

Medication Errors in ICU

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Health care organizations are continuously paying attention to the role of players in the sector in relation provision of quality care and ensuring the safety of the patient. This is following the appalling cost and incidence of medical errors (Grundgeiger, Sanderson, MacDougall & Venkatesh, n.d). Whereas great attention has been given to the myriad effect of these events in the healthcare on patients who have fallen victims of medical errors there has not been enough consideration of the practitioner involved especially in relation to the intensive care unit (ICU) (Gokhman, Seybert, Phrampus, Darby, & Kane-Gill, 2012). It should be noted that these errors have the potential to affect both professional and personal performance of the practitioner. For patients in the intensive care unit (ICU), how does barcode medication administration (BCMA) compared to not using a BCMA system affect the rate of medication administration error as recorded by direct observation over a period of implementation lasting three months?

System factors have been credited as a crucial source of medical errors especially for in the ICU. A nursing professional in this case plays a crucial role of the nurse both as a primary and secondary member of a multifaceted team in relation to preoperative and post-operation of ICU patient including the use of barcode medication. It is important to examine how systems such as barcode medication can be used to eliminate medication errors as compared to other methods including but not limited to regulatory approach, pharmacy intervention, and CPOE (computerized physician order entry) (Seibert, Maddox, Flynn & Williams, 2014). This especially in regard to the six weeks that the nurse is required to provide post recovery care to the patient. Arguably, when barcode medication is employed, the ICU patient will have better care continuity and there will be no medical errors.

Evidence-Based Solution

According to Keers, Williams, Cooke and Ashcroft (2013), understanding the main cause of medical errors is essential in developing the right intervention measures. Arguably, barcode medication administration can be used effectively to reduce cases of medical errors in the hospital and more specifically in the intensive care unit. In their study, Seibert, Maddox, Flynn & Williams (2014) found that barcode medication increased accuracy by between 92 to 96 percent and no new type of error arose.

Nursing Intervention

The nurse plays a vital role in ensuring that patient safety while in the ICU is ensured. In their study Dimitrios, Martha and Theodore (2012) observes that each nursing handling presents a possibility of an error as a result of work load, frequent interruptions and burnout. A good intervention measure in this case is to automate the labeling system to help in reducing medication errors.

Patient Care

Dimitrios, Martha and Theodore (2012) notes that about 9 out of 10 nurses have made errors at one point in time while providing patient care. These errors are characterized by prescription of wrong drugs and administration of medication at the wrong time. These errors have significant effects on patient safety besides imposing high economic costs on the health system.

Health Care Agency

Keers, Williams, Cooke & Ashcroft (2013) emphasize on the important of system factors in terms of contributing toward medical errors. The authors notes lapses and slips among administrators and other medical staff encompasses the most unsafe acts. Other factors include

miscommunication, inadequate supply and storage of medicines and staff health status. In line with this, it is the responsibility of health care agencies to ensure that all protocols are followed and that there is a clear definition of roles and responsibilities.

Nursing Practice

There is a need for education and systematic changes to prevent medication errors during medical emergencies as an effort to avoid harm (Kiekkas, Karga, Lemonidou, Aretha & Karanikolas, 2011). Nurses should also be provided with official record of errors in a bid to sensitize them on the importance of managing such errors. Educating nurses on the importance of minimizing medical errors is crucial for ensuring the safety of patients in the ICU.

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