## **ISMP's List of** *High-Alert Medications*

igh-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies like improving access to information about

## Classes/Categories of Medications

adrenergic agonists, IV (e.g., EPINEPHrine, phenylephrine, norepinephrine)

adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)

anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)

antiarrhythmics, IV (e.g., lidocaine, amiodarone)

antithrombotic agents (anticoagulants), including warfarin, low-molecular-weight heparin, IV unfractionated heparin, Factor Xa inhibitors (e.g., fondaparinux), direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate, lepirudin), thrombolytics (e.g., alteplase, reteplase, tenecteplase), and glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)

cardioplegic solutions

chemotherapeutic agents, parenteral and oral

dextrose, hypertonic, 20% or greater

dialysis solutions, peritoneal and hemodialysis

epidural or intrathecal medications

hypoglycemics, oral

inotropic medications, IV (e.g., digoxin, milrinone)

liposomal forms of drugs (e.g., liposomal amphotericin B) and conventional counterparts (e.g., amphotericin B deoxycholate)

moderate sedation agents, IV (e.g., midazolam)

moderate sedation agents, oral, for children (e.g., chloral hydrate)

narcotics/opiates, IV, transdermal, and oral (including liquid concentrates, immediate and sustained-release formulations)

neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)

radiocontrast agents, IV

total parenteral nutrition solutions

these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; standardizing the ordering, storage, preparation, and administration of these products; and employing redundancies such as automated or independent doublechecks when necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list).

Specific Medications
colchicine injection***
epoprostenol (Flolan), IV
insulin, subcutaneous and IV
magnesium sulfate injection
methotrexate, oral, non-oncologic use
opium tincture
oxytocin, IV
nitroprusside sodium for injection
potassium chloride for injection concentrate
potassium phosphates injection
promethazine, IV
sodium chloride for injection, hypertonic (greater than $0.9\%$ concentration)

sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more

\*\*\* Colchicine injection is no longer available in the United States. It should no longer be used.

## Background

Based on error reports submitted to the ISMP National Medication Errors Reporting Program, reports of harmful errors in the literature, and input from practitioners and safety experts, ISMP created and periodically updates a list of potential high-alert medications. During February-April 2007, 770 practitioners responded to an ISMP survey designed to identify which medications were most frequently considered high-alert drugs by individuals and organizations. Further, to assure relevance and completeness, the clinical staff at ISMP, members of our advisory board, and safety experts throughout the US were asked to review the potential list. This list of drugs and drug categories reflects the collective thinking of all who provided input.

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