

The impact of introducing drug labelling at Grey's Hospital Theatre over a six-month period

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The use of standardised drug labels has been recommended by the South African Society of Anaesthesiologists to prevent drug errors in theatre and ICU.¹ In response to this and the high number of drug errors reported to the weekly morbidity and mortality meeting held by the Department of Anaesthesia at Grey's Hospital the procurement of standardised drug labels was authorised by hospital management. These labels came into use on June 1, 2015. To determine the impact of this intervention we retrospectively compared the number of drug errors reported at the meeting over the six-month period July 1, 2015 to December 31, 2015 with the corresponding six-month period July 1, 2014 to December 31, 2014 using a Poisson distribution. For the 6 months

in 2014, 10 drug errors were reported as compared with three for the corresponding six months in 2015 ($p = 0.01$). If an estimated 10–30% of drug errors are identified and reported it would imply that the introduction of theatre drug labelling may have prevented as many as 70 drug errors over the 6-month period, equivalent to preventing one error every three days.

Reference

1. Gordon P, Reed AR, Llewellyn RL, et al. User applied drug labels in anaesthesia; time for action. *South Afr J Anaesth Analg*. 2009;15(5):9.

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