: building a safer health system. Washington, DC: National Academy Press
Shebl N A, Franklin B D & Barber N (2012) Failure mode and effects analysis output: are they valid? BMC Health Services Research (12)