

Pediatric medication administration errors by care providers in domiciliary settings: A qualitative study

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Abstract

Aims and objectives: Medication errors are usually assessed as a preventable medical issue. Either a patient is harmed due to of what was done (errors of commission) or what was not done but should have been done to stop adverse effects (errors of omission). Despite the terms ‘medical errors’ and ‘adverse events’ may be used interchangeably, medical errors do not necessarily cause harm, while adverse events almost refer to harm concerned with medical care and can entail some degree of disability or sometimes death. This study aims to develop and achieve formal evaluation of medication errors that may be results by parents during their home caring for their sick children.

Methods: In the present descriptive study, the Delphi technique was used to achieve and develop of Medical errors involving parents who take care of their sick children. the scenarios were collected from 53 participants, including doctors, pharmacists, nurses and mothers, all of whom agreed to participate and give their personal information, Two Delphi rounds were followed to achieve consensus on a proposed definition of Medication errors by parents during health caring to their sick children and a series of 55 scenarios representing Medication errors by parents situations formulated into a questionnaire.

Results: In the first Delphi tour, approval was obtained from all participants to participate in this study and to share their personal information. 53 people participated in the study, 36 (70%) of whom were medical staff, 17 (30%) mothers participated, several questions were asked of the participants about Medication errors by parents during health caring to their sick children, then 55 scenarios were voted by 50 parents. All the 55 scenarios included in the Delphi process.

Conclusion: Consensus on a definition and scenarios representing Medication errors by parents during health caring to their sick children can be achieved by using formal consensus techniques.

Relevance to clinical practice: Researchers should be aware that using different definitions of Medication errors by parents, inclusion or exclusion of administration error situations could significantly affect the rate of medical mistake that parents who take care of their sick children make it and raise awareness of them Consensual definitions and medication error situations can be used in future epidemiology in home, which may permit and promote direct comparisons of different studies.