UHCW Trainee Safety Updates
A collection of essential patient safety information collated from recent Trust Mortality and Patient Safety meetings

TTO Safety Tips

Pharmacy are concerned about TTO errors with potential for significant patient harm; remember pharmacists don’t know the patient, please remember:

**Correct patient name**, ward, your bleep number and signature

**Duration dependant treatments**: (eg enoxaparin/antibiotics) State the remaining duration

**Reducing dose of drugs**: include detailed quantitative guidance of “how many tablets for how long, to finally reduce to a maintenance dose or to stop”

Indicate which drugs have been amended, stopped or started

**Exclude PRN drugs** that are no longer warranted

Is a **liquid supply** needed?

**Drugs to be restarted on discharge.** Eg - prophylactic antibiotics for restart after IVAB’s or drugs temporarily suspended due to drug interactions

**Analgesia**: review regular analgesia/change to PRN/stop

**Patient’s own supply**: Ask the patient / nurses if sufficient supply of own meds (Ensure at least 14 days supply)

Paediatric prescribing revolves around **weight** please include in TTO

**Controlled drugs**: **Total amount in words and figures**

**E-handover**

All tasks handed over to out-of-hours teams should be included on the CRRS e-handover tool. This is in addition to existing handover methods. Please ensure tasks are “completed” on CRRS once finished.

**CAE reporting**

Reporting is low amongst junior doctors, reporting CAE’s will (and has) created improvements so please look to complete these where possible.
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Hyponatraemia: Hazard Reduction

10,000 patients present to year in UHCW with hyponatraemia
Severe hyponatraemia (serum Na < 120 mmol/l) is associated with mortality up to 50%

For all hyponatraemia patients assess:

Hydration status and medications (any recent changes?).

Consider assessing:
Serum osmolality, TSH, cortisol, urinary sodium and osmolality.

Depending on these assessments, the treatment of hyponatraemia can be very different

When correcting acute hyponatraemia (< 48 hours duration), daily or more frequent measurement of blood sodium is essential to avoid morbidity/mortality.

For patients with severe, moderate acute, or symptomatic hyponatraemia early involvement of the Endocrine team is recommended (Bleep 1698).

Trust guidelines are available at: http://webapps/elibrary/index.aspx

Reduction in Serious Falls

The number of serious falls has reduced, postural hypotension and difficult patient communication remain persistent themes in the remaining falls

Trainee Representation

The vast majority of patient safety incidents should be reported through the CAE system. If however trainees have concerns they feel need raising directly with the Trust’s Patient Safety Committee please email timothy.robbins@nhs.net with a description of the problem. (Please include in your email why it would not be appropriate to include this as a CAE).