

PART 5: APPENDICES

APPENDIX I: ADVERSE DRUG EVENTS (ADE) TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new interventions to prevent ADEs in your facility

Reference: www.hret-hiin.org

2017 Adverse Drug Events (ADE) Top Ten Checklist

1. Standardize concentrations and minimize dosing options where feasible.
2. Set dosing limits for insulin and opioids.
3. Set target glucose levels at 140-180 mg/dL in the hospitalized patient.
4. Eliminate "sliding scale" insulin as the sole method of glycemic management. Manage all patients with basal+bolus+correction if eating, and basal+bolus if not.
5. Seek new insulin orders for any patient with a single episode of inpatient hypoglycemia (less than 70 mg/dL).
6. Coordinate meal and insulin times.
7. Implement pharmacist-driven warfarin management.
8. Use standard opioid equi-analgesic conversion tables.
9. Use standard order sets to avoid multiple concurrent prescriptions of opioids and sedatives.
10. Use effective tools to reduce over-sedation from opioids (e.g., risk assessment tools such as "STOP BANG" and sedation assessment tools such as the Richmond Agitation Sedation Scale or the Pasero Opioid-Induced Sedation Scale).