



Medication Errors

The administration of medication is a basic nursing skill. Unfortunately, errors can result in serious consequences for patients and legal repercussions for nurses. The error may be simple and involve only one health professional or there may be multiple contributing factors involving many individuals and the environment in which the medication administration took place. Medication reconciliation is one strategy to decrease the incidence of medication error. It is a formal process of obtaining an accurate list of a patient's current medications and using that list to write admission, transfer and discharge orders in order to reduce the incidence of discrepancies in medication orders.¹

What are the professional standards for the administration of medications?

A nurse's responsibility for errors will be measured in accordance with the professional nursing standards established by the provincial/territorial governing body. Most health care employers also have policies and procedures for medication administration and documentation which include the steps to follow upon discovery of an error.

A nurse must administer medications according to the five "rights" (right drug, dose, patient, route, time). Nurses can also be liable for contributing to a medication error. In *Bugden v. Harbour View Hospital*, a physician asked a nurse to obtain Novocaine to inject into a patient's thumb. The nurse asked another nurse in a different area for the drug and was given a vial, which she then took to the physician who injected the medication. Unfortunately, the vial contained Adrenalin, and the patient died. Neither the nurses nor the physician had looked at the label on the bottle. As a result, both nurses were found negligent. The Court said the physician was not negligent because he had been justified in relying on the competency of the nurses to check the label.²

Nurses have a duty to question a medication order that is unclear or unusual. In a U.S. case, *Norton v. Argonaut Insurance Company*, an administrative nurse assisted on a pediatric ward due to a staffing shortage. She carried out a physician's order which read, "Give 3.0 cc lanoxin today for one dose only". She did not contact the physician to confirm the route. Her previous experience had been with injectable Lanoxin only. She gave the dose intramuscularly, instead of orally, as intended, and the infant died. The nurse was found negligent for administering medication she was unfamiliar with and for neglecting to clarify the order with the prescribing physician.³

Nurses are expected to be knowledgeable about the actions, side effects and contraindications of drugs. A nurse and an RNA were both found negligent when the administration of Codeine to a pediatric patient following a tonsillectomy resulted in respiratory arrest and subsequent brain damage. The child had exhibited signs of respiratory distress prior to administration of the drug. The Court said the nurses should have known that Codeine would further depress the ability to breathe and closer monitoring of the child's respiratory status was necessary.⁴

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What are the "rights" of medication administration?



More than liability protection

What will happen if I make an error?

The consequences of a medication error will depend on a number of factors, including your previous work performance, the consequences to the patient, and your response to the error. Any or all of the following could occur:

Patient safety or quality assurance review

Your employer may conduct an internal review to determine how and why the error occurred with a view to improving the environment or system in which nurses administer medications.

• Employee discipline

Your employer may require that you improve your practice. In certain circumstances, you might be reprimanded, suspended or dismissed.

• Professional discipline

A complaint to your regulatory body will trigger a process of investigation. If the licensing body requires remediation of your practice, you may be ordered to engage in a course of study. Your licence may also be suspended or revoked.

• Civil lawsuit

A patient or family may sue you and your employer in negligence if harm was caused by the error.

How can I decrease my risk?

You can decrease your risk of making medication errors by:

- · paying close attention to all aspects of medication administration;
- practicing computational skills or using a calculator, and, where policy dictates, having another nurse double check your calculations;
- being informed about the drugs you administer and the persons who receive them;
- · keeping up-to-date on current practices;
- never administering medications prepared by someone else;
- clarifying orders if they are incomplete, illegible, or contain unapproved abbreviations;
- questioning orders that appear inappropriate;
- charting medications according to institutional guidelines and only when given by you, except when designated as a recorder in an emergency; and
- · knowing and following your institution's procedures relating to the administration of medications.

Medication errors do occur but most can be avoided by applying the above principles. Your maximum protection is in ensuring that your medication administration practice always meets the most stringent standards.

If you do make an error, document what the patient received and report it immediately to the patient's physician and your employer. Complete any documentation required by your employer. You may also wish to contact the Canadian Nurses Protective Society at 1-844-4MY-CNPS.

- 1. For more information, see www.saferhealthcarenow.ca.
- 2. Bugden v. Harbour View Hospital et al. [1947] 2 D.L.R. 338 (N.S.S.C.).
- 3. Norton et al. v. Argonaut Insurance Company et al. [1962] 144 So. 2d 249 (La. Ct. App.).
- 4. Williams (Litigation Guardian of) v. North York General Hospital [1993] O.J. No. 1721 (Ct. J. (Gen. Div.)) (QL).

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