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Study on Evaluation of Medication Errors in a Tertiary Care Hospital

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This study had presented a pattern of findings of medication prescribing errors in a private tertiary care teaching hospital in India. The present results point to the establishment of a medication error reporting system at each hospital and to share the data with other hospitals/healthcare settings. The role of a clinical pharmacist in this situation appears to be a strong intervention; and, the clinical pharmacist, initially, could only confine to identification of the medication errors. The outcome of this study may be of great help in drafting the regulatory policies to curb the problem of medication errors.

The entire work described earlier was planned to be carried out for six months from November 2015 to April 2016. Type of study is Prospective observational study

Participants: Patients admitted in the hospitals who are taking medications. Sample Size: 300 patients Main outcome measure:

- 1) Number of cases.
- 2) Type errors.
- 3) Clinical importance of errors.
- 4) Categories and severity of medication errors.

The findings of the study were as follows Total No of Cases Reviewed for Medication error: 300 Total no of cases with medication error: 38 Total no of medication error reported: 44 (14.83%) Gender distribution of medication errors: Females (51.32%) 20 and 18 Males (46.33) Age-wise distribution of medication errors: 40-60 years (39.47%) Professional involved in medication errors: Physicians (57.30%)

Economic expenditure on the post effects of MEs increases drastically. MEs occur at any level of ordering, transcribing, dispensing, administering medicine to the patient. Causes may be various but the result makes the situation more worsen to the patient health. Hence MEs should be monitored, detected early and moreover prevented as possible to safeguard the patient health.

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