

藥物處理-減少人為失誤

EXIT 出口




嚴禁吸煙
NO SMOKING
防火門
應常關
FIRE DOOR TO
BE KEPT CLOSED

拉

甘迅駒(營運經理)

執行措施

硬件

 藥房設計

 處理藥物流程

 標籤

 指引

軟件

 培訓

 評核

 巡查

 監察

 支援

 呈報

藥物處理流程

- ✓ 專責護士處理藥物
- ✓ 獨立執行備藥、核藥及派藥程序
- ✓ 備24小時藥物
- ✓ 即時簽署
- ✓ 必須由2位護士處理返回藥物
- ✓ 定時處理過期或剩餘藥物
- ✓ 足夠時間編製及覆校新藥物記錄表



藥房

✕ 設計

+ 獨立房間

+ 光線充足

+ 清靜環境



標籤

- ✖ 獨立藥杯/杯蓋
- ✖ 不同時段藥托
- ✖ 特別藥物處理標籤
 - + Digoxin(AR)
 - + 危險藥物DDA
 - + 不常規服藥時間
 - + 碎藥



藥物管理指引

- ✖ 適當位置
- ✖ 容易參閱
- ✖ 簡單、吸引
- ✖ 耳濡目染
- ✖ 更新



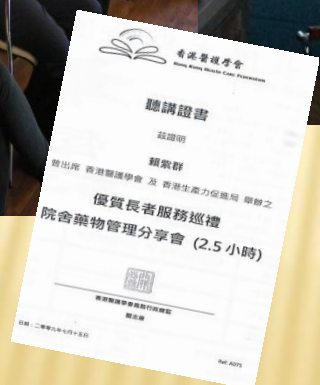
藥物管理指引



內容包括：

- 儲藥
- 備藥
- 派藥
- 餵藥
- 其他藥物
- 藥物事故處理
- 特別藥物處理
- 過期及剩餘藥物棄置
- 總覆核藥物

所有相關員工，必須定時參閱及簽署。



- ✖ 員工
- ✖ 內部
- ✖ 外部
- ✖ 院友/家屬
- + 院內講者
- + 外來講者



計別用油珍新

[illegible]

會 議 中 分 享



藥物處理考核

- ✕ 員工週年考核
 - + 每年
 - + 經理/護理主任
- ✕ 藥物安全審核
 - + 每季
 - + 經理/護理主任
- ✕ 總藥物記錄巡查
 - + 每月
 - + 樓層護士主管



藥物處理考核

考核表



考核準備及派發藥物

職員姓名(被核人) : [Redacted] 考核員姓名: Samuel P.K. KAM
 職位 : RN 職位 : OM
 評核日期 : 7.3.2012 第 1 次考核

| 項目 | 程序 | 考核結果 | 備註 |
|-------------|-------------------|------|----------|
| 執藥程序 | | | |
| 1. | 所需物品清潔 | ✓ | |
| 2. | 備藥前洗手 | ✓ | |
| 3. | 核對藥紙及藥袋標籤資料正確(5點) | | |
| a) | 院友姓名 | ✓ | |
| b) | 藥物名稱 | ✓ | |
| c) | 藥物劑量 | ✓ | |
| d) | 服藥時間 | ✓ | |
| e) | 服藥途徑 | ✓ | |
| 4. | 執行3核 | | |
| a) | 第1核:從藥櫃/藥盒取出藥物 | ✓ | |
| b) | 第2核:由藥瓶/藥袋取出藥物 | ✓ | 提醒同事三核程序 |
| c) | 第3核:將藥物放回藥櫃/藥盒 | ✓ | |
| 5. | 正確藥物放入個別院友的獨立盛器中 | ✓ | |
| 6. | 在藥紙適當位置上簽名 | ✓ | |
| 7. | 正確將藥盒放回藥櫃位置 | ✓ | |
| 8. | 藥櫃上鎖 | ✓ | |
| 核藥程序 | | | |
| 9. | 核藥前洗手 | ✓ | |
| 10. | 核對藥紙與已經執好的藥物 | ✓ | |
| 11. | 確實無誤後,在適當位置上簽名 | ✓ | |

Audit report on Administration of Medicine

23.02.2012 – 09.03.2012

part: 9 RN & 1 EN

s: 10 passed

ents:

checks & 5 rights rule was reinforced. Some staffs were confused with the sequences of 3 checks and supervisions were given.

w staffs were reminded to use spoon for handling drugs at all time.

staff were reminded to check the drugs, drug sheets and updated labels on the g bags during both preparation and checking of drugs.

ter should be given to residents for taking medication

staffs were reminded not to leave drugs with residents and ensure the residents allowed the drugs immediately.

residents were asked for names or checked with labels before drugs were en.

used drugs must be removed from drug cabinets for discard.

drug labels must be kept intact.

me and room number must be changed immediate after resident left our home :changed to another room or floor.

adit: February 2013

r: [Signature]
 (Samuel S.K. KAM)
 Operations Manager
 9 March 2012

.OM\Audit\Nursing\Reports\2012\Administration of Medicine.doc

藥物安全審核表



藥物安全審核表

1. 觀察儲存藥物的環境及情況

| | 是 | 否 | | | | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|----------|-------------------------------------|--------------------------|----------|-------------------------------------|--------------------------|-------|-------------------------------------|--------------------------|--|--|
| (a) 藥櫃放置在沒有陽光直接照射的地方。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (b) 放置藥櫃的環境乾燥及陰涼，適宜存放藥物。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (c) 藥櫃只用作儲存院友的藥物。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (d) 藥櫃已穩固地放置在安全的地方。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (e) 藥櫃有上鎖，鎖匙由樓層護士保管。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (f) 儲藥抽屜或儲藥格上，有清楚列明院友姓名等資料。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (g) 儲藥抽屜或儲藥格之間沒有中空。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (h) 儲藥抽屜有足夠空間儲存個別院友的藥物。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (i) 口服藥與其他不同藥物製劑，已分開存放： <table border="0"> <tbody> <tr> <td>i 外用(藥膏、眼水及塞藥)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ii 噴霧吸入劑</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iii 注射藥物</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iv 中藥</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | i 外用(藥膏、眼水及塞藥) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ii 噴霧吸入劑 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | iii 注射藥物 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | iv 中藥 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| i 外用(藥膏、眼水及塞藥) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| ii 噴霧吸入劑 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| iii 注射藥物 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| iv 中藥 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (j) 每位院友的藥物(包括「需要時」使用的藥物)已有妥善安排，以獨立儲存在藥櫃內的固定儲藥格內。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (k) 儲存格內的各種藥物，以獨立原裝藥瓶或藥袋存放。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (l) 儲存格內盛載的藥物器具，每瓶、每盒或每袋藥物上有明確標籤。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (m) 儲存藥物的雪櫃之溫度保持攝氏2-8度及有記錄 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (n) 儲存藥物的雪櫃，沒有存放食物或其他物品 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (o) 儲存藥物的雪櫃已上鎖。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (p) 個別院友已停止使用的藥物，已從有關院友的儲藥抽屜移走。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| (q) 需要棄置的藥物有分開存放等候處理。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
2. 觀察備藥環境

| | 是 | 否 |
|--------------------------|-------------------------------------|--------------------------|
| (a) 燈光照明適中。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) 備藥環境安靜，不受騷擾。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) 桌面清潔整齊，有足夠的空間擺放所需用品。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) 工作檯面高度適中或有輔助工具。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

內容包括：

1. 儲存環境及情況
2. 備藥環境及用具
3. 藥物記錄
4. 備藥程序
5. 核藥程序
6. 派藥程序
7. 餵藥程序
8. 總覆核藥物
9. 風險管理報告

9. 總覆核藥物

| | 是 | 否 |
|-----------------------------|-------------------------------------|--------------------------|
| (a) 定期进行總覆核藥物。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) 總覆核藥物由院舍的護士執行。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) 清楚記錄總覆核藥物的結果及跟進工作，並有存檔。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
10. 藥物風險管理報告

| | 是 | 否 |
|---|-------------------------------------|--------------------------|
| (a) 院舍出現藥物損失或事故後，主管及時作出調查及跟進，並填寫「藥物錯誤事件記錄表」。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) 當藥物事故引致院友入住醫院接受治療，須使用「特別事故報告」連同「藥物錯誤事件記錄表」向社會福利署安老院牌照事務處及衛生署盡快作出匯報。 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

備註：

審核員姓名：James S. K. Ka 審核員簽署：[Signature]
 審核員職位：Operation Manager 審核日期：18.8.2012

總藥物記錄巡查表

2012 年 總核藥記錄 6/6

N-B 11.1

| 月份 | 總核藥日期 | (甲部) 院友藥物 (儲存在藥櫃內) 的資料 | | | (乙部) 「安老院舍備藥及派藥記錄」的資料 | | | 【註三】 備註 | 跟進行動 |
|----|---------|-------------------------|------------------|----|-------------------------|------------------|----|----------------|------|
| | | 與 院友的「藥物記錄」資料是否一致？ | | | 與 院友的「藥物記錄」資料是否一致？ | | | | |
| | | 【註二】 (是/否) 請圈合適答案 | 負責核對藥物的員工 | | 【註二】 (是/否) 請圈合適答案 | 負責核對記錄的員工 | | | |
| | | | 姓名 | 簽署 | | 姓名 | 簽署 | | |
| 1 | 31/1/12 | (是/否) | Samuel S. K. Kam | | (是/否) | Samuel S. K. Kam | | | |
| 2 | 1/2/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 3 | 5/2/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 4 | 25/4/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 5 | 14/5/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 6 | 11/6/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 7 | 21/7/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 8 | 1/8/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 9 | 5/9/12 | (是/否) | FUNG Miu NOR | | (是/否) | FUNG Miu NOR | | | |
| 10 | | (是/否) | | | (是/否) | | | | |
| 11 | | (是/否) | | | (是/否) | | | | |
| 12 | | (是/否) | | | (是/否) | | | | |

【註一】根據藥物標籤及儲存在藥櫃內的數量

【註一】根據藥物標籤及儲存在藥櫃內的數量

【註二】在覆核過程中，只要任何一位院友的藥物資料被發現有不一致的情況或疑問時都須圈「否」

【註三】可填上相關的資料，例如被發現有藥物資料不一致的院友名稱或床號

監察

- ✧ 恆常巡視
- ✧ 同事間提示及監察
- ✧ 即場督導、個別輔導
- ✧ 特別個案分享
 - ✧ 交更
 - ✧ 護士會議
 - ✧ 個案會議
- ✧ 支援
 - ✧ 參考書籍及更新資訊
 - ✧ 合約西醫及中醫
 - ✧ 合約藥劑師
 - ✧ CGAT/PGT醫生



藥物事故報告

院舍記錄表

| GRACE Sharing Home 公恩護理院 (總局) Tai Tin | | 藥物錯誤記錄表 Medication error and Incident Report N-B2.1 | |
|--|--------------------------|---|-------|
| 姓名: | 性別: | 出生日期: 年 月 日 | 院舍編號: |
| 意外發生日期: | 發生時間: | 發生地點: | |
| 當值時發生錯誤: | | | |
| 院友姓名 | <input type="checkbox"/> | | |
| 藥物 | <input type="checkbox"/> | | |
| 劑量 | <input type="checkbox"/> | | |
| 時間 | <input type="checkbox"/> | | |
| 對院友影響處理方法: | | | |
| | | | |
| 院友反應 | | | |
| | | | |
| | | | |
| 疏失時發生錯誤: | | | |
| 院友姓名 | <input type="checkbox"/> | | |
| 藥物 | <input type="checkbox"/> | | |
| 劑量 | <input type="checkbox"/> | | |
| 時間 | <input type="checkbox"/> | | |
| 對院友影響處理方法: | | | |
| | | | |
| 院友反應 | | | |
| | | | |
| | | | |
| 處理事件職員簽署: | 職位: | 日期: | |

F001-01-03 (A12, S11)

嚴重藥物事故包括：

需入醫院檢查或治療個案，除院舍記錄外，必須在七天內向社署牌照處提交報告，以作出跟進改善及預防。

如屬護養院，更須同時呈報衛生署作跟進。

特別事故報告(社署)

| 特別事故報告 | |
|--|--|
| 事發日期: | 17.04.2011 |
| 事發時間: | 3:30am |
| 1 發生事故者長者住客的資料: | |
| 姓名: | Mr. [REDACTED] |
| 年齡: | 86 |
| 性別: | M |
| 病歷: | Gout, DM, BPH, Cataract, COAD, Gastric ulcer |
| 2 特別事故的詳情: | |
| <p>The client was discharged from UCH on 10.04.2011 and home leave till 11.04.2011 08:30. He had brought back 3 new drugs and the discharge summary (patient copy). The old drugs were kept in client's medication cabinet. The nurse in-charge [REDACTED] took out the old drugs together with the new ones and checked against the discharge summary. There were total 5 old oral drugs, 3 puffs and 3 new drugs prescribed. The DM drug - Glucoside was not on the list. However, [REDACTED] overlooked the prescription and did not cease the drug. She did not follow our home's usual practice to ask other nurse to counter check the prescriptions but only asked the day nurse [REDACTED] to check and enter the new drugs only. The Glucoside had been given twice daily according to the old prescription. On 17.04.2011 03:30, the client complained dizziness and sat on ground. He was examined by nurse and found no substantiated injury. He was conscious and orientated. Vital signs were taken: BP118/70mmHg, P120/min, R/R24/min, T/36.2/100°F. He was then sent and admitted to UCH for further treatment.</p> | |
| 3 院方已作出的即時及／或跟進行動: | |
| <p>Immediate actions: The client was examined by nurse in-charge. He was sent and admitted to UCH. The fault was reported by Doctor of UCH to our Home of 7 drug induced hyponatraemia via phone on 18.04.2011. As informed by the Doctor, the general condition of the client was stable after admission. Immediate investigation was done. The respective nurse was interviewed by Operations Manager and supervision was given on 18.04.2011 (pm). She was asked to submit a written Medication error and incident report. Since we were told by the Doctor that the client's condition was stable during hospitalization and not possible to have serious complication, we intended to contact the relatives after the confirmed diagnosis. The client was discharged on 20.04.2011 at 18:00 without accompanied by relatives. He was conscious and orientated. His general condition and vital signs were stable. The diagnosis on admission were Colchicine induced diarrhoea and Hypoglycaemia. His daughter and daughter-in-law visited the client at 23:00 on 20.04.2011 without any complaint raised. Since it was middle of the night, the nurse in-charge did not interview with the relatives but had reassured the client that the DM drug was stopped.</p> <p>Follow-up actions: We shall invite the relatives for interview in due course for understanding. The following actions are reinforced -</p> <ul style="list-style-type: none">Reinforce nurses on the medication safety and 3 checks 5 rights rule.Remind nurses to observe and strictly follow the guidelines on Administration of Medication (AOM). All checkings must be done by 2 nurses at all times.Carry out annual audit on AOM as scheduled (completed in March 2011).Carry out Medication Safety inspection round 3 monthly by Operations Manager and Nursing Officer (Feb., May, Aug., Nov.)Educate the client on the possible drug effects & side-effects. Observe and report to the nurses in case of discomfort. | |


員工督導及跟進

✘ 即時督導

✘ 了解原因

✘ 改善措施

✘ 跟進行動

 **GRACE** Nursing Home
頌恩護理院
和富社會企業聯營機構
A Member of Wofoo Social Enterprises

員工督導記錄
Staff Supervision Record
標準5.3.2
指引C10.1

員工姓名 Name of Staff : [REDACTED] 職位 Position : RN

| 日期 Date | 內容 Content |
|------------|---|
| 18/04/2011 | <u>是次督導原因：</u> |
| 15:00 | Failed to check and stop the client [REDACTED] DM drug who had been discharged from UCH on 11.04.2011. The client substained hypoglycaemia and colchicine induced diarrhoea resulting fall on 17.04.2011 at 03:30. |
| | <u>督導內容：</u> |
| | The client [REDACTED] was discharged from UCH on 10.04.2011 and direct home leave till 11.04.2011. He came back Home with discharge summary (patient copy) and 3 new drugs. According to the summary, gliclazide was stopped because of low blood glucose level. However, [REDACTED] had overlooked the prescription and did not delete the drug from the drugs sheet. She had failed to follow Home's guidelines but to ask [REDACTED] to help to check and enter the new drugs only. Thus, the client was given gliclazide twice daily according to the old prescription till 17.04.2011 before the client was admitted to UCH. We were told by the Doctor of the medication error. LORCHE was informed. (The client was discharged on 20.04.2011 without any serious adverse effect. |
| | <u>總結或跟進行動：</u> |
| | 1. [REDACTED] was instructed to complete the Medication Error and Inciden Report. |
| | 2. Reminded [REDACTED] and all other nurses to observe and follow strictly to our Home's guidelines on Administration of Medication to double check with another nurse on every prescription including discharge summary. |
| | 3. [REDACTED] would be sent to attend the medication workshop held by SWD on 28.04.2011. |
| | 4. Educated the client on possible drug effects and side-effects. Observe and report to the nurses in case of discomfort after discharge. |
| | 5. Discussed with client's daughter for understanding by Nursing Officer. |
| | 6. Regular monitoring would be taken by O.M. and reviewed 2 months later. |
| | 7. In case there was no improvement, further action might be taken deem necessary. |

為節省能源 使用完畢後請
順手關掉。
多謝合作。

頌恩護理院 Grace Nursing Home

4樓

復康坊

- 診所 / 護理室
- 治療室
- 廚房及洗衣房
- 文娛廳
- 感觀治療室

行政坊

- 會議室
- 辦事處
- 職員宿舍
- 多用途廳

5樓

翠林坊

- 護士站
- 長者宿舍 (Room No 502A-528A)
- 飯廳
- 花園
- 按摩浴室

兒樂坊

- 兒童遊樂角
- 護士站
- 長者宿舍 (Room No 506B-520B)

6樓

休閒坊

- 護士站
- 長者宿舍 (Room No 602A-631A)
- 飯廳
- 活動室
- 按摩浴室

資訊坊

- 電腦坊
- 護士站
- 長者宿舍 (Room No 606B-620B)



GRACE 頌恩護理院
訪客進入或離開院舍時，
← 請使用消毒噴瓶，謝謝！

謝謝！