

Accreditation

Required Organizational Practices (ROP), patient care areas

Medication Safety

Medication safety focuses on ensuring the safe use of high-risk medications.

Can you list examples of high-alert medications that you administer?

- Anticoagulants
- Insulin
- Narcotics
- Concentrated electrolytes (e.g. Sodium chloride: concentrations greater than 0.9%)
- Chemotherapy
- Neuromuscular blockers

Have high-alert medications been removed from patient care areas?

- Concentrated electrolytes are not stored in patient care areas unless approval has been granted by the Pharmacy & Therapeutics Committee (P&T)
- High dose unfractionated heparin is not stocked in patient areas (exception renal)
- Availability of narcotic products is evaluated and limited

What safeguards are in place on your unit to minimize the risk of high-alert medication errors?

- High Alert Medication Policy (PAT-3-56)
- Independent double check for high-alert medications
- Omnicell to identify and segregate high-alert medications
- Aim to auto substitute when possible, e.g. enoxaparin pre-filled syringe
- Audits of high-alert medications in patient service areas are completed annually and reviewed with relevant manager, recommendations are identified and implemented as needed

Are you aware of the abbreviations not be used at TBRHSC?

- Clinical Documentation Abbreviations (DOC-2-19) includes all abbreviations, symbols and dose designations not to be used based on the most recent Institute of Safe Medication Practices (ISMP) list.

How do you receive information and training on medication safety?

- Safety Huddles
- Nursing Orientation
- High alert medication policy

*How do you access additional information if needed to help safe administration of medications?
Speak with your unit pharmacist or contact Carina Desramaux, Pharmacy Manager.*

For more information, visit:
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