

## HOW TO AVOID MEDICATION ERRORS IN CHEMOTHERAPY





TX4	Four-eyes principle and checklists <sup>1</sup>	
	Education of patients and staff 2-4	
	(Improved) Interprofessional communication (nursing, medical and pharmaceutical staff) <sup>2</sup>	
0269 401 056	Use of safety supporting technology including bar coding, medication application and smart pump technology 3, 5	
	Improved workflows (e.g. handling of test results, referrals, booking, prohibition of verbal orders, avoidance of ambiguous abbreviations) <sup>5, 6</sup>	
epi <b>RUB</b> icin	Use tall man lettering to reduce drug name confusion errors <sup>5</sup>	
	Compliance with recommendations and standards from reliable national and international bodies	
	Rigorous patient self-identification before administration <sup>4, 7</sup>	
CLOSED SYSTEM	Use of products with a closed system	

## Sources:

- 1 Gaguski M E, Pharm T K B, Dosing done right: a review of common chemotherapy calculations. Clinical journal of oncology nursing, 2011. 15(5): p. 471.
- 2 Car L T et al., Prioritizing medication safety in care of people with cancer: clinicians' views on main problems and solutions. Journal of global health, 2017. 7(1).
- 3 Berdot S et al., Interventions to reduce nurses' medication administration errors in inpatient settings: a systematic review and meta-analysis. International journal of nursing studies, 2016. 53: p. 342-350.
- 4 LeFebvre K B, Felice T L, Nursing application of oral chemotherapy safety standards: an informal survey. Clinical journal of oncology nursing, 2016. 20(3).
- 5 Weingart S N et al., Chemotherapy medication errors. The Lancet Oncology, 2018. 19(4): p. e191-e199.
- 6 Christiansen A H et al., Risk factors for patient-reported errors during cancer follow-up: Results from a national survey in Denmark. Cancer epidemiology, 2017. 49: p. 38-45.
- 7 Schulmeister L, Patient misidentification in oncology care. Clinical journal of oncology nursing, 2008. 12(3).