Service Priorities and Programmes
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Submitting author: Ms Chui Chun LEUNG
Post title: Ward Manager, TWGHs Wong Tai Sin Hospital, KWC

Medication Safety in Known Drug Allergy of Patient
Leung CCA, Tang FKI, Yeung YMA, Chow PCP, Li KY, Leung YLR
Department of Rehabilitation & Extended Care, TWGHs Wong Tai Sin Hospital

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Introduction
Medication administration is a high risk procedure in the clinical setting; various types of medication errors may be happened during prescribing, dispensing and administering. From the statistics in the Medication Safety Bulletin volume 5, over 50 cases were reported to AIRS with known drug allergy being highlighted. These cases may involve pitfall in prescribing, dispensing and administration till November 2012 (Hospital Authority 2012). Hence, promotion of safe practice is crucial for this high volume procedure to prevent untoward events.

Objectives
To ensure clear documentation of patient’s drug allergy status and distinguishable for doctors and nurses during prescribing and administration, in order to minimize medication incidents due to known drug allergy.

Methodology
Drug administration is one of the crucial and high volume procedure for nurses in their daily practice, to assure safe administration of drugs to patients and minimize medication incidents due to known drug allergy in Hospital Authority (HA), a HA Guideline on Known Drug Allergy Checking was effective in November 2014. Review of drug allergy related medication incidents in DREC: Years No. of medication incidents 2000 – 2005 6 2006 – 2010 3 In order to make the patient’s drug allergy status distinguishable for doctors and nurses during prescribing and administration, various strategies are employed in DREC. 1. All pages of Medication Administration Records (MARs) were documented with patient’s allergy drug(s) (12/2004) 2. Patient’s drug allergy histories was assessed and documented in Nursing Assessment Form (12/2004), Covering page of patient’s file (3/2005) and Nursing Handover sheet (3/2005) 3. Red coloured “Alert” card was placed on patient’s bedhead panel (3/2005) 4. Red wrist band was used, but later changed to red dot on...

**Result**
Audit was conducted in December 2014 with a self-developed audit form, the compliance rate was 99.04%. The “drug allergy reference chart” showing cross-allergy drug list prepared by Pharmacy was misplaced after ward-relocation in one ward. With the implementation of various strategies, the drug allergy related medication incident was reduced by 50%. Further, there was no incident occurring after implementation of placing an “Alert” card in the first page of patient’s MAR folder. Conclusions: Strategies used to enhance the alertness of doctors and nurses on patient’s drug allergy status were effective, no drug allergy related medication incident occurred. Continual monitoring of compliance to the drug allergy strategies with periodic audit is essential.