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MEDICATION SAFETY WATCH

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Health literacy and medication safety

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

An example of how information can easily be misunderstood is the wording on one patient's label for allopurinol tablets: "Take once pain free. Take two tablets a day." The patient said that they did not take the medicine because they had not been pain free as they had general muscle pain caused by their manual work. They did have recurring acute attacks of gout.

Health professionals are one of the main providers of information to patients and consumers about medicines, so it is vital they are aware of the current evidence base around how to deliver this information.

While there are tools that can assess health literacy skills, it is often best to apply the universal approach. Research shows us that even people with good health literacy skills have difficulty understanding health care information.

Tips for building health literacy skills regarding medicines

1. Find out what the patient already knows about their medicines because this will provide useful information about where to start the conversation.
2. Provide information in logical steps, taking into account what the patient already knows. This involves adjusting technical vocabulary to match patients' language and/or providing explanations for essential technical terms.
3. Check patient understanding using the teach-back method. This involves asking the right questions of the patient and their family/whanau to check that they understand you. Patient understanding is confirmed when they correctly explain what you have told them.
4. Reinforce critical information. Discuss written resources by stressing the critical information patients need to refer back to. This can be done by circling, underlining or highlighting the critical information.
5. Help patients anticipate appropriate next steps in the information process, eg, what side-effects may occur or when to renew prescriptions.
6. When reviewing medicines with patients, use the actual medicines they are taking (rather than a list of medicines).

5 MOMENTS FOR MEDICATION SAFETY

The 5 Moments for Medication Safety is a patient engagement tool developed to support implementation of the third WHO Global Patient Safety Challenge: Medication without Harm. Launched in March 2017 at the Global Ministerial Summit on Patient Safety in Bonn, Germany, the Challenge aims to reduce severe avoidable medication-related harm by 50% globally over 5 years.

The 5 Moments for Medication Safety patient engagement tool focuses on 5 key moments where action by the patient or caregiver can reduce the risk of harm associated with the use of medication/s. This tool aims to engage and empower patients to be involved in their own care. It should be used in collaboration with health professionals, but should always remain with the patients, their families or caregivers.

The 5 Moments for Medication Safety tool can be applied at different levels of care and in different settings and contexts. It can be used when patients:

- * visit a primary health care facility;
- * are referred to another health care facility or to another health care professional;
- * visit a pharmacy;
- * are admitted to a health care facility;
- * are transferred to another health care facility;
- * are discharged from a health care facility;
- * receive treatment and care at home or nursing home

5 Moments for Medication Safety



So what are the side effects expected for Covaxin & Covishield?

For Covishield, the fact sheet says some mild adverse events can happen following immunisation:

- Injection site tenderness, injection site pain, headache, fatigue, myalgia (muscle pain), discomfort, pyrexia (an abnormal elevation of body temperature), chills, and nausea.
- In such cases, a paracetamol can be given, the advisory adds.
- It also says “very rare events of demyelinating disorders” have been reported following vaccination with Covishield, “without the causal relationship establishment.” Demyelinating disorders refer to any condition that results in damage to the protective covering (myelin sheath) that surrounds nerve fibers in your brain, optic nerves and spinal cord, according to Mayo Clinic. They can result in neurological problems.

According to the Centre’s fact sheet, these are the common adverse events after administering Covaxin:

- Injection site pain, fatigue, fever, headache, body ache, nausea, abdominal pain, dizziness, sweating, cold and cough

COVAXIN

- Developed by: BHARAT BIOTECH
- Vaccine type: Inactivated
- Storage temperature: 2-8 degrees celsius
- Efficacy: N/A
- Doses: Two doses (0,14 Days)

COVISHIELD

- Developed by: SERUM INSTITUTE OF INDIA
- Vaccine type: Non replicating viral vector
- Storage temperature: 2-8 degrees celsius
- Efficacy: DCGI-70.42% overall
- Doses: Two doses (0,28 Days)

AEFI reported at SRH

A 24 years old female patient who received COVISHIELD Vaccine and experienced bruising over injection site 2 days after administration. No relevant past medical and medication history was included. Indication for Injection COVISHIELD was Immune prophylaxis against COVID-19 infection. Therapy began on 23/01/2021. Dosage regimen was 0.5 ml IM Stat. No any other concomitant medications were administered at the time of vaccination. The Patient had been experiencing bruising over injection site 2 days after administration of Injection COVISHIELD on 25/01/2021. The Patient recovered from this event. The reporter suspected that the adverse events were related to the suspected vaccine (As per WHO Causality Scale).



Do's and Don'ts of Documentation

Good documentation can help nurses defend themselves in a malpractice lawsuit, and keep them out of court in the first place.

Do's

- Before entering anything, ensure the correct chart is being used
- Ensure all documentation reflects the nursing process and the full extent of a nurse's professional capabilities
- Always use complete descriptions
- Chart the time medication was administered, the administration route, and the patient response
- Chart precautions or preventative measures used, such as bed rails
- Record any phone call to a physician, including the exact time, message, and response
- If a patient refuses to allow a treatment or take medication, document it and be sure to report to a manager and the patient's physician
- Always chart patient care at the time you provide it; it is too easy to forget details later on
- If something needs to be added to documentation, always chart that information with a notation that it is a late entry and include the time and date
- Always document often enough and with enough detail to tell the entire story

Don'ts

- Don't chart a symptom such as "c/o pain," without also charting how it was treated
- Never alter a patient's record - that is a criminal offense
- Don't use shorthand or abbreviations that aren't widely accepted
- Don't write imprecise descriptions, such as "bed soaked" or "a large amount"
- Don't chart excuses, such as "Medication not administered because it wasn't available"
- Never chart what someone else said, heard, felt, or experienced unless the information is critical. If absolutely needed, use quotations and properly attribute the remarks
- Never chart care ahead of time, as situations often change and charting care that has not been performed is considered fraud

COMMON DRUG-FOOD INTERACTION

DRUGS	FOOD	DRUG-FOOD INTERACTION
WARFARIN	High-protein diet	raise serum albumin levels, decrease in international normalized ratio (INR)
	Vegetables containing Vitamin K	Interferes with the effectiveness and safety of warfarin therapy
	Charbroiled	decrease warfarin activity
	Cooked onions	increase warfarin activity
	Cranberry juice	elevated INR without bleeding in elderly patient
	Leafy green vegetables	thromboembolic complications may develop
MONOAMNINE OXIDASES	Tyramine-containing food (figs, grapes, oranges, pineapples, plums, banana , papayas, passion fruit, dates and avocados)	hypertensive crisis
PROPRANOLOL	Rich protein food(egg, red meat)	serum level may be increased
CALCIUM CHANNEL BLOCKERS	Grape fruit juice	increases the bioavailability
ANTIBIOTICS	with milk products	That complex with some antibiotics and prevent their absorption. reduced bioavailability
THEOPHYLINE	High-fat meal and grape fruit juice	increase bioavailability
	Caffeine	increases the risk of drug toxicity
MERCAPTOPURINE	Cow's milk	reduce bioavailability
LEVOTHYROXINE	Grapefruit juice	delay the absorption
GLIMEPIRIDE	with breakfast	absolute bioavailability
TAMOXIFEN	Sesame seeds	negatively interferes with tamoxifen in inducing regression of established mcf-7 tumor size but beneficially interacts with tamoxifen on bone in ovariectomized athymic mice

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