TRIGGER DRUG REPORT – Inpt ADRs **April, 2014**

Event Date Loc/Team	Admit Date	Pt Info	Underlying Diagnoses	Trigger Drug	Drug(s) Possibly Involved	Drug* source	ADR Summary
4/2/14 4E NSU	3/23/14	Name: W, S Age: 74F Scr: 0.46 Wt: 56.4 kg	DM, HTN	Protamine	Heparin	Inpt	74 yo female admitted s/p fall with SDH and underwent a craniotomy on 3/23. During her admission, she developed a RUE DVT, and was started on a heparin gtt with the plan to bridge to warfarin. On 4/2, she was noted to have a deterioration on her level of consciousness, and was unable to spontaneously move her right side. A head CT demonstrated a new hematoma. She was reversed with protamine and taken to the OR for evacuation. PTTs were therapeutic while she was on heparin.
4/14/14 5A FPR	4/7/14	Name: A, A Age: 57M Scr: 2.98→4.5 Wt: 69 kg	ESLD, HCV cirrhosis, hepatic encephalopathy, HTN, CKD-III, T2DM, PSA	Naloxone	Methadone	Inpt	57 yo male admitted with altered mental status and hyperkalemia, required intubation for respiratory distress and was admitted to the ICU. Once stabilized, he was titrated back to his outpatient dose of methadone 45mg on 4/12, and transferred to Family Medicine. On 4/14, he was noted to be somnolent, and naloxone was administered with improvement. Methadone decreased to 15mg. It was thought that his somnolence was due to refractory hepatic encephalopathy and delayed methadone metabolism in the setting of ESLD and acute on chronic renal failure.
4/16/14 5E	4/15/14	Name: F, K Age: 41F Scr: 0.89 Wt: 90.2 kg	Nephrolithiasis	Protamine	Heparin	Inpt	41 yo female admitted w/syncope x3 and LOC while on MUNI. CT revealed massive bilateral pulmonary emboli and possible hemoperitoneum from an unclear source. She was admitted to the ICU, and was conservatively managed with therapeutic heparin. After two hours on the heparin gtt, she began to drop her pressures, requiring increasing pressor support. Repeat Hgb was noted to be 5.9, down from 15 on admission. Her PTT had also increased to >200, despite conservative dosing of her heparin bolus and rate. Heparin was discontinued. Massive transfusion protocol was activated for hemorrhagic shock, and she received 5L of fluids, 8 units PRBC, 7 units FFP, 40 cryoppt, 2 units platelets, and protamine 50 mg. A repeat CT demonstrated a Grade IV hepatic laceration on 4/18. The underlying cause of her liver laceration (and presumed source of her intra-abdominal bleed) was unclear, but may have been secondary to fall and/or to multiple rounds of CPR.

Summary

Total Number of events: 19 --- ADR= 3 (Inpt= 3 , Outpt= 0); Non-ADR= 16

Trigger Drugs – automatic notification when the following medications are distributed via the following methods:

Omnicell: Naloxone, glucagon, flumazenil, Protamine, Digibind

Inpatient pharmacy: methylene blue, physostigmine, dimercaprol (BAL), cyproheptadine, dantrolene, desferoxamine, EDTA, hydroxycobalamin,

* - Drug source=where patient obtained medication for which trigger drug is being give. If source was ED it is consider 'inpt'.