

What's New in the Patient Safety World

September 2018

ISMP Updates List of High-Alert Medications

ISMP (Institute for Safe Medication Practices) has long been the “go to” resource for information and tools regarding medication safety. One of ISMP’s most valuable medication safety tools is its [List of High-Alert Medications](#). ISMP recently updated that list, based upon review of errors submitted to the ISMP National Medication Errors Reporting Program (ISMP MERP), literature review, input from various safety experts, and responses to a survey of readers of ISMP newsletters.

Survey respondents most frequently identified the following medications: anticoagulants, insulin, neuromuscular blocking agents, chemotherapy, opioids, hypertonic sodium chloride injection (concentrations greater than 0.9%), adrenergic agonists, and other concentrated electrolytes.

See ISMP’s newsletter ([ISMP 2018](#)) detailing the responses to the survey and the deliberations that went into their update of the list. Several additions were made to the list:

- The antithrombotic category was expanded to incorporate the several new direct anticoagulants on the market.
- LORazepam was added as a moderate sedating agent and several minimal sedating agents were added to the list for children.

Other changes included:

- Narrowing of the hypoglycemic category to just sulfonurea hypoglycemics.
- Changing “IV promethazine” to “promethazine by injection”.
- IV radiocontrast media was removed from the list

Hospitals and ambulatory sites are required to have lists of high-alert medications (Joint Commission standard). The list of high-alert medications will vary from hospital to hospital, depending upon the pattern of medication use most prevalent at each hospital. For example, the list at a behavioral health facility will likely differ from that at a general hospital, and that at a pediatric hospital will likely be different from both.

Hospitals may well include some drugs not on ISMP’s list. While drugs on the list are usually those frequently prescribed at the hospital, we also caution hospitals to consider putting on the list drugs that may be dangerous and which their staff may be relatively unfamiliar with. For example, we recommend hospitals consider including desmopressin on their list. Particularly since this drug is being prescribed more and more for treatment of nocturia, patients are showing up in the hospital who have been on it at home. Staff are

frequently unfamiliar with it and the other medical conditions that led to the hospitalization may render the patient even more vulnerable to the unwanted side effects of desmopressin. We refer you to our Patient Safety Tips of the Week for March 18, 2008 “[Is Desmopressin on Your List of Hi Alert Medications?](#)” and October 25, 2016 “[Desmopressin Back in the Spotlight](#)” for details.

One surprising finding in the responses to ISMP’s recent survey was that, even though almost all hospitals had a high-alert drug list, only 64% reported that they utilized special precautions to minimize and prevent errors for all of the high-alert medications on their list. The whole point of such a list is not only to alert all staff to the dangers but also to provide guidance about precautions to minimize risk of these agents.

References:

ISMP (Institute for Safe Medication Practices). High-Alert Medication Survey Results Lead to Several Changes for 2018. ISMP Medication Safety Alert! Acute Care Edition 2018; 23(17): August 23, 2018
<http://www.ismp.org/resources/high-alert-medication-survey-results-lead-several-changes-2018>

ISMP (Institute for Safe Medication Practices). High-Alert Medications in Acute Care Settings. August 23, 2018
<http://www.ismp.org/recommendations/high-alert-medications-acute-list>

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