Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/ Adverse Event Information

Medical Safety Information

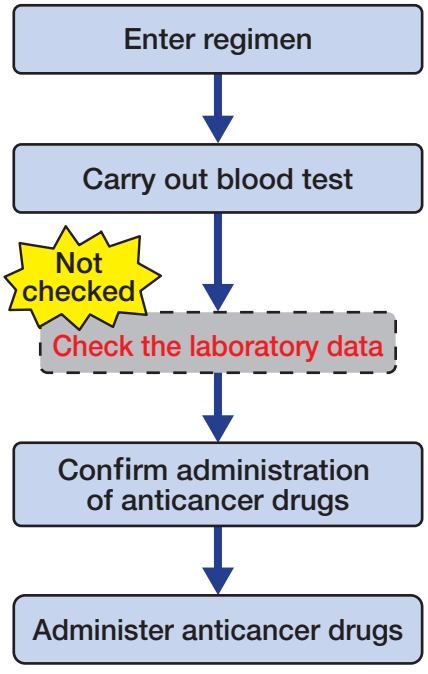
No.186, May 2022

Failure to Check Blood Test Results before Administering Anticancer Drugs

Six cases have been reported in which, when providing chemotherapy using injection drugs, an anticancer drug that should have been stopped was administered due to the failure to check the patient's blood test results (information collection period: from January 1, 2018 to March 31, 2022). This information was compiled on the basis of the content featured in the Analysis Themes section of the 66th Quarterly Report.

Cases have been reported in which an anticancer drug that should have been stopped was administered due to the failure to check the patient's blood test results.

Image of case



Main Background Factors

Physician

- Forgot to check laboratory data, because they were busy with outpatient consultations.
- When the patient was admitted for chemotherapy, the ward physician assumed that the outpatient physician had already seen the laboratory data and did not check them.

Pharmacist

- The pharmacists check laboratory data when interviewing the patient, but did not check in this case, because the patient concerned was not required to be interviewed.
- There was no procedure for checking laboratory data when conducting an audit.

Nurse

- There was no procedure for having the nurse in the outpatient chemotherapy room check laboratory data before administering anticancer drugs.

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Case 1

The patient underwent a blood test as an outpatient, as they were due to be admitted two days later for their second course of treatment with mFOLFIRINOX. The outpatient physician forgot to check laboratory data afterwards. On the day of admission, the ward physician confirmed the administration of the anticancer drug without checking the laboratory data, thinking that the outpatient physician had decided on admission after checking the blood test results. Administration of the anticancer drug was started just after 14:00. At 19:00, the ward pharmacist pointed out that the patient's neutrophil count had been 693/μL in the blood test carried out two days earlier, so administration of the anticancer drug was halted.

Case 2

The patient was being treated as an outpatient with Avastin + Alimta. The physician confirmed the administration of the anticancer drugs without checking the results of the blood test conducted after the patient came to the hospital, which showed a creatinine level of 2.07 mg/dL (estimated Ccr: 21 mL/min). As this was to be the fourth course, it was not subject to a meeting with the pharmacist, so the pharmacist did not check the laboratory data. There was no procedure for having the nurse in the outpatient chemotherapy room check laboratory data, so the nurse administered the anticancer drugs to the patient as ordered. Two weeks later, the patient sought a consultation with fever as the chief complaint and, as a result of a thorough examination, was diagnosed with febrile neutropenia and acute renal failure.

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

- **Physicians will confirm orders for anticancer drugs after noting on the record that they have evaluated the blood test results.**
- **Pharmacists will draw up a checklist for ascertaining such details as the type of regimen, dosage, laboratory data, and premedication, and will check it when preparing anticancer drugs.**

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

* 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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