Los errores en las UCIN (Errors in Neonatal Intensive Care Units)

Hercília Guimarães
Hospital de S. João. Faculty of Medicine, Porto University, Porto, Portugal

Neonates are highly vulnerable to medication errors because of their extensive exposure to medication in neonatal intensive care unit (NICU), the general lack of evidence on pharmacotherapeutic intervention in neonates and the lack of neonate-specific formulations.

In a voluntary anonymous reporting of medical errors for neonatal intensive care of 1230 reports the most frequent event categories were wrong medication, dose, schedule, infusion rate (47%), error in administration or method of using a treatment (14%), patient misidentification (11%), other system failure (9%), error or delay in diagnosis (7%), and error in the performance of an operation, procedure or test (4%). The contributory factors were: failure to follow protocols (47%), inattention (27%) communication problem (22%), error in documentation (13%) inexperience (10%), labelling error (10%) and poor team work (9%).

To examine the occurrence and potential severity of incidents in 7 NICU’s in Portugal the Error Collaborative Study Group, from the Portuguese Neonatal Society designed a prospective, multicenter, observational study, using a voluntary incident reporting. The results of this study were the following: 92 errors were reported: identification (22.8%), prescription (39%), transcribing 13%, medical devices (17%). In 85 % of the cases the error didn’t cause harm. In 10% altered vital signs. In 4% led to administration of medication. Errors that caused permanent injury/death were not reported. Most of them were reported by nurses (70%) and most of them were committed by physicians (59%). The major number of errors (57%) took place during the week and in the morning period.

Reporting medical errors should be seen not as a punitive exercise but as an essential ingredient in providing optimal patient care.

Nowadays, knowing bases to improve quality, using Plan-Do-Study-Act, with study groups we learn in collaboration, developing potential better practices and evidence based medicine.

Reporting medical errors is essential in providing optimal patient care, repairing and sharing them at local, national and international level.

Bibliography