ICU
MANAGEMENT & PRACTICE

ESICM LIVES 2013: Can We Prevent Medication Errors in the ICU?

Medication errors can be prevented, but there is no one simple solution, according to the expert speakers at ESICM LIVES 2013.

Medication errors in the ICU are frequent, with a negative impact on patients. Andreas Valentin (Austria) suggested that to improve the situation, intensivists need to raise awareness, prevent errors and develop a culture of safety through open communication and a proactive approach.

Claudia Spies (Germany) observed that there is some evidence available to guide clinicians selecting strategies to prevent and disclose medication errors in critically ill patients. However, combined changes in both ICU organisation and healthcare worker behaviours are required. Multifacted programmes or bundeles are more effective to improves safety than isolated measures.

Jozef Kesecioglu (Netherlands) talked about the human factor versus the clinical information system in providing safe care. There are more adverse drug events in the ICU setting due to the high number of drugs that ICU patients receive, the preference for intravenous administration that require dose calculations, the use of high-risk drugs associated with potentially severe adverse drug events, and the fact that patients are frequently unable to provide an accurate history or help facilitate their care.

Computerised physician order entry (CPOE) offers the advantages of improving the clarity and specificity of physician orders, rapid communication with pharmacies and decision support capabilities. Still not widely used the barriers include high costs, technical barriers and fear of workflow disruption. There is conflicting information from clinical trials on the added value of CPOE systems.

However, prescription-related decision support systems in CPOE systems can improve the quality and safety of medication prescribing and reduce costs. CPOE shows great promise in improving safety, but we should not assume that it removes errors, noted Kesecioglu. Different types of errors emerge. He concluded that "We should not abandon our respnsibility for ensuring that a prescription is correct in favour of a computer."

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