

Medication Safety



Dental Core Trainees
September 2025

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2. Medication Safety
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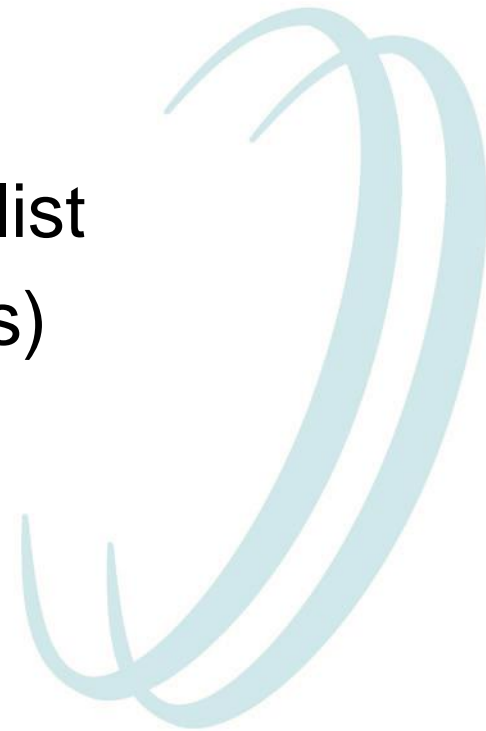
Prescribing Hints and Tips



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Medicines Reconciliation

- On admission to hospital all patients require a medication history
- This should be taken using at least two sources:
 - Patient/carer
 - Past discharge/Prior to admission list
 - ECR medication list (GP medicines)
 - MDs/blister pack/Medibox



Accessing ECR

The screenshot displays a patient record interface. On the left sidebar, there are several status boxes: 'Resuscitation: Assume Full (no ACP docs)' in blue, 'GP Meds & Allergies (Click to Launch NIECR)' in dark blue, 'Isolation: None' in light green, 'Requires Adult Protection consideration?' in yellow with an exclamation mark icon, and 'Allergies: No Known Allergies' in light green. The main content area has a header 'Click to view active BestPractice Advisories'. Below this is a blue box with the text 'Please reference the GP information below to add this patient's medications and allergies to encompass.' followed by a section titled 'GP Documents'. Under 'GP Documents', there is a sub-header 'Primary Care Alerts, Allergies & Medications' and a table with three columns: 'Date', 'Source', and 'Description'. The table contains one row: '14/08/2024' with a green checkmark icon and a 'View document' link, 'GP Meds & Allergies (View Only)' as the source, and 'Clinical Summary' as the description. At the bottom of the main content area, there are two tabs: 'Specialty Comments' (active) and 'Treatment Team Sticky Notes'.

Resuscitation: Assume Full (no ACP docs)

GP Meds & Allergies (Click to Launch NIECR)

Isolation: None

Requires Adult Protection consideration?

Allergies: No Known Allergies

Click to view active BestPractice Advisories

Please reference the GP information below to add this patient's medications and allergies to encompass.

GP Documents

Primary Care Alerts, Allergies & Medications

Date	Source	Description
14/08/2024 ✓ View document	GP Meds & Allergies (View Only)	Clinical Summary

Specialty Comments

Edit | Show all

Treatment Team Sticky Notes

- ECR can be added to the sidebar or opened in a separate window from this link
- Opening in a separate window does provide the full information
- Always need second source – look for dates
- ECR only gives last six months of Rx's



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Med Rec - PTA List

- On admission populate the PTA (Prior to Admission) list rather than prescribing directly on the MAR
- This will save time later!
- PTA will pre-populate from previous discharge (but always use it as one source and confirm with a second!)

BIGFOOT, Henry-RX

Admit Orders

Review Home Medications | Review Current Orders | 2. Reconcile Home Medications | 3. Order Sets

Review Prior to Admission Medications

Add Prior to Admission Med + Add

Sort by: Pharmaceutical Class

Check Interactions | Informants | Find Medications Needing Review

Mark Unreconciled Today | Mark Unreconciled Yesterday

Antiplatelet drugs

aspirin dispersible tablet
Take 75 mg ONCE a day. Last Dose: Not Recorded

Today | Yesterday | Past Week | Past Month | More Than A Month | Unknown

Last Dose at Time

Lipid-regulating agents

simvastatin 40mg tablet
Take 40 mg ONCE a day at night. Last Dose: Not Recorded

Today | Yesterday | Past Week | Past Month | More Than A Month | Unknown

Last Dose at Time

Nitrates, calcium-channel blockers, and other antianginal drugs

amlODIPine 10mg tablet
Take 10 mg daily. Last Dose: Not Recorded

Today | Yesterday | Past Week | Past Month | More Than A Month | Unknown

Last Dose at Time

Vitamins

Last Dose Time

Henry-RX BIGFOOT
Male, 58 y.o., 23/8/1965
MRN: 999220805
HCN: 388 116 2240
Bed: TRN04 WARD 4
Resuscitation: Assume Full (no ACP docs)
Primary Care Meds & Allergies
Isolation: None
Sam STETHOSCOPE, MD
Lead Consultant
Allergies: Penicillins, Pollen
ADMITTED: TODAY
Patient Class: Inpatient
Community acquired pneumonia
CrCl: None
Ht: 173 cm
Wt: 63 kg
BMI: 21.05 kg/m²



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Medicines Reconciliation

- After using the PTA (Prior to admission) list make sure you go to the next stage to review current orders otherwise they will not appear on the patient's MAR

Admit Orders

Review Home Medication **Reconcile Orders** Order Sets

Medication List Status: Nurse/Midwife Reviewed + Add Status Comment

Sort by: Reviewed End Unreviewed

Home Medication

Orders Reviewed Last Reviewed by Sam STETHOSCOPE, MD on 13/8/2025 11:38

Medication	Status
etoricoxib 60mg tablet Take 60 mg ONCE a day, Historical Med, Last Dose: 13/8/2025 at 0700	Reconciled
folic acid 5mg tablet Take 5 mg once per week, Historical Med, Last Dose: 12/8/2025	Reconciled
methOTREXATe 2.5mg tablet Take 15 mg ONCE a WEEK, Historical Med, Last Dose: 7/8/2025	Reconciled
paracetamol 500mg tablet Take 1 g FOUR times a day when required for pain or fever, Historical Med, Last Dose: Past Week	Reconciled

Not Taking At Home

Not Taking At Home

Hospital Orders

Orders Reviewed Select Action for Group

Medication	Status
etoricoxib tablet 60 mg 60 mg, Oral, Daily, First dose on Wed 13/8/25 at 11:45	Ordered
folic acid tablet 5 mg 5 mg, Oral, Weekly, First dose on Tue 19/8/25 at 10:00	Ordered
methOTREXATe tablet 15 mg 15 mg, Oral, Every 7 days, First dose on Wed 13/8/25 at 11:45	Ordered
paracetamol 250mg/5ml oral liquid 1,000 mg 1,000 mg, Oral, 4 times daily PRN, pain, fever, Starting on Wed 13/8/25 at 11:34 Medication items are different.	Replaced
enoxaparin (INHIXA) pre-filled syringe 40 mg 40 mg, Subcutaneous, Daily, First dose on Wed 13/8/25 at 11:45	New
nitrofurantoin modified-release capsule 100 mg 100 mg, Oral, Every 12 hours, First dose on Wed 13/8/25 at 11:45, For 7 days Infection is: Possible Indication: Urinary Tract Infection Urinary tract infection indications: Uncomplicated / lower UTI	New
Pict Urine Dipstick STAT, On Wed 13/8/25 at 11:39, For 1 occurrence	New

New for Admission Select Action for Group

Admission Order Rec Order Sets

Edit Multiple Phase of Care

Place admission orders or order sets

Standard

Admission reconciliation is complete.

No Orders

Video

Medicines Reconciliation May 2025.mp4 |
Powered by Box



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Med Rec Exercise

Take a medication history for Mr Bloggs, who has presented to hospital with a Community Acquired Pneumonia.



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Discharge Home Medicines

Discharge Orders

Review Home Medications 1. Review Orders for Discharge 2. Order Sets

Sort by: Discharge Outpatient and Inpatient Find Unreviewed ← →

Home Medication

amLODIPine 10 mg tablet
Take ONE tablet (10 mg) ONCE a day.
Normal, Disp-28 tablet, R-0
Created from: [amLODIPine 10mg tablet](#)

No Decision

aspirin 75 mg dispersible tablet
Take ONE tablet (75 mg) ONCE a day.
Normal, Disp-28 tablet, R-0
Created from: [aspirin dispersible tablet](#)

No Decision

multivitamin tablet
Take ONE tablet ONCE a day.
Normal, Disp-30 tablet, R-0
Created from: [multivitamin tablet](#)

No Decision

simvastatin 40 mg tablet
Take ONE tablet (40 mg) ONCE a day at night.
Normal, Disp-28 tablet, R-0
Created from: [simvastatin 40mg tablet](#)

No Decision

Not Taking At Home

Inpatient Medication

propRANOloI 10 mg tablet
Take TWO tablets (20 mg) TWICE a day.
Normal, Disp-28 tablet, R-0
Created from: [propRANOloI tablet 20 mg](#)

Discharge Order Rec

Order Sets

Edit Multiple Phase of Care

Place discharge orders or order sets New

Prescriber Contacted (PC) Next

Discharge reconciliation is complete.

New Inpatient Orders

Discharge patient
Order details

After Visit Summary Preview

Show All Orders

+ START taking

propRANOloI 10 mg tablet
Take TWO tablets (20 mg) TWICE a day.
Normal, Disp-28 tablet, R-0

→ CONTINUE taking your other medication

amLODIPine 10 mg tablet
Take ONE tablet (10 mg) ONCE a day.
Normal, Disp-28 tablet, R-0

aspirin 75 mg dispersible tablet
Take ONE tablet (75 mg) ONCE a day.
Normal, Disp-28 tablet, R-0

multivitamin tablet
Take ONE tablet ONCE a day.
Normal, Disp-30 tablet, R-0

simvastatin 40 mg tablet
Take ONE tablet (40 mg) ONCE a day at night.
Normal, Disp-28 tablet, R-0



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Scheduling of medicines

digoxin tablet 500 micrograms ✓ Accept ✗ Cancel

Reference Links: [BNF](#)

Report: No Creatinine Clearance results found.

Dose: 500 micrograms 62.5 micrograms 125 micrograms 187.5 micrograms 250 micrograms

digoxin [Details](#)

↑ Single dose of **500 mcg** exceeds recommended maximum of **250 mcg** by **100%** Use 250 micrograms

↑ Daily dose of **500 mcg** (500 mcg Daily) exceeds recommended maximum of **250 mcg** by **100%**

Override Reason/Comment: Benefit outweighs risk Clinically Insignificant Expected Side Effect

Override Reason... ▼ 📄

Calculated dose: 2 tablet

Route: Oral Nasogastric tube Nasojejunal Tube PEG tube PEJ tube

Frequency: Daily ONCE ONLY Daily

Starting: 22/8/2024 Today Tomorrow For: Doses Hours Days

First Dose: Include Now As Scheduled

First Dose: Today 15:45 Final Dose: Until Discontinued

22/08	23/08	24/08	25/08	26/08	...
15:45	10:00	10:00	10:00	10:00	

Watch for default frequencies especially when prescribing STAT doses



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Antibiotics- 5 days

- Default course length for antibiotics in Encompass is 5 days
- Important to amend if a longer course is expected

The screenshot shows the Encompass interface for ordering co-amoxiclav (amoxicillin/davulanic acid) 500/125 mg per tablet, 1 tablet. The interface includes sections for Reference Links (BNF, Microguide), Report (No Creatinine Clearance results found), Infection (Possible, Probable, Finalised), Indication (Sepsis Syndromes, Bacteraemia (unknown source), Respiratory, Urinary Tract Infection, Skin and Soft Tissue, Gastrointestinal, Head and Neck, Bone and Joint, Cardiovascular, Central Nervous System, Obstetrics, Gynaecology, Sexually Transmitted Infection, Medical Prophylaxis, Surgical Prophylaxis, Decolonisation, Other), Dose (1 tablet), Route (Oral), Frequency (Every 8 hours scheduled), Starting (24/11/2023), For (5 Doses), First Dose (Include Now, As Scheduled), Admin Instructions (+ Add Admin Instructions), Note to Pharmacy (+ Add Note to Pharmacy), Priority (Routine), and Additional Order Details. The bottom bar shows Next Required, Link Order, and Accept/Cancel buttons.

First Dose:	Today 16:00	Final Dose:	Wed 29/11 06:00	Number of doses:	15
24/11	25/11	26/11	27/11	28/11	29/11
16:00	06:00	06:00	06:00	06:00	06:00
22:00	14:00	14:00	14:00	14:00	14:00
	22:00	22:00	22:00	22:00	



Nil By Mouth NBM / Poor swallow

Patients can become NBM or develop a poor swallow due to a variety of reasons, for example:

- Awaiting surgery
- New swallowing difficulty e.g. acute stroke
- Worsening swallowing difficulty e.g. dementia, Parkinson's disease and COPD



Things to consider...

- Short or long term?
- New or worsening swallowing difficulties assess the patient's medicines
- Essential? e.g. vitamins, statins etc
- Speak to a pharmacist for advice
- Trust has access to helpful resources e.g. NEWT guide and Enteral feeding tube guide



The NEWT Guidelines

for administration of medication to patients with enteral feeding tubes or swallowing difficulties



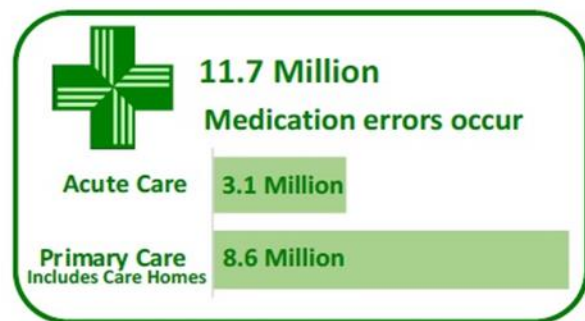
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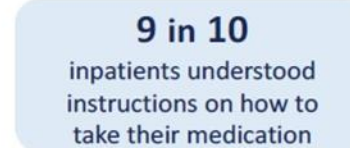
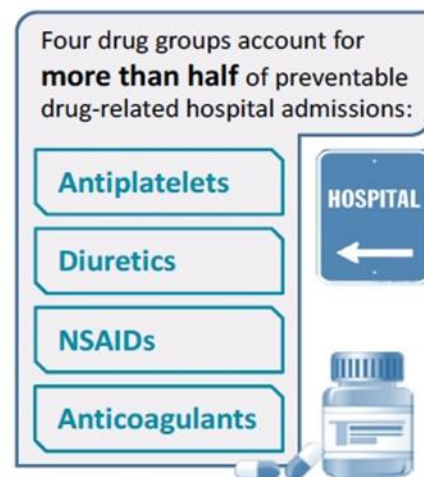
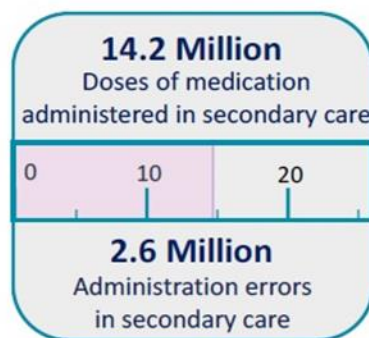
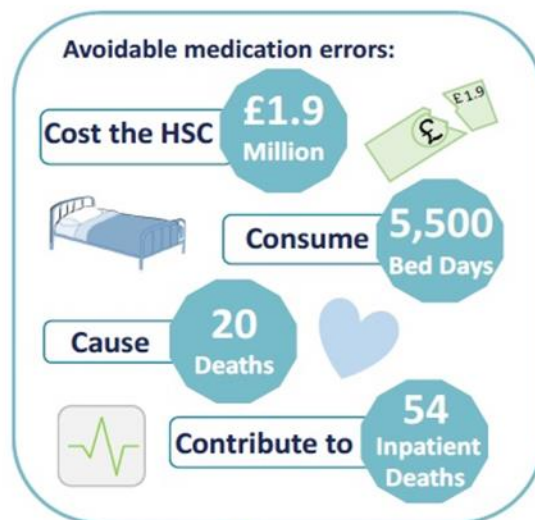
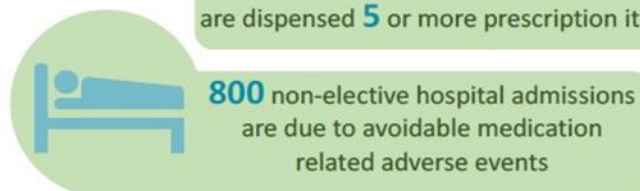


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Every year in Northern Ireland it is estimated that...



9 in 10 patients aged **75 and over**
are dispensed **5** or more prescription items



The methodology applied to calculate the prevalence and burden of medication errors in Northern Ireland was informed by the 2018 research study, [Prevalence and Economic Burden of Medication Errors in The NHS in England. Rapid evidence synthesis and economic analysis of the prevalence and burden of medication error in the UK](#). Policy Research Unit in Economic Evaluation of Health and Care Interventions. Universities of Sheffield and York.

Error mythology

If people try hard enough, they will not make any errors
(perfection myth)

*If we punish people when they make errors, they will
make fewer of them* (punishment myth)

Leape L. 2002

<http://www.npsa.nhs.uk/patientsafety/improvingpatientsafety/learning-materials/safe-foundations/>



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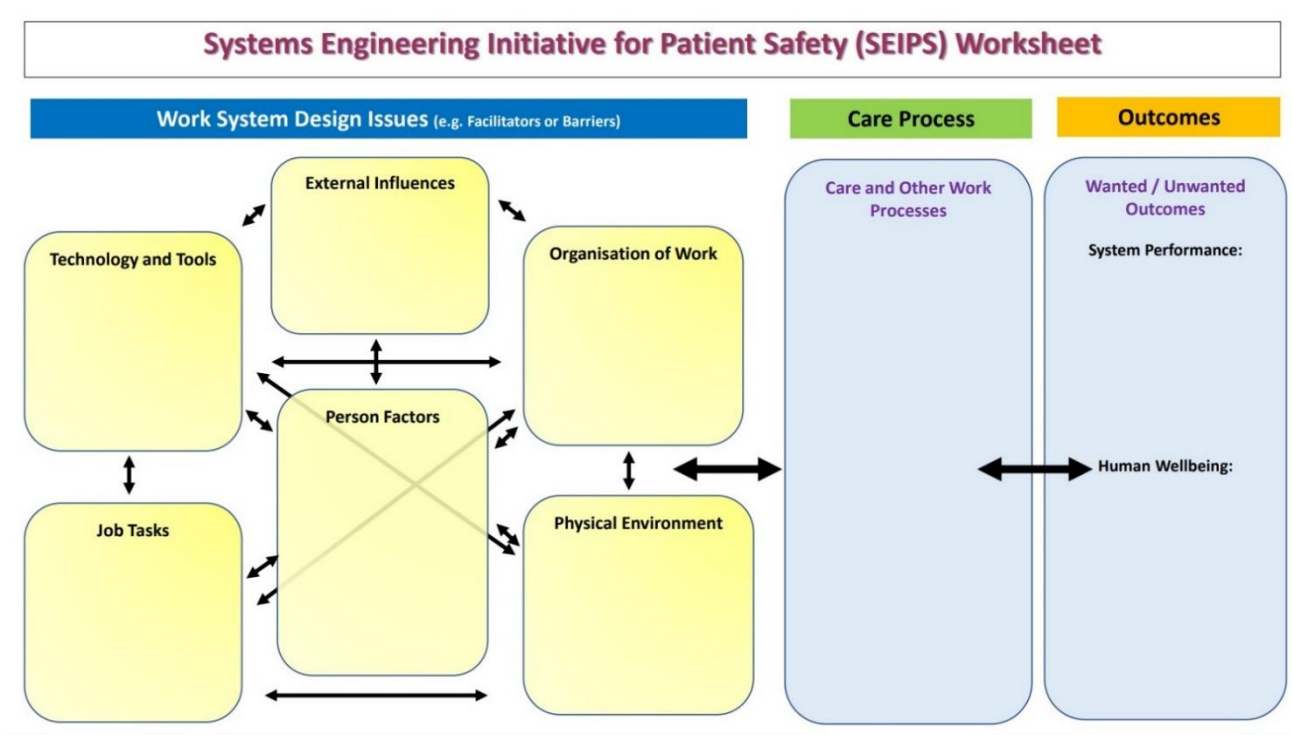
What is SEIPs?

- SEIPS stands for Systems Engineering Initiative for Patient Safety
- It is based on Human Factors systems approach to understanding care systems, processes and outcomes to inform better design and improvement.
- The task is to identify performance influencing factors (PIFs)
- PIFs are conditions related to a person, the task, or the organisation that affect the likelihood of human error and overall performance



Exercise

- Work in groups to complete the SEIPs model based on this incident ([click here](#))

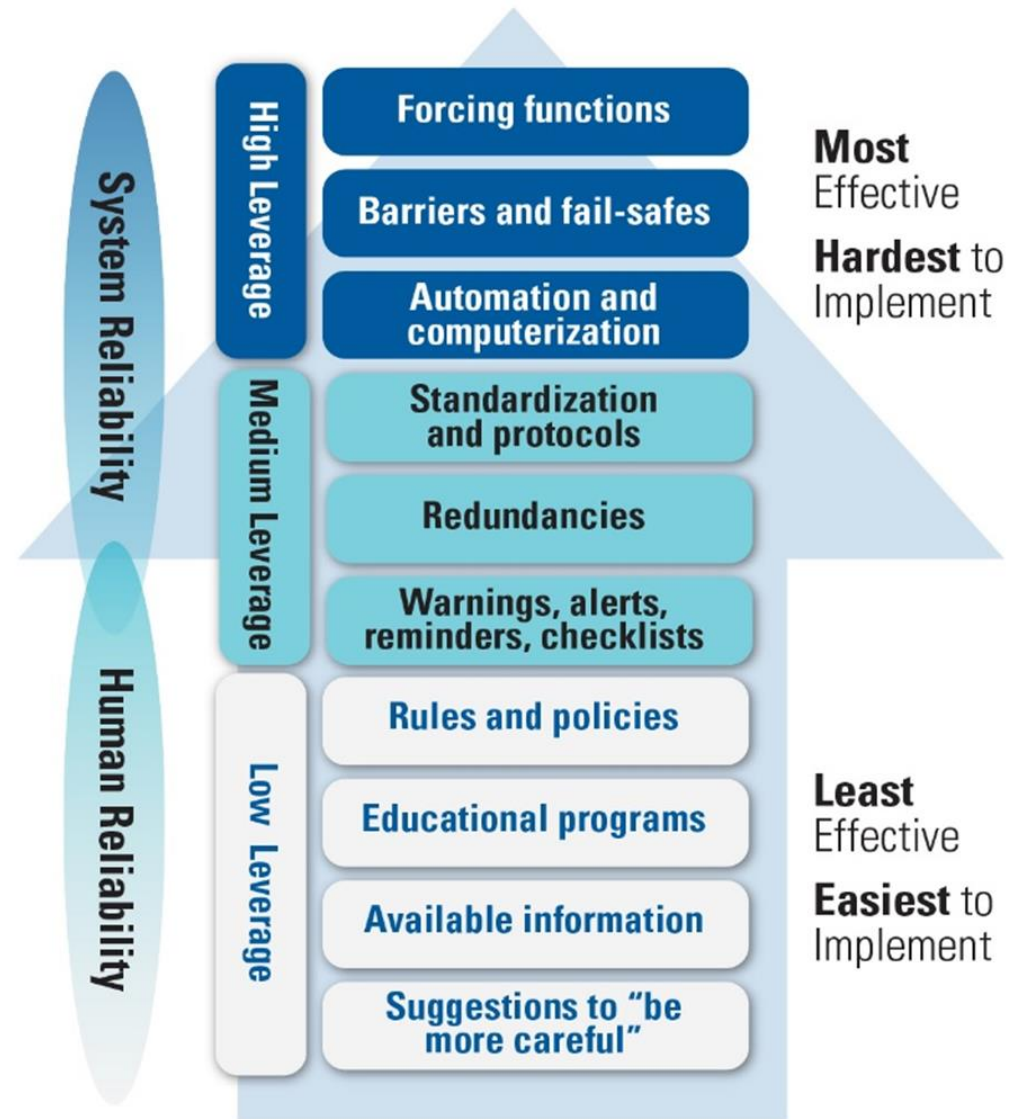


RaDonda Vaught Case

- Versed is a discontinued brand of midazolam (2003)
- The handover re Versed was given by phone
- RaDonda was not looking after the patient
- The medication was administered in the radiology corridor



Hierarchy of Intervention Effectiveness



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Electronic System – Risk + Mitigations

Miss- selection from drop down menus

hy



Medication

Name

HYDROmorphone 12 hr Modified release capsule

HYDROmorphone capsules

hydromorphone continuous infusion (adult)

hydromorphone continuous infusion (paediatric)

hydroxocobalamin 1mg/ml injection

hydroxocobalamin (CYANOKIT) infusion

hydroxycarbamide 500mg/5ml oral liquid sugar-free

hydroxycarbamide capsules

hydroxychloroquine sulfate tablet

Ways to reduce the risk of mis-selection from drop down menus:

Type “5”

When searching for a medicine on an electronic system type in 5 characters. This reduces the number of available options to select from

TALL man lettering


If this is designed into the system it can help us distinguish between medicine names which look alike

e.g. mix up between hydroxycarbamide and hydroxychloroquine



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Electronic System – Risk + Mitigations

hydro 

Medication

Name

HYDROmorphone 12 hr Modified release capsule

HYDROmorphone capsules

hydromorphone continuous infusion (adult)

hydromorphone continuous infusion (paediatric)

hydroxocobalamin 1mg/ml injection

hydroxocobalamin (CYANOKIT) infusion

hydroxycARBAMIDe 500mg/5ml oral liquid sugar-free

hydroxycARBAMIDe capsules

hydroxycHLOOROQUINe sulfate tablet

Tallman + Type 5 search

Tallman lettering can help us distinguish between medication names which look alike

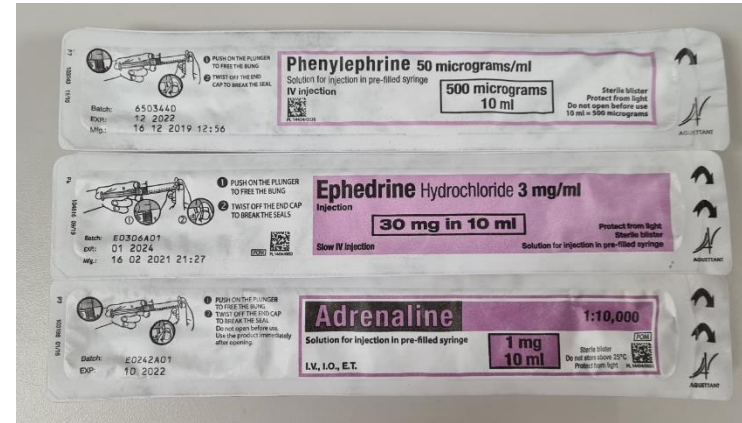
In this case tallman lettering did not significantly reduce the number of hits as “hydro” is a common medication prefix



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Look Alike Sound Alike (LASA)

LASAs are medicines with a high risk of confusion due to similar looking packaging or similar sounding names.



Other examples:

Hydroxychloroquine vs
Hydroxycarbamide

Edoxaban vs Enoxaparin

Lorazepam vs Lormetazepam

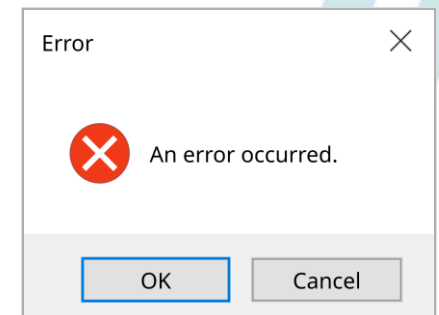
Azathioprine vs Azithromycin

Warnings – Alert Fatigue

- Alert fatigue is a state of mental and operational exhaustion caused by an overwhelming number of alerts—many of which are low priority, false positives or otherwise non-actionable.
- A systematic review in hospital and primary care settings found that 49%–96% of alerts were overridden or ignored
- Highlights the need for judicious use of alerts and continuous review of alert performance
- Pay particular attention to alerts that



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HIGH-RISK Medicines



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Anticoagulants

Case Study

Patient returned from another hospital following an angiogram

They were restarted on preadmission rivaroxaban and remained on treatment dose enoxaparin (NSTEMI).

Approximately 24 hours later the patient suffered a GI bleed and was administered andexanet (rivaroxaban reversal)



What can we learn from this?

- Anticoagulants are high risk medicines
- There is no clinical indication for two anticoagulants to be prescribed together*
- Encompass will warn a prescriber when they prescribe two anticoagulants together

**Drug-Drug: dabigatran etexilate and enoxaparin**
Risk of bleeding. Timing between agents is critical. See literature
[Details](#)
  

dabigatran etexilate capsule 110 mg
 Hospital medication. **New.**
[Remove](#)

enoxaparin (CLEXANE) pre-filled syringe 40 mg
 Hospital medication. Active. Verified.
[Discontinue](#)

*exception LMWH with warfarin when INR is sub-therapeutic



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Anticoagulant learning

- Alert fatigue can reduce staff sensitivity to warnings in Encompass
- **Always check the appropriateness of anticoagulant alerts**
- The effectiveness of warnings in Encompass will be reviewed during the optimisation phase.
- This is particularly important when a patient moves between care settings



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Overview of medication

- Always review the patient's medication before prescribing an anticoagulant
- There are multiple ways to do this in Encompass

Click Orders tab and sort the list of medicines by pharmaceutical class

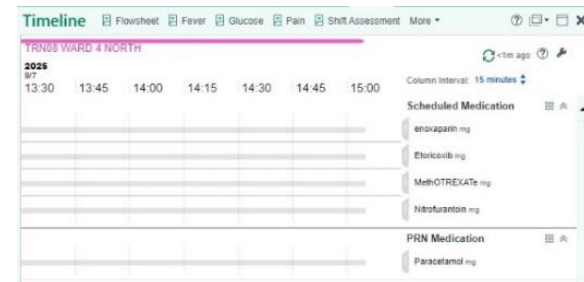


Click Summary tab and select Meds History (similar view under the MAR report)

The screenshot shows the 'Summary' tab in the Encompass interface. The 'Meds History' sub-tab is selected. The table displays scheduled medications for a patient named ANTWERP, Cecile-PRE, sorted by name.

Medication	30/06	01/07
amoxicillin capsule 1,000 mg Dose: 1 g Freq: 3 times daily Route: PO Start: 09/07/25 14:00 End: 14/07/25 13:59 Order specific questions		
apixaban tablet 5 mg Dose: 5 mg Freq: 2 times daily Route: PO Start: 09/07/25 12:00		

Click "Timeline" tab and select all medications



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Opioid Toxicity

Patient attended ED following a fall. History of lung cancer and COPD.

Diagnosed with a fractured Neck of Femur for conservative management

Several stat doses of naloxone were administered and the patient was started then on a naloxone infusion.

Patient's condition improved however they did experience some opioid withdrawal symptoms

Patient struggling to mobilise and engage with the physio due to pain.

Decision made to switch to oral morphine to help with dose titration.

The patient was on a Fentanyl 37.5 microgram/hour patch preadmission. The total daily dose was used to convert the patch rather than the dose per hour

The patient was started on MST 90mg twice daily

The following day after the morning dose the patient was discovered to have opioid toxicity. Difficult to rouse, following asleep while speaking and had a respiratory rate of 6



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What can we learn from this?

- Medicines reconciliation important before converting
- Recommended resource NI Opioid Conversion guideline ([here](#))

Transdermal to Oral	
Fentanyl Patch e.g. Mezolar®, Durogesic® Replace patch every 3 days	
Fentanyl Patch (microgram/hr)	Equivalent 24 hourly Oral Morphine Dose (mg)
12	30-59
25	60-89
37	90-119
50	120-149



- Appropriate to convert from a patch to an oral formulation when rapid titration is required
- When you remove a patch some drug will be left under the skin (reduces by 50% \approx 24 hours)
- Reduce the dose by 25-50% when converting

Opioid Toxicity

- When switching between opioids closely monitor for pain and opioid toxicity afterwards.
- Patients should be educated about the signs and symptoms of opioid toxicity

Signs and Symptoms of Opioid toxicity	
Myoclonic jerks	Hallucinations
Confusion/agitation	Vivid dreams
Cognitive impairment	Respiratory depression

- Pinpoint pupils aren't always seen in patients with opioid tolerance



Insulin

Insulin is a common source of errors!

- Insulin not prescribed-don't just rely on ECR or EPIC for a medication history always use a second source
- Insulin prescribed at the wrong times e.g. mixed insulin late at night
- Delays in prescribing doses- especially evenings and weekends
- Using misleading abbreviations



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Insulin case

Kathleen, a 73 year old woman with type 2 diabetes, used Humulin R U-500 insulin, which is five times the strength of most insulins. Most people are prescribed Humulin R U-500 insulin from a pre-filled insulin pen device (KwikPen), which is designed to prevent dosing errors with high-strength insulin.

This medication is not licensed by the medication regulatory body for use in the UK and is imported from the USA. It is used when an individual needs a lot of insulin, as it allows the dose to be given in a smaller volume.

When Kathleen was staying in hospital for a reason unrelated to her diabetes, she was prescribed 48 units of 500 units/ml insulin. Nurses administered 48 units of insulin as measured with an insulin syringe, rather than via her insulin pen device. Insulin syringes are intended for use with standard insulin strength of 100 units/ml, meaning that when a syringe was used to withdraw the insulin dose from the pen device, this was five times the dose of insulin that Kathleen had been prescribed.

Kathleen received two recognised overdoses of insulin in this way while she was in hospital. On both occasions she became hypoglycaemic, received medical treatment and recovered.



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Insulin

Common insulin incidents continued:

- Using a needle and syringe to withdraw from an insulin pen or cartridge



- Lookalike packaging



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Insulin prescribing tips

ALWAYS prescribe by brand name

ALWAYS prescribe and administer regular doses of rapid or short acting insulins, or mixed insulins with meals

ALWAYS prescribe and administer long or intermediate acting insulins at the usual time for that patient
DO NOT omit

ALWAYS use an insulin syringe to measure insulin from a vial

NEVER use abbreviations e.g. 'U' or 'IU'

NEVER draw up insulin from a prefilled pen device or a cartridge



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Aminoglycosides – what is the risk?

- Aminoglycosides (e.g. **gentamicin**, amikacin and tobramycin) are a group of antibiotics which require therapeutic drug monitoring, often used to treat serious infections e.g. pyelonephritis, endocarditis and sepsis
- Gent: level to be taken 19-24hrs post 1st dose, 2nd dose should NOT be given until this level is reported!
- This ensures that the levels in the patient's system are therapeutic and not toxic
- Toxicity can lead to kidney damage and deafness



Prescribing Gentamicin

- In Encompass aminoglycosides (including gentamicin) are prescribed for 3 days at a time.
- Often patients will receive shorter courses than this so daily review is essential
- Ensure you use the correct order set in Encompass to assist with prescribing

Order and Order Set Search

GENTA		
Order Sets & Panels		
	Name	User Version Name
	adult gentamicin infusion (once daily dosing) and level panel	
	neonate gentamicin (extended interval dosing) and level panel	
	paediatric fluid restricted gentamicin injection (once daily dosing) and level p...	
	paediatric gentamicin infusion (once daily dosing) and level panel	
Medication		
	Name	Dose
	gentamicin 0.3% ear/eye drops	1 dro
	gentamicin 1.5% eye drops	1 dro
	gentamicin 5 mg/1mL INTRATHECAL injection	
	gentamicin 20 mg/2 mL injection for oral use	
	gentamicin 20 mg/2 mL oral liquid	
	gentamicin 40 mg/mL oral liquid	
	gentamicin 100 mg/5 mL oral liquid	



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- An alert fires to nursing staff to prompt a check that TDM has been carried out before administering a dose.
- Prescribers have an important role in supporting this.

Aminoglycoside Administrations (last 168 hours)
None

Gentamicin levels include labs without results
No lab values to display.

Dose Gentamicin: 5mg/kg (max 480mg)
Initial frequency: 24 hourly
Use Adjusted weight if actual body weight > 20% over ideal body weight

- Renal impairment – if CrCl < 30ml/min (or < 50ml/min for amikacin) or patient has a high risk of AKI (e.g. rising serum creatinine, reduced urine output) – refer to individual Trust guidance on Microguide®/Eolas®.
- Contra-indications – ascites, burns > 20%, myasthenia, dialysis (seek advice from renal unit), cystic fibrosis.
- For dosing advice for patients with infective endocarditis or in pregnancy – refer to individual Trust guidance on Microguide®/Eolas®.

Algorithm for monitoring and dose adjustment of aminoglycosides

```

graph TD
    A[Take level 10-24 hours after 1st dose  
Repeat level before giving 2nd dose] --> B{Is level below  
target range?  
Gentamicin / Tobramycin < 1 mg/L  
Amikacin < 5 mg/L}
    B -- Yes --> C[Continue with the same  
dose every 24hrs]
    B -- No --> D[Withhold dose & recheck level  
after a further 10-24hrs (10-  
48hrs post 1st dose)]
    C --> E[Repeat level every 8 days or  
sooner if renal function is  
impaired or deteriorates]
    D --> F{Is level below  
target range?  
Gentamicin / Tobramycin < 1 mg/L  
Amikacin < 5 mg/L}
    F -- Yes --> G[Continue with the same  
dose every 48hrs]
    F -- No --> H[Seek advice from your  
clinical pharmacist]
  
```

GENTAMICIN 5 mg/kg in 50 mL diluent solution Accept Cancel Link Order Remove

Order Instructions: Only use for ONCE daily dosing regimens. Dose using adjusted body weight if recorded weight is 20% greater than ideal body weight

Reference Links: BNF Medusa Eolas

Infection is: Possible Probable Finalised

Indication: Sepsis Syndromes Bacteraemia (unknown source) Respiratory Urinary Tract Infection Skin and Soft Tissue Gastrointestinal Head and Neck Bone and Joint Cardiovascular Central Nervous System Obstetrics Gynaecology Sexually Transmitted Infection Medical Prophylaxis Surgical Prophylaxis Decolonisation Other

Dose: 5 mg/kg 3 mg/kg 5 mg/kg

Weight Type: Recorded Weight Ideal Weight Adjusted Weight Dosing Weight Order-Specific Weight

Additional Details: Weight: Not recorded

Calculated dose: Error in calculating dose (Verify that an appropriate weight and/or height has been entered)

Route: Intravenous

Frequency: Every 24 hours ONCE ONLY Every 24 hrs

Starting: 20/8/2025 Today Tomorrow For 3 Doses Hours

First Dose: 15:45 Days

First Dose: Today 16:00 Final Dose: Fri 22/8 16:00

Number of doses: 1

High Priority (1)

This patient has received their first dose of gentamicin in the past 24 hours.

A level must be taken before the second dose.

- If a level has been taken and is less than 1 mg/L – give dose
- If a level has not been taken OR the level is greater or equal to 1, do NOT give dose and ask a prescriber/pharmacist to review

No Gent Level resulted in the previous 24 hours

1 Acknowledge Reason

Level less than 1mg/L - give Prescriber/pharmacist review, not given

Any Questions?

Thank- you



South Eastern Health
and Social Care Trust

