Insulin Errors Occur Across the Medication Use Process

“Insulin errors can occur at any stage of the medication use process,” ECRI Institute PSO patient safety analyst Stephanie Uses, PharmD, MJ, JD, emphasized to attendees of a recent ECRI Institute PSO members-only webinar.

Each phase of the medication use process—prescribing, transcribing, dispensing, administering, and monitoring—includes unique risks and concerns that healthcare providers need to be wary of.

Prescribing
During the prescribing phase, ambiguity is a concern. Orders may be written illegibly in longhand or entered into a system using an unclear abbreviation. For example, the prescriber may write or enter “U” instead of “units,” allowing the prescription to potentially be misunderstood. For this reason, the Joint Commission and the Institute for Safe Medication Practices have both recommended that such abbreviations not be used.

Likewise, there is a risk of confusion among look-alike/sound-alike insulin formations, concentrations, and dosages when prescribing the proper one for the patient.

Transcribing
Illegible orders and risky acronyms can affect the safe transcription of an insulin order as well. Another example of a transcription-related risk, explains Uses, is when patients arrive at the healthcare facility with an outdated or handwritten medication list.

Dispensing
One of the most common lapses seen during the dispensing stage is a failure to double-check. This risk encompasses the insulin product itself, as well as the dosage and concentration prescribed. Dispensing risks also include potential confusion among look-alike containers and labels.

Administering
During this phase, potential errors include administration of the incorrect dosage, formulation, or concentration of insulin; incorrect use of insulin pens; reporting or recording the patient’s blood-glucose incorrectly or not at all; and confusion among the patient’s blood glucose, weight, and room number. Another significant consideration during the administration phase is appropriate timing of the insulin dose related to the patient’s nutrition intake.

Monitoring
Risks during this phase include inadequate monitoring—when patients’ response to the insulin is not observed to see if an adjustment in dose is necessary.

An E-lert published by ECRI Institute PSO offers additional information on the importance of monitoring patients’ nutritional intake in conjunction with their insulin regimen.
Contact us, and let us demonstrate how we can help you assess your insulin use protocols.

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