Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/ Adverse Event Information

Medical Safety Information

No.156, November 2019

Incorrect Administration of Injection Drug Used for Sedation

Three cases have been reported in which an injection drug to be used for sedation for an examination or treatment was administered at the wrong time and dosage because the order for the drug was not communicated appropriately (information collection period: from January 1, 2015 to September 30, 2019). This information was compiled on the basis of the content featured in the Analysis Themes section of the 57th Quarterly Report.

Cases have been reported in which the physician planned to decide on the dosage and administer an injection drug for sedation for an examination or treatment, but the nurse administered the drug at the wrong time and dosage because the order was not communicated appropriately.

Examination/ Treatment	Drug Name	Timing of Administration (Location)	Dosage
Bronchoscopy	Midazolam Injection 10 mg	When called for the examination (Hospital room)	1A + Normal saline 20 mL Whole quantity administered as intravenous bolus
Radiotherapy	ISOZOL for INJECTION 0.5 g	Before leaving the ward (Hospital room)	1V + Water for injection 20 mL Whole quantity administered as intravenous bolus
Cholescintigraphy		Before the physician's arrival (Examination room)	1V + Water for injection 20 mL Whole quantity mixed with 100 mL of normal saline and intravenously infused

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Case 1

When issuing an order for Midazolam Injection 10 mg 1A and normal saline 20 mL for a bronchoscopy, the physician forgot to enter the comment “Bring to the bronchoscopy room.” Later on, after being contacted by the examination room, the nurse checked the injection order and prepared the Midazolam 1A + normal saline 20 mL, thinking that it was a premedication for the examination. When the nurse administered the whole dose in the hospital room, the patient’s spontaneous respiration ceased.

Case 2

A cholescintigraphy was planned for 16:00. After being contacted by the examination room at about 14:30, the nurse took the pediatric patient to the examination room, without telling the physician. About 10 minutes later, the examination room contacted the nurse to say that the patient needed sedation. After checking the physician’s order, the nurse dissolved Isozol for Injection 0.5 g 1V, which had been delivered to the ward, in 20 mL of water for injection and then dissolved the whole quantity in 100 mL of normal saline before taking it to the examination room and commencing administration. When the physician asked about the status of the examination just before 16:00, the nurse replied that they had gone to the examination room and administered the Isozol. The physician rushed to the examination room and found that the pediatric patient’s spontaneous respiration was weak.

Preventive measures taken at the medical institutions in which the events occurred

- **Display the label “Physician-administered” on the order screen beside the names of injection drugs used for sedation.**
- **Be aware that the dosages of injection drugs used for sedation are determined by the physician based on the patient’s condition and administered accordingly immediately before examinations and treatments.**

The measures above are examples. Please consider initiatives suitable for your own facility.

Key Preventive Measures

- **Injection drugs used for sedation must be administered in the presence of a physician and the patient observed after administration, without fail.**

(Comprehensive Evaluation Panel)

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the “Comprehensive Evaluation Panel” to prevent the occurrence and recurrence of medical adverse events. See the Project website for details.
http://www.med-safe.jp/

* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.

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