Prescribing Errors in Antineoplastic Prescriptions

**Purpose**
To evaluate the prescribing errors in antineoplastic orders detected during oncology pharmacist validation.

**Materials and Methods**
We conducted a two-year prospective study (2010–2011) in which all prescriptions containing antineoplastic agents were reviewed for errors and all were accounted for in the analysis. Adjuvant medicines were excluded. One oncology pharmacist and one second-year pharmacy resident were needed for this work. Prescriptions included: standardised chemotherapy order forms (SCOFs), individually typed and handwritten prescriptions. The primary outcome was the number of prescribing errors detected. The error rate was calculated by the ratio of the total number of prescription errors to the volume of prescriptions. Prescribing errors were then classified as follows: dose changed, antineoplastic error, dose reduction error, dose calculation error, dose omission, scheme changed, acronym changed, wrong patient identification, failure of therapeutic programme, antineoplastic omission and addition.

**Results**
The number of prescribing errors detected was 80. The error rate was 9.55% (for a total of 14,600 prescriptions). Principal types of errors detected were: dose changed (1%), antineoplastic error (5%), dose reduction error (14%), dose calculation error (32%), dose omission (12%), scheme changed (12%), acronym changed (1%), wrong patient identification (1%), failure of therapeutic programme (16%), antineoplastic omission (5%) and addition (1%). None of the errors reached the patient.

**Conclusions**
Our study points to the fact that, although chemotherapy prescribing errors are intercepted during pharmacist validation and do not reach the patient, there are still some problems in the chemotherapy ordering process and we should target preventive measures in order to improve patient safety.

No conflict of interest.

Prescription of Bisphosphonates in Chronically Institutionalised Patients

**Purpose**
To assess the intervention on bisphosphonates prescribing of institutionalised geriatric residential centres, by the Prescription Quality Unit (PQU).

**Materials and Methods**
The PQU checks that bisphosphonate treatment is based on patient age, duration of treatment, fracture, concomitant medicines and bisphosphonate prescribed. The PQU reviews the patients’ medicines plans. The results of the review are communicated to the respective physicians, who analyse and discuss the medicines plans on the PQU report. The PQU performs regular clinical sessions and provides the doctors with drug data information (alerts, newsletters, surveys) involved in prescription reviews.

**Results**
Interventions in bisphosphonates prescriptions from June 2011 to June 2012:

- 383 interventions were made (3.7% of all interventions) and 86 were accepted, 22.4% on the bisphosphonates.
- In 2011 one was accepted (19.11%) while in 2012 27.2% were accepted.
- The mean age of patients with bisphosphonates was 86 years (10.63% male and 89.37% female).
- Bisphosphonates represented 4.1% of total prescriptions.
- The breakdown of bisphosphonates prescriptions was 75.4% alendronate, 4.3% alendronate/cholecalciferol combination, 5.6% ibandronic acid and 14.6% risedronic acid.

**Conclusions**
The intervention in bisphosphonates prescribing has been much more effective in 2012 than in 2011 and more intensive updates and drug data information has been provided to physicians in this period.

There were no problems in the use of the recommended bisphosphonate, alendronate.

No conflict of interest.