

To Assess the knowledge regarding medication error of LASA (look alike, sound alike) medicine among staff nurses working in selected hospital of Indore city

Author 1: Ms.Dalee Sahu (M.Sc nursing previous year student B.H.C.O.N) INDORE (M.P.)

Author 2: Assist.Prof. Surbhi Mokhale (B.H.C.O.N) INDORE (M.P.)

ABSTRACT:

LASA medication error is more common in Hospital setting . It is often seen as a many emergency condition and busy schedule, but LASA Medicine important role in the Hospital setting and LASA Medication error is more common due to their same name and look. **Aim:** To Assess the knowledge regarding prevention of LASA(Look alike Sound alike) Medication error among staff nurses working in selected hospital of Indore. **Materials and methods:** A quantitative research approach, descriptive research design was adopted for the study. Total 30 sample obtain from Bombay hospital Indore, sample selected by using simple random technique. Instructional module will used to assess the level of knowledge. The data was analysed by using the descriptive and inferential statistic. **Major finding of the study:** It is found that among staff nurses. The present study shows that; the majority of staff nurses are having 6.67% moderate knowledge and 70% adequate knowledge and 23.33 Excellent knowledge. **at level of significance at 5%** of P-value. So it calculated that alternative hypothesis H_{A1} was accepted and null hypothesis H_0 was rejected. Hence the research hypothesis H_{A1} is accepted .

Keywords: Assess, Knowledge ,Staff Nurses, Prevention of LASA Medication Error.

INTRODUCTION: Look alike sound alike drugs are the health products which refer to names of different health products that have orthographic similarities or similar phonetics(similar when written or spoken) for example dopamine and dobutamine. These similarities may pose a risk to health by contributing to medication error in prescribing, documenting, dispensing or administering a product. These medication errors may be more likely to occur because of contributing factor such as identical doses, dosage form, or routes of administration, similar packaging or labeling, incomplete knowledge of drug names, even lack of appropriate knowledge base. LASA drugs are thought to account for 25% of all the medication error.

BACKGROUND:

Over the recent years, there has been growing concern about LASA Medication error. **The World Health Organization (WHO)** has estimated that LASA Medication error will be one of the leading causes of Medication error occur in nearly 1 of every 5 doses given to patients in the

typical hospital. Medication error pose a risk to health by adding morbidity and mortality. Medication error accounts for between 44,000 to 98,000 deaths in united states each year. Medication errors are the 8th leading cause of death in united states, occur at a rate greater than motor vehicle accidents, breast cancer or Aids. Over 770,000 patients are injured because of medication error every year, and accounts for at least 7,000 deaths in the united states.

OBJECTIVES:

- To assess the knowledge regarding prevention of LASA (look alike, sound alike) medication error among staff nurses working in selected hospital of Indore .
- To find out the association of score knowledge prevention of LASA(look alike, sound alike) medication error with their selected socio demographic variables among staff nurses working in selected hospital of Indore .

HYPOTHESIS AT $p < 0.05$ LEVEL OF SIGNIFICANCE

H₀- There is no significant association of knowledge level among staff nurses with their selected socio demographic variables.

H_{A1}- There will be a significant association of knowledge level among staff nurses with their selected socio demographic variables.

METHODOLOGY:

In this study evaluative approach was used. The study is conducted in selected area of Bombay Hospital . The sample consisted of 30 staff nurses selected through Non probability convenient random sampling method. The researcher designed a tool consisting of sample demographic variables and Questioner data was collected.

RESULTS:

SECTION 1:

The age wise distribution of staff nurses is shown in above mentioned table 21(70%) were in age group 21-25years and 7(23.33%) were in the age group of 26-30 years and 2(6.66%) were in age group of >36years. The above table shows the Marital status wise distribution of staff nurses. The were mentioned table 8(23.33%) were in get married and 22(73.33%) were in Unmarried Nursing staff. The above table shows the professional qualification wise distribution of staff nurses. The were 8(23.33%) GNM staffs and 3(10%) BSc Nursing staffs and 18(60%) Post BSc Nursing staffs and 1 (3.33%) were MSc Nursing staffs. The above table shows the work experience wise distribution of nursing staffs. There were 12(40%) staffs with 1 year of work experience and 6(20%) staffs with 2 years of work experience and 6(20%) with 3 years of work experience and 6(20%) with ≥ 4 years of work experience. The above table shows the previous work experience from NABH Hospitals of nursing staffs. The staff nurses who have previous work experience from NABH Hospitals were 19(63.9%) staff with 1 year of work experience in NABH Hospitals and 6(20%) staffs with 2 years of work experience in NABH Hospitals and 3(10%) with 3 years of work experience in NABH Hospitals and 2(6.66%) with ≥ 4 years of work experience in NABH Hospitals.

SECTION 2: Findings related to level of knowledge among Staff Nurses:

The data shows that, The overall mean of knowledge score is 8.5 and standard deviation is 4.88. The knowledge score between 1-5 is 6.67% (n=2) category with comes under the poor knowledge of staff nurse and the knowledge score between 6-10 is 70% (n=21) category with comes under the average knowledge of staff

nurse and the knowledge score between 11-15 is 23.33%) (n=7) category with comes under the good knowledge of staff nurses.

SECTION 3: Association level of knowledge among Staff Nurses with selected demographic variables:

Association between the level of knowledge scores regarding medication error of LASA (look alike, sound alike) medicine among staff nurses working in selected hospital of Indore city

The above table shows that there are total 5 demographic variables i.e. age, marital status, Education, Experience, Previous NABH Experience, at level of significance at 5% of P-value. so

it calculated that alternative hypothesis H_{A1} was accepted and null hypothesis H_0 was rejected.

Hence the research hypothesis H_{A1} is accepted.

DISCUSSION:

The results of this study indicated that There will be significant association of knowledge level among Staff nurses with their selected socio demographic variables is accepted under age, marital status, Education, Experience, previous NABH Experience.

NURSING IMPLICATIONS:

The findings of the study have implications in various field of nursing, These are:

NURSING EDUCATION:

The curriculum of basic nursing should include lessons on consequences of Knowledge regarding prevention of LASA medication error among nurses should be given adequate exposure and training regarding Prevention of LASA Medication error. The nurse educators should supervise and guide the staff nurses to reduce LASA medication error. The Staff nurses need to be taught evidence based practices and keep their knowledge up-to-date. Nurse educators can periodically organize special training

programmes to the staff nurses in order to educate the patients.

NURSING PRACTICE:

The nurses should be periodically evaluated to assess knowledge level and practice regarding Prevention of LASA medication error. In-service education has to be planned according to the needs of the nurses in managing and prevent LASA Medication error by non-pharmacological methods. Different types of in-service educational programme and orientation courses have to be conducted for the staff nurses from time to time.

NURSING ADMINISTRATION:

The nurse administrator can organize and conduct in-service education and continuous nurse education programmes for nurses in order to Prevent LASA Medication error. • Nurses need to be trained in LASA Medication which helps them to impart the technique under the guidance of nurse.

NURSING RESEARCH:

Nurse researcher should conduct researches on ways to improve knowledge among staff nurses. This will provide scientific data and adds more scientific knowledge to nursing profession. The nurse researcher should conduct workshops, seminars, and poster sessions and should publish research findings in journals to communicate findings to nursing professionals.

LIMITATION:

Generation is not possible due to the limited sample and setting is selected Hospital of Indore city.

RECOMMENDATION:

- The study can be replicated in different setting with large subjects.

- A similar study can be conducted on different nursing staff to assess level of knowledge toward prevention of LASA medication error.
- Nursing staff need health education related medication error, technique for reduce LASA Medication error.

REFERENCES:

1. Brunner and Suddarth. Medical surgical nursing. 11th ed. Vol 1. Wolters kluwer publications: p.5.
2. Barbara Kozier, Glenova Erb, Audrey Berman, Shrilee Snyder. Fundamentals of nursing. 7th ed. Pearson education publications: p.852.
3. Bundy D G, Shore A D, Morlock L L, Miller M R. Paediatric vaccination errors application of the 5 rights framework. Journal of vaccine. 2009 June: 3890-6.
4. Denise F Polit, Choryl Tenato Beck. Nursing research principles and methods. 7th ed. Lippincott Williams and Wilkins. 2004: 88-111.
5. Gabriele S. The role of typography in differentiating look alike sound alike drug names. Journal of health quality. 2006 Oct; 88-95.
6. James K L, Barlow D, McCartney R, Hiom S, Roberts S, Whittlesea C. Incidence type and causes of dispensing errors-a review of literature. International journal of pharmacy practice. 2009 Feb; 9-30.
7. Jones T H, Triber L. When the five rights go wrong medication errors from the nursing perspective. Journal of nursing care quality. 2010 July: 28-33.
8. Lara Alspaugh. Medication errors precipitated by sound alike look alike drugs. Journal of health careers. 2008; May: 30-33.