

## [A Summary Of Inpatient Cardiovascular Medication Error Reports Involving Children](#)

### **July 2009 Pediatrics Medical Journal Article Finds Most Cases Involved Infants Less Than One Year Of Age**

(Posted by Tom Lamb at [www.DrugInjuryWatch.com](http://www.DrugInjuryWatch.com) on July 22, 2009; see <http://bit.ly/DmMvh>)

The article "[Cardiovascular Medication Errors in Children](#)" was published in the July 2009 edition of the medical journal Pediatrics.

The authors of this article had two basic aims: (1) to describe pediatric cardiovascular medication errors; and, (2) to determine patients and medications with more-frequently reported and/or more-harmful errors.

For their research, the authors analyzed cardiovascular medication error reports from the US Pharmacopeia MEDMARX database from 2003–2004 for patients no older than 18 years of age.

From the Abstract for this July 2009 Pediatrics article we get their findings:

**RESULTS:** A total of 147 facilities submitted 821 reports with community hospitals predominating (70%). Mean patient age was 4 years (median: 0.9 years). The most common error locations were NICUs, general care units, PICUs, pediatric units, and inpatient pharmacies. Drug administration, particularly improper dosing, was implicated most commonly. Severity analysis showed 5% "near misses," 91% errors without harm, and 4% harmful errors, with no reported fatalities. A total of 893 medications were cited in 821 reports. Diuretics were cited most frequently, followed by antihypertensives, angiotensin inhibitors,  $\beta$ -adrenergic receptor blockers, digoxin, and calcium channel blockers. Calcium channel blockers, phosphodiesterase inhibitors, antiarrhythmics, and digoxin had the largest proportions of harmful events, although the values were not statistically significantly different from those for other drug classes. Infants <1 year of age accounted for 50% of reports. Proportions of harmful events did not differ according to age.

It turned out that most of the errors found by these researchers were due to improper dosing during administration of a cardiovascular medication. Hopefully, as hospitals continue to improve their drug-delivery systems, this type of medical error will become less and less frequent in the future.

If this topic interests you, perhaps you want to take a look at [our collection of past articles concerning various aspects of medication errors](#).

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Attorney Tom Lamb represents people in personal injury and wrongful death cases involving unsafe prescription drugs or medication errors. The above article was posted originally on his blog, **Drug Injury Watch** – with live links and readers' Comments.

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