

**Table 12.1. Types of Medication Errors**

<b>Prescribing error</b>	Prescribing error may be defined as the incorrect drug selection for a patient. Such errors can include the dose, quantity, indication, or prescribing of a contraindicated drug
<b>Omission error</b>	The failure to administer an ordered dose to a patient before the next scheduled dose, if any.
<b>Wrong time error</b>	Administration of medication outside a predefined time interval from its scheduled administration time (this interval should be established by each individual health care facility).
<b>Unauthorized drug error</b>	Administration of the patient of medication not authorized by a legitimate prescriber for the patient.
<b>Improper dose error</b>	Administration to the patient of a dose that is greater than or less than the amount ordered by the prescriber or administration of duplicate doses to the patient, i.e., one or more dosage units in addition to those that were ordered.
<b>Wrong dosage-form error</b>	Administration to the patient of a drug products in a different dosage form than ordered by the prescriber
<b>Wrong administration technique error</b>	In appropriate procedure or improper technique in the administration of a drug.
<b>Deteriorated drug error</b>	Administration of a drug that has expired or for which the physical or chemical dosage-form integrity has been compromised.
<b>Monitoring error</b>	Failure to review a prescribed regimen for appropriateness and detection of problems, or failure to use appropriate clinical or laboratory data for adequate assessment of patient response to prescribed therapy.
<b>Compliance error</b>	Compliance errors occur when patients use medications inappropriately.



### 12.3 CAUSES FOR MEDICATION ERRORS

- The majority of medication errors do not occur in emergency situations but while performing routine clinical tasks. The source of these errors can lie at any stage of the process from the initial prescription of medication to its administration.
- Incomplete patient information (not knowing about patients' allergies, other medicines they are taking, previous diagnoses, and lab results)
- Unavailable drug information (such as lack of up-to date warnings)
- Inexperienced or inadequately trained staff
- Miscommunication of drugs orders, which can involve poor handwriting, confusion between drugs with similar names, misuse of zeros and decimal points, confusion of metric and other dosing units, and inappropriate abbreviations.
- Factors such as similar product name or packaging from pharmaceutical companies.
- Lack of appropriate labeling as a drug is prepared and repackaged into smaller units
- Environmental factors, such as lighting, heat, noise, and interruptions that can distract health professionals from their medical tasks. Workplace environmental problems increasing
- The job stress
- Excessive task demand leads to high work overload for staff.
- Work shift-more errors occur during the night
- Lack of patient counseling cause lack of patients' understanding of their therapy
- Too many telephone calls
- Too many customers
- Lack of concentration
- Staff shortage
- Misinterpreted prescription
- Poor drug distribution practices.
- Access to drugs by non-pharmacy personnel
- Dose miscalculations