

A study to assess the knowledge regarding medication errors among nursing students in selected colleges of the city in view to prepare information booklet

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Introduction:

The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) has defined medication errors as, “Any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer.” American Society of Hospital Pharmacists guidelines for MEs stated that incidence of MEs is not exactly known because of variations in different definitions of ME, different methods, or subject populations. In India, studies done in Uttarakhand and Karnataka have documented ME rate to be as high as 25.7% and 15.34%, respectively, in hospitalized patients. Unfortunately, most of the MEs remain undetected, if clinical significance or outcome does not adversely affect the patient. While some of the MEs also result into serious morbidity or mortality and have a significant economic impact on the patient and health care system. The Institute of Medicine estimated costs due to medical errors in the US of was approximately \$37.6 billion/year. About \$17 billion of it are associated with preventable error. Overall, MEs increase morbidity, mortality, and economic burden to health care system.

Drug-drug interactions (DDIs) are defined as combining two or more drugs in such a way that the potency or efficiency of one drug is significantly modified by the presence of another. DDIs account 6–30% of all adverse drug events and can increase occurrences of ME. Furthermore, self-medication, poor communications between the prescriber and the patient, and even demand of the patient for medicine for each symptom, unethical drug promotion and inducements increases irrational prescribing. This increase the number of drugs per prescription which may lead to ME and DDIs. Hence, monitoring of DDIs and rationality plus ME would be an essential element of high quality of medical care. The data about these are lacking in our hospital, hence the present study was carried out with the objectives to determine demography about MEs, DDIs, and rationality of prescriptions.

Objective:

- To assess the knowledge regarding medication errors among nursing students in a selected college of the city.
- To find association between demographic data and knowledge regarding medication errors among nursing students in a selected college of the city.
- To prepare information booklet regarding medication Error.

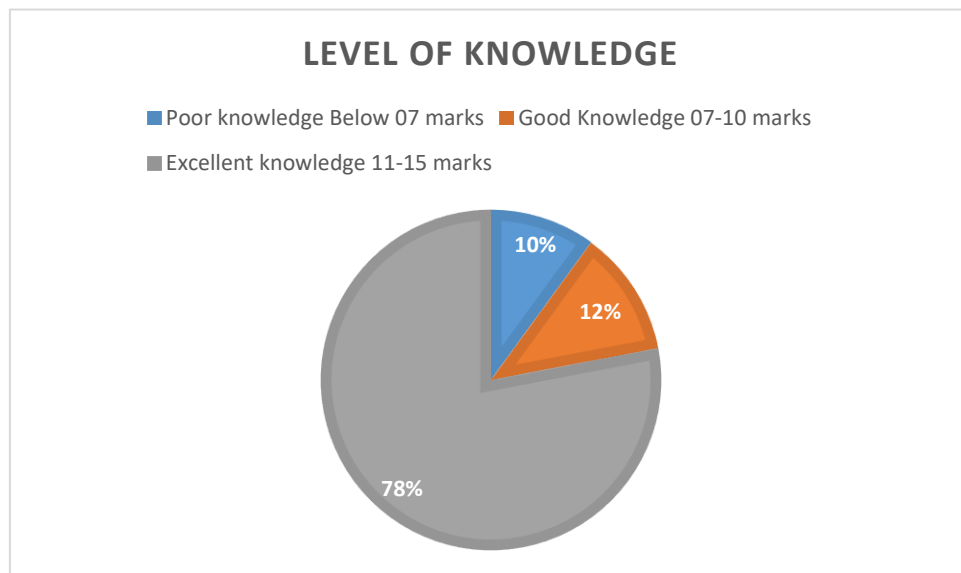
MATERIALS AND METHODS

In this study a quantitative study approach and descriptive design was used. The study was carried out in selected colleges of the city. The sample size was 100 and sample was selected by purposive sampling technique. The self-administered questionnaire was used to collect data. Data analysed by descriptive and inferential statistics.

Table:1 Classification of respondents based on level of Knowledge.

(n=100)

Level of Knowledge	category	Number	Percentage
Poor knowledge	Below 07 marks	10	10%
Good Knowledge	07-10 marks	12	12%
Excellent knowledge	11-15 marks	78	78%



Percentage Distribution of Respondent based on level of knowledge.

Result:

The result of study shows that out of 100 nursing students ,78 students had good knowledge and 12 students had excellent knowledge and the rest 10 students are having poor knowledge.

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