

Iatrogenic harm revealed by Structured History taking of Medication use



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Introduction

Medication errors occur frequently. At hospital admission drug therapy is usually installed on pre-admission used medication and an evaluation thereof. Incorrect information about pre-admission medication may lead to harm.

Objective

To determine the additional value of structured history taking of medication use (SHIM) compared to usual unstructured history taking in obtaining a complete and accurate list of pre-admission medication in geriatric patients.

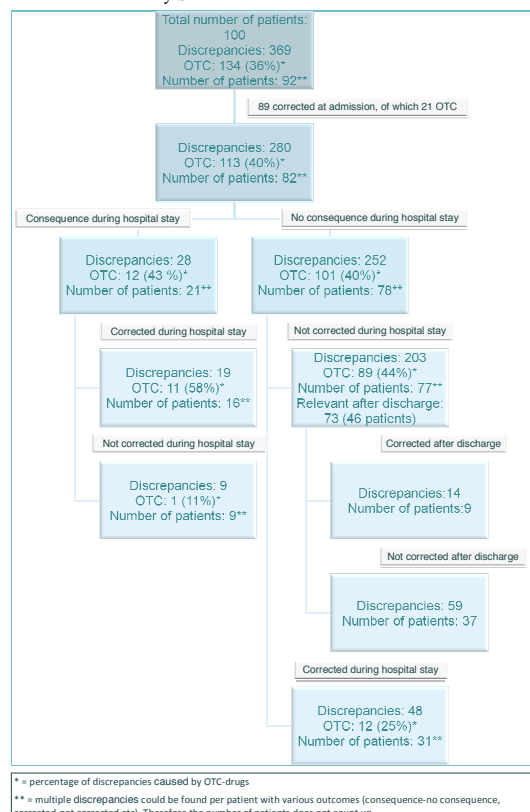
Methods

A prospective observational study in an academic teaching hospital was performed. Patients admitted to the geriatric ward were included. SHIM, a standardized questionnaire, was taken. The number and type of discrepancies in usual unstructured history taking, revealed by SHIM, were registered. Discrepancies were assessed on potential clinical relevance and actual clinical consequences during hospital admission.

Results

In 100 patients, mean age 82 (SD 8) years, and mean use of 10.2 (SD 4.6) drugs, SHIM was taken. In 92% of patients at least one error was found, with a mean of 3.7 (SD 3.3) per patient. Omission was the most common error. Discrepancies in prescription-only medication were found in 78% of patients, mean 2.4 (SD 2.6) per patient. Of all discrepancies, 71% were considered potentially clinically relevant. Actual clinical consequences occurred in 21% of patients during hospital stay, such as the occurrence of hypertension following omission of nifedipine.

Figure 1. Consequences of discrepancies in medication history taking by usual care revealed by SHIM



Conclusion

Seventy-one percent (71%) of discrepancies revealed by SHIM are potentially clinically relevant. Twenty-one percent (21%) of patients, admitted to the geriatric ward, experience actual clinical consequences because of errors in medication history taking that could have been prevented by SHIM.



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