

LECTURE PRESENTATION

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Prevention of adverse events in the administration of drugs

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Incorrect use of drugs may cause adverse events with serious consequences for patients.

Adverse event (*Adverse events*) refers to an event related to the care process and which involves an injury to the patient, unintended and undesirable.

Errors in drug therapy (also called *error of therapy*) are predictable events that may cause or lead to the inappropriate use of the drug or a threat to hospitalized patients, which may occur during the process of managing the drug for prevention and therefore should be considered by *the whole management system of healthcare*.

These events, predictable and avoidable must be differentiated from the adverse drug reactions (ADR-*Adverse Drug Reaction*), linked to the drug itself and that are detected and evaluated by pharmacovigilance.

The causes of errors in therapy are *multifactorial and involve different health professionals*.

Basically 5 categories of error are recognized .

- **Error limitation**
- **Clerical error / interpretation,**
- **Error processing;**
- **Error distribution**
- **Administration error**

Error limitation

The error of prescribing may relate *to the decision to prescribe a drug*, and *the process of writing* the prescription (quality and completeness of essential information).

Clerical error / interpretation

Errors occur when the prescription, while still written by hand, is not properly recorded on the therapy.

Preparation errors

After the prescription, preparation is the most critical phase in the process of administration of the drug in the hospital.

Distribution

The distribution of medication errors occur both when it is **distributed by hospital pharmacy** departments and clinics and as when it is **distributed directly to patients**.

Administration

The error of administration can be considered as a deviation between medication that your doctor has prescribed according to proper standards of clinical practice and the drug received by the patient.

Conclusions

Currently examining the data in the literature, it is clear that the strategies adopted to reduce errors in therapy are as follows:

1. Computerized systems for registration of therapy,
2. Distribution of drugs in unit doses (with different levels of self-medication),
3. Active participation of clinical pharmacist management of therapy.

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