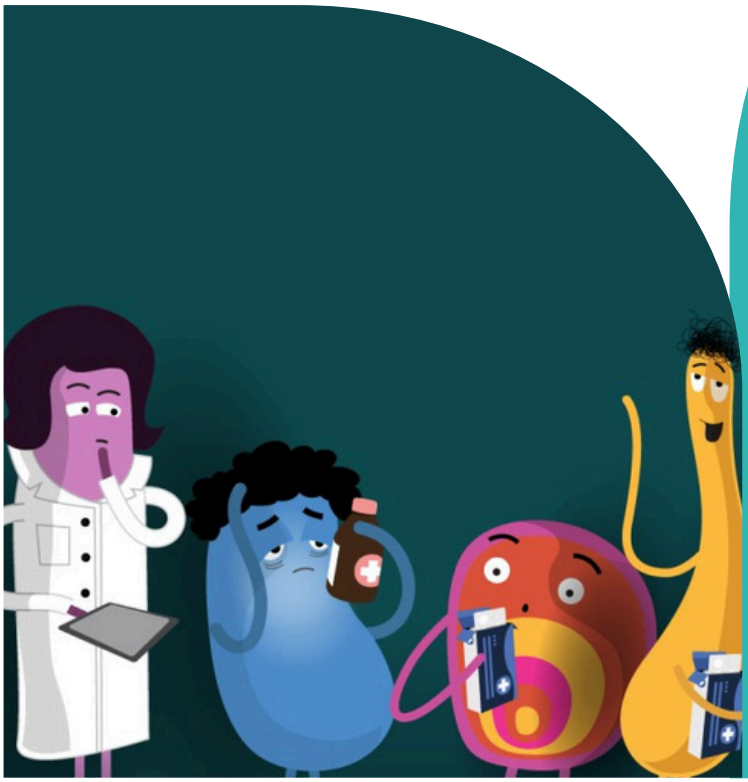
FOR HEALTH CARE PROFESSIONAL ONLY



PHARMACY BULLETIN

HOSPITAL KUALA KUBU BHARU

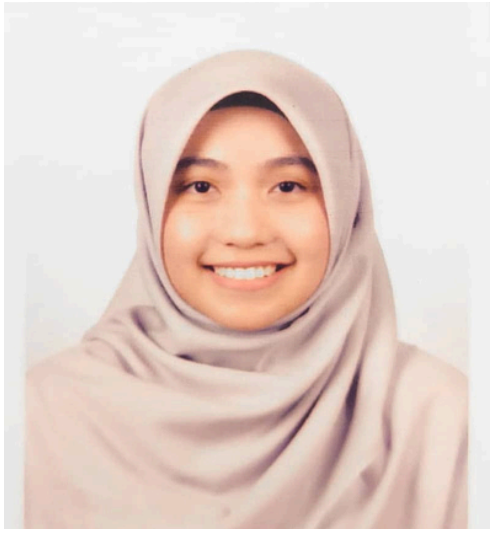
VOLUME 1-2025

Highlight Issue

- Kursus Keselamatan Pengubatan 2025
- Medication Error
- New Drug Approvals
- LASA (Look-Alike Sound-Alike) Drug Alerts
- High Alert Medication
- New Allergy Form

EXT: 279

pric.farmasihkkb@moh.gov.my



Editor's Note

Welcome to 1st edition 2025 of the Medication Safety Bulletin, part of our ongoing efforts under the annual Medication Safety Activities Plan at Hospital Kuala Kubu Bharu (HKKB).

Each year, this bulletin will serve as a platform to highlight key medication safety news, learning points from incidents, updates on high-risk medications, and achievements from our courses and campaigns.

Our primary goal is to enhance medication safety practices and prevent medication errors within our hospital.

We recognize that ensuring safe medication use is a shared responsibility, and though the task is big, **together we can make a difference**. Let's continue supporting one another in building a safer, more vigilant healthcare environment for our patients.

KURSUS KESELAMATAN PENGUBATAN 2025

By: Zarena Zainul Abidin, PRIC

21 MEI 2025
DEWAN LATIHAN, HKKB

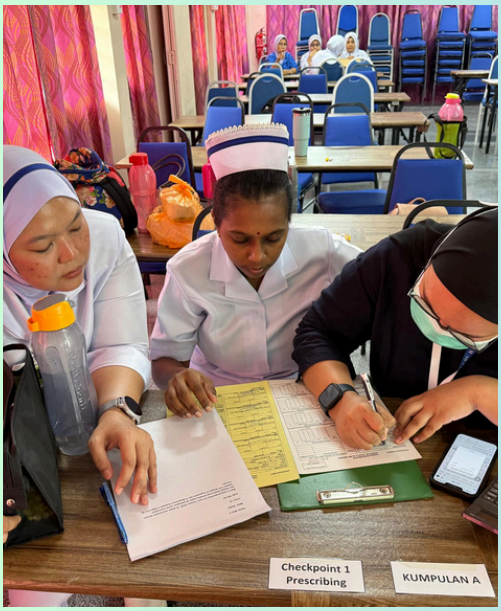
Kursus ini telah dianjurkan dengan kerjasama JKK Keselamatan Pengubatan Hospital. Seramai 21 orang peserta telah terlibat dalam kursus ini, terdiri daripada pegawai perubatan, pegawai farmasi, penolong pegawai perubatan, jururawat, dan penolong pegawai farmasi.

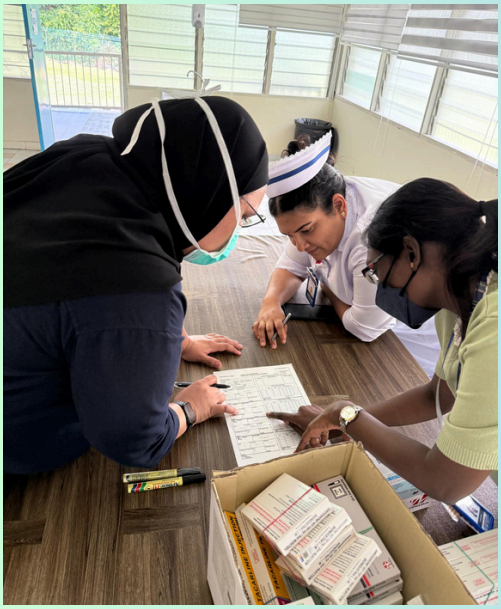
OBJEKTIF KURSUS

1. Meningkatkan kesedaran dan pemahaman kepada kakitangan hospital mengenai kepentingan keselamatan pengubatan bagi mengelakkan kesilapan pengubatan.
2. Mengurangkan risiko kesilapan dalam preskripsi, penyediaan dan pemberian ubat melalui pematuhan kepada amalan terbaik
3. Memastikan keselamatan pesakit dengan menggalakkan budaya pelaporan kesilapan pengubatan (MERS)
4. Memperkukuhkan komunikasi antara kakitangan hospital untuk mengelakkan kesilapan dalam pengubatan.

PENCERAMAH

1. Dr Mohd Basil bin Sulaiman, Pengarah Hospital KKB
2. Dr Syahrinnaquiah Samsuddin, Pakar Perubatan
3. Pn Yuzmiza binti Azmi, Pegawai Farmasi
4. Pn Rasidah bt Adam, Penyelia Jururawat


Checkpoint 1
Prescribing
KUMPULAN A




DEWAN LATIHAN

15 MEDICATION ERROR REPORTED JANUARY-JUNE 2025

By: Zarena Zainul Abidin, PRIC

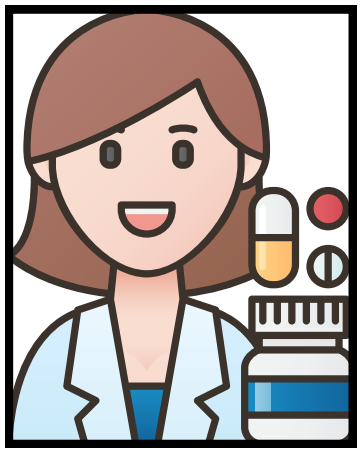
Near Miss **8**

Actual Error **7**

Doctor

Precribing error

- Incorrect patient
- Incorrect frequency
- Polypharmacy



Pharmacy

Dispensing error

- Incorrect patient
- Incorrect medication
- Incorrect data entry

Nurse

Administration error

- Incorrect dose
- Incorrect frequency

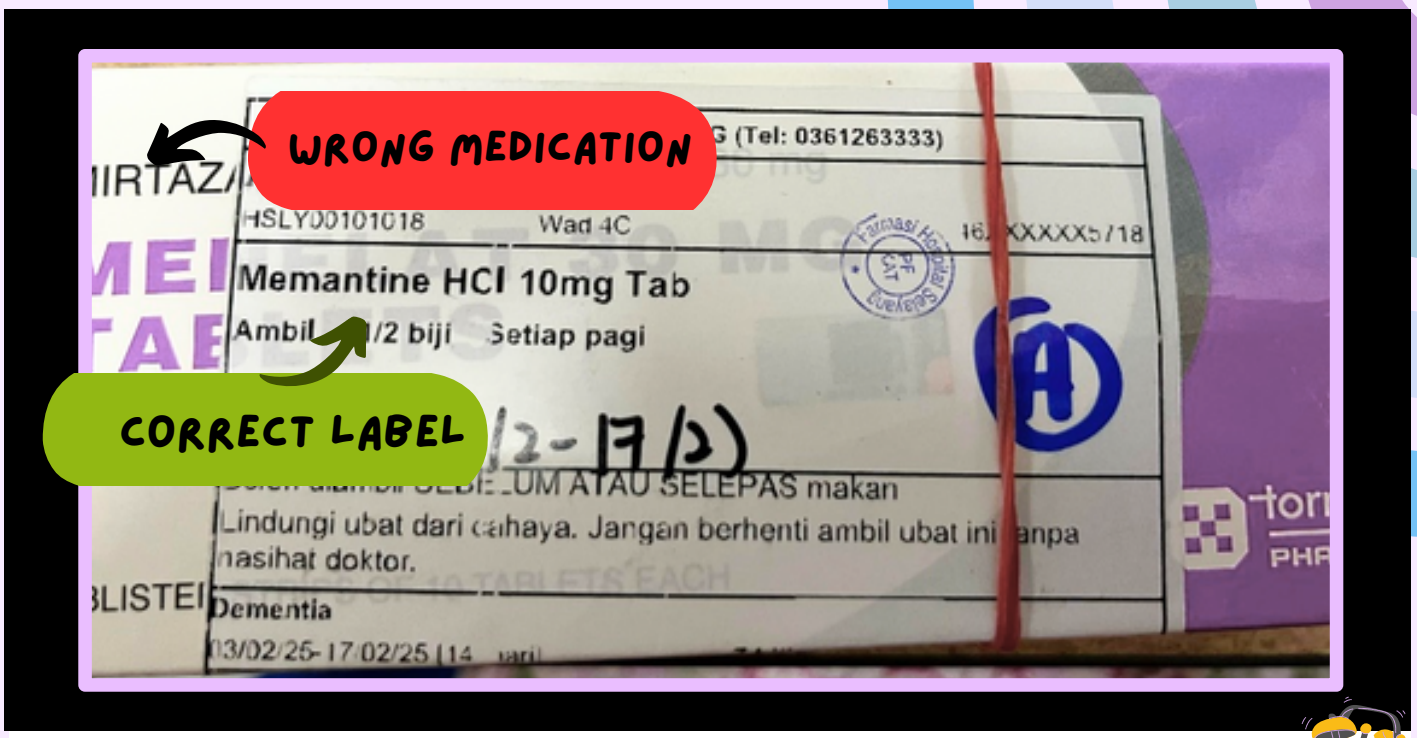
Thank You for reporting Medication Error.

Every report is a step toward safer care

A CASE OF MEDICATION ERROR

FROM MEMORY SUPPORT TO MOOD SEDATION

By: NURUL AISYAH BINTI AMRAN | PRIC



CHRONOLOGY

3 FEB Selayang Hospital supply wrong medication. Supplied **T. Mirtazapine (error)** but label as **T. Memantine (intended)**.

4 FEB HSEL transfer patient to HKKB with the wrong drug. Inpatient pharmacy supply using Patient Own Medications (POMs) from HSEL without noticed the error. SN also never noticed. **Wrong drug was served since 4 Feb until 13 Feb.**

13 FEB Pharmacist **detected error** during trolley filling. Patient **requires further monitoring of sodium level as instructed by geriatrician.**

A CASE OF MEDICATION ERROR

FROM MEMORY SUPPORT TO MOOD SEDATION

CONCLUSION

Medication Error reported as Category D (No harm but additional monitoring required to preclude harm)

ACTUAL ERROR: CATEGORY

PROCESS WHERE ERROR OCCUR

- Filling
- Transcribing
- Dispensing
- Administration

" YOU CAN TRUST IN THE PROCESS, BUT ALWAYS VERIFY — A SECOND GLANCE CAN SAVE A LIFE "

LESSON LEARN

- LASA medication should use tall man lettering or shelf separation to avoid taking wrong medication.
- Never rely solely on the label. Always cross-check the medication with it's label especially for POMs before supply or administer to patient.
- Do double-checking and cross-checking everyday as long as patient still in ward so that any error can be detected earlier.

NEW DRUG APPROVAL

By: Rachel Elspeth , Farmasi Logistik

AMLODIPINE 10MG + VALSARTAN 160MG TABLET EXFORGE®

- Indication: Essential hypertension, to be used when blood pressure is not adequately controlled by monotherapy
- Notes: Fixed-dose combination.
- Category: A/KK
- HKKB Department: NCD

PERINDOPRIL 4MG + INDAPAMIDE 1.25MG TABLET COVERSYL® PLUS

- Indication: Essential hypertension, for patients whose blood pressure is insufficiently controlled by perindopril alone
- Notes: Monitor electrolytes regularly.
- Category: B

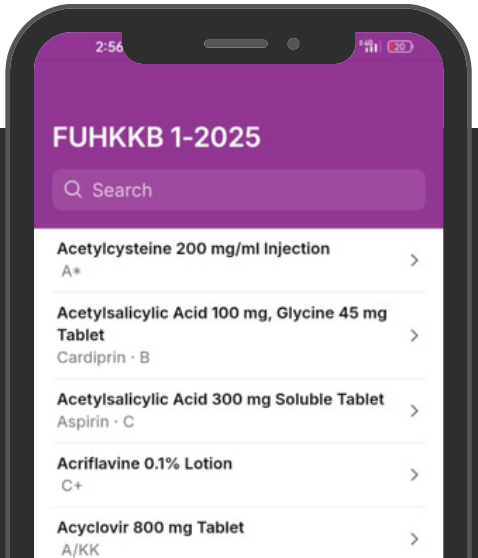
ROSUVASTATIN 20MG TABLET CRESTOR

- Indication: Essential hypertension, for patients whose blood pressure is insufficiently controlled by perindopril alone
- Notes: Monitor electrolytes regularly.
- Category: B

NEW DRUG APPROVAL

Formulari Ubat HKKB can be access thru:
🔗 fuhkkb.glide.page

DOWNLOAD APPS



NEW DRUG APPROVAL

INSULIN ASPART 30% & PROTOAMINATED INSULIN ASPART 70% 100 IU/ML NOVOMIX®

- Indication: Diabetes mellitus type 1 and 2 in patients who still experience hypoglycaemia with use of human insulin
- Form: Prefilled pen
- Category: A/KK
- HKKB Department: NCD

PINE TAR, COAL TAR WITH SALICYLIC ACID SOLUTION SEBITAR®

- Indication: Psoriasis, eczema, atopic dermatitis, seborrhoeic dermatitis, dandruff
- Form: Topical shampoo
- Notes: Apply to affected areas as per product leaflet
- Category: B
- HKKB Department: Medical, Emergency (started by Emergency Physician only)

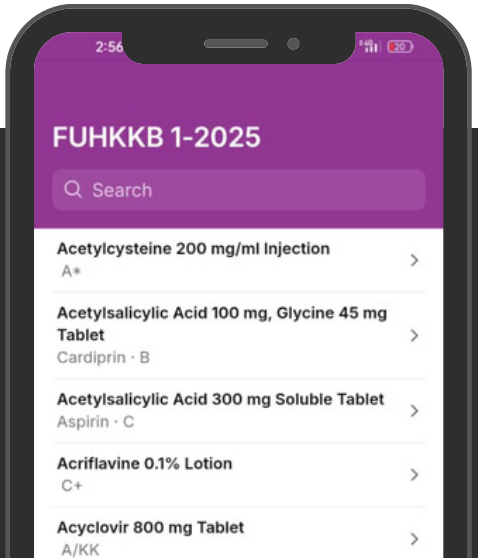
TERBINAFINE 250MG TABLET

- Indication: Fungal infections especially onychomycosis caused by dermatophytes
- Notes: As replacement for Griseofulvin 125mg tablet; safer option
- for geriatric and heart failure patients
- Category: A/KK
- HKKB Department: Medical

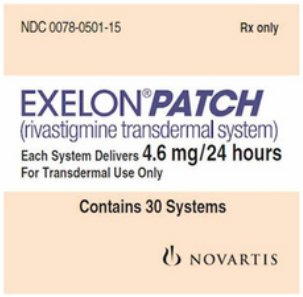
NEW DRUG APPROVAL

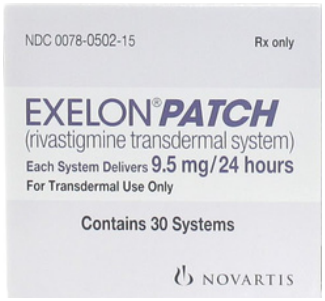
Formulari Ubat HKKB can be access thru:
🔗 fuhkkb.glide.page

DOWNLOAD APPS



NEW DRUG APPROVAL





RIVASTIGMINE TRANSDERMAL PATCH

- Indication: Mild-to-moderately severe dementia of the Alzheimer's type, severe dementia of the Alzheimer's type, mild to moderately severe dementia associated with Parkinson's disease
- Strengths: 4.6mg/24h, 9.5mg/24h
- Category: A*
- HKKB Department: Geriatric
- Notes: 2nd line in patients intolerable to Donepezil

SODIUM VALPROATE 400MG INJECTION

- Sodium Valproate 400mg Injection
- Indication: Status epilepticus
- Notes: As replacement for Phenytoin injection
- Category: B

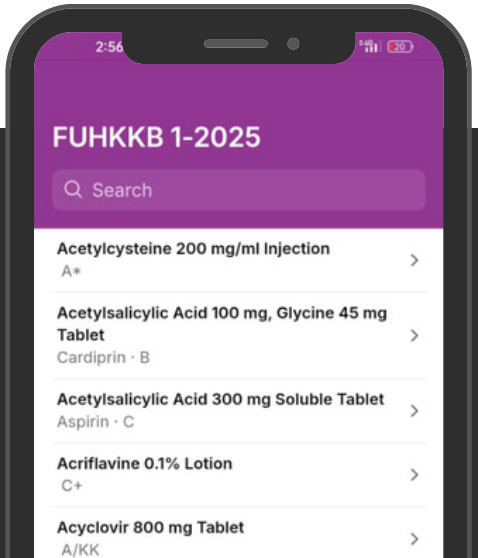
SODIUM CHLORIDE 0.18% + DEXTROSE 4.3% (QSD1)

- Indication: Forreplenishing fluidandenergy andfor restoring or maintaining the concentration of sodium and chloride ions
- Notes: Alternative treatment for patients with hypernatremia
- and hyperglycemia
- Category: B

NEW DRUG APPROVAL

Formulari Ubat HKKB can be access thru:
🔗 fuhkkb.glide.page

DOWNLOAD APPS



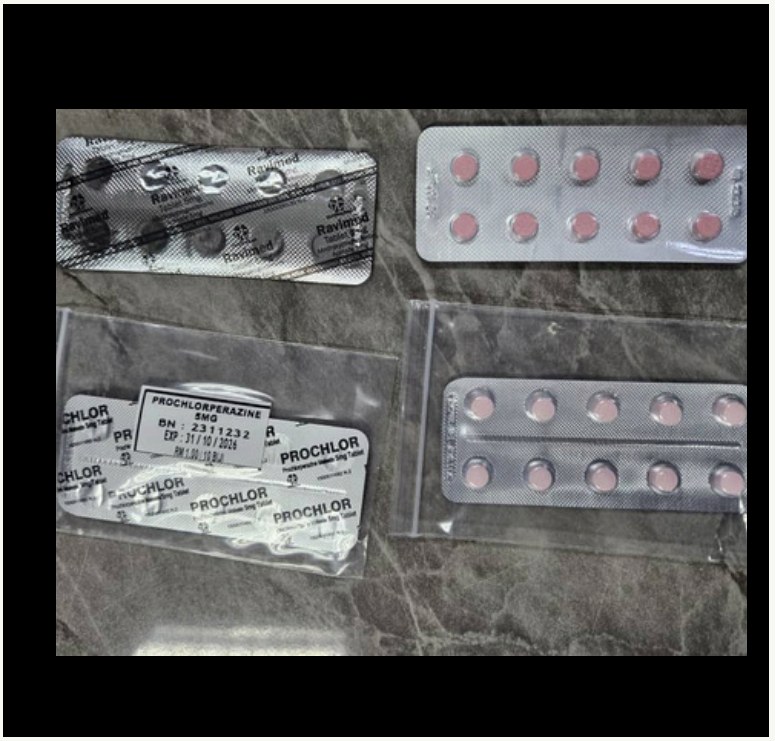
LOOKS ALIKE MEDICATION

By: Zarena Zainul Abidin, PRIC

BENADYL ADULT VS PEADIATRIC

APIXABAN VS SEVELAMER

MIRTAZAPINE 15MG VS
MIRTAZAPINE 30 MG

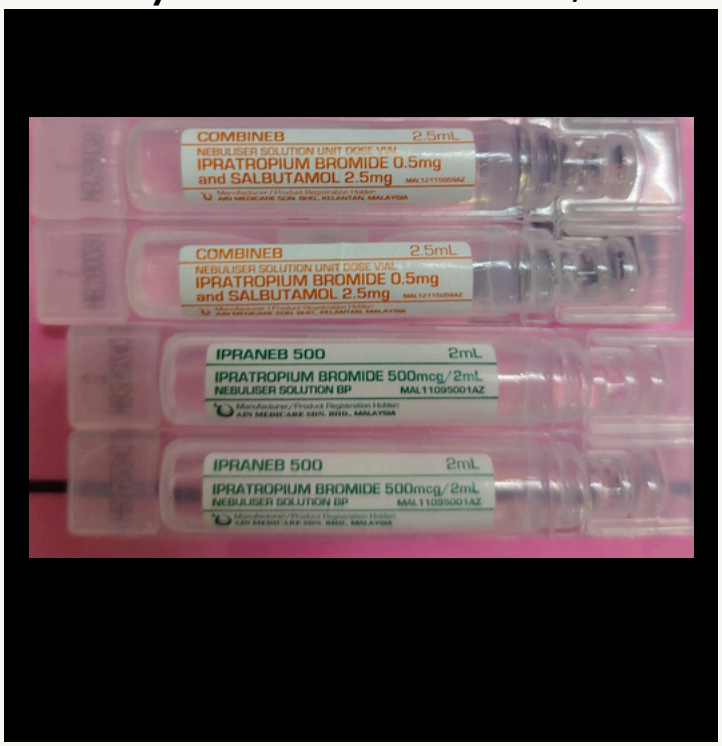


PROCHLORPERAZINE VS
MEDROXYPROGESTERONE

LOOKS ALIKE MEDICATION

By: Zarena Zainul Abidin, PRIC

STREPTOMYCIN VS HYDROCORTISONE



COMBIVENT VS IPRATROPIUM

CEFTAZIDIME VS CEFTRIAXONE

POTASSIUM CHLORIDE VS POTASSIUM DIHYDROGEN PHOSPHATE

Strategies to avoid errors with LASA Medications

By: Wong Yoke Yan, Farmasi Pesakit Luar

- PROCUREMENT
- STORAGE
- PRESCRIBING
- DISPENSING/SUPPLY
- ADMINISTRATION
- MONITORING
- INFORMATION
- PATIENT EDUCATION
- EVALUATION

Strategies to avoid errors with LASA Medications

01

Procurement

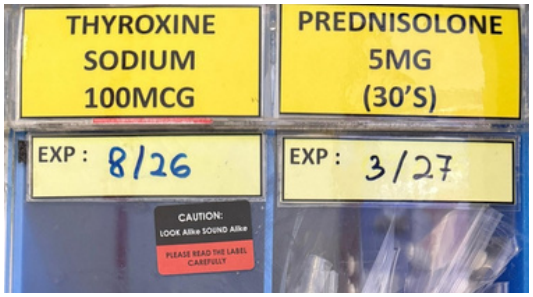
- Reduce the number of available strength variations for medicines Avoid purchase of medicines with
- similar packaging and appearance

Storage

(a) Use Tall Man lettering

- Example: metFORMIN and metoPROLOL.
- Refer to List of LASA and HAM medications HKKB Volume 1 2024

(b) Use additional warning labels for look-alike medicines



02

(c) Use brand names when Tall Man Lettering is not applicable
(d) Store LASA medications separately from their LASA pairs

Strategies to avoid errors with LASA Medications

03

Prescribing

Write legibly

- Name of medications
- Dosage form
- Dose
- Complete directions for use
- Diagnosis

04

Dispensing/ Supply

1. Identify medicines by their name and strength, rather than by their appearance or storage location
2. Verify that the dispensed dosage is appropriate for the prescribed medication
3. Check actual medicines against its label and prescription to ensure accuracy
4. Perform double-checking procedures during the dispensing and supply process to minimize errors
5. Inform patients of any changes in the appearance of their medications at the time of dispensing

05

Administration

- Verify that the actual matches both the label information and the prescription details.
- Emphasize the importance of reading medicine labels carefully, rather than depending on visual appearance or storage location.

Strategies to avoid errors with LASA Medications

06

Monitoring

Conduct a periodic review of the LASA medication list at least annually

07

Information

- Ensure all relevant staff have access to the current LASA list
- Notify staff promptly when new medications are added to the hospital's LASA list

08

Patient Education

- Inform patients about any changes in the appearance of their medications
- Educate patients and caregivers to notify healthcare providers if a medication looks different from what is normally taken or administered
- Encourage patients and caregivers to familiarize themselves with the names of their medications

09

Evaluation

- Regularlyreviewand assessmedication errors involving LASA (Look-Alike, Sound-Alike) medications

HIGH ALERT MEDICATION

High Alert Means High Attention!

By: Muhammad Afiq, Farmasi Pesakit Dalam

"High Alert Medications (HAMs) are drugs that bear a heightened risk of causing significant patient harm when used in error. Although errors may not be more frequent with these medications, the consequences can be more devastating. These drugs require special safeguards to reduce the risk of errors and ensure patient safety."

COMMON CLASSES OF HAMS

CLASSES	RISK
Anticoagulants	Uncontrolled Bleeding
Insulin	Severe hypoglycemia
Opioids	Respiratory depression
Chemotherapy agents	Bone marrow suppression and organ toxicity
Electrolytes in concentrated form	Cardiac arrhythmias or arrest
Neuromuscular blocking agents	Respiratory paralysis

Common High Alert Medications in Kuala Kubu Bharu Hospital:

- Morphine, Fentanyl
- Heparin/Enoxaparin
- Potassium Chloride Injection
- Suxamethonium
- Methotrexate
- Insulin

Safety Strategies for HAMs

Double-Checks Always double check when taking/administrating HAM

Clear Labeling Use Tallman Lettering (DOBUTamine vs DOPamine)

HIGH ALERT LABELLING Use HAM alert sticker as a visual indicator

Segregation Store separately to prevent mix-ups.

Standardization Use standardized protocols and clinical practice guidelines when administrating HAM

Education Train staff regularly on HAM risks and safety practices.

HAM Insight:

"An ounce of prevention is worth a pound of cure."

Double-checking and standardizing protocols prevent harm before it occurs.

Pharmaceutical Services Program, Ministry of Health Malaysia. (2020). Guideline on safe use of high alert medications (HAMs) (2nd ed.)

By: Zarena Zainul Abidin, PRIC

SOUND ALIKE MEDICATION WITH TALL MAN LETTERING

ADREnaline	**NORADRE**naline
Akurit-**4***	Akurit-**2***
AMLOdipine	**FELO**dipine
ASPIrin	**CARDIP**rin
ATORVAstatin	**SIMVA**statin
car**BAMAZ**epine	chlorpro**MAZINE**
chlorpro**MAZINE**	prochlor**PERAZINE**
CLOTRIMAzole	**MICONA**zole
DOPamine	**PROT**amine
FLUpenthixol	**ZUCLO**penthixol
isosorbide**DI**nitrate	isosorbide**MONO**nitrate
LOsartan	**VAL**sartan
PANTOprazole	**OME**prazole
MAdopar*	**METHYL**dopa
ENALApril	**PERINDO**pril
neuro**BION***	neuro**NTIN***
BISOprolol	**ATE**nolol
CLOzapine	**OLAN**zapine
chloramphenica**l EAR** drop	chloramphenica**l EYE** drop
CLOXAcillin	**AMPI**cillin
DIFFlam	**DAFF**lon
TERAzosin	**PRA**zosin
PROPRAnolol	**META**prolol
CAPTOpril	**ENALA**pril
cef**TAZID**ime	cef**TRIAX**one
levo**THYROX**ine	levo**FLOXACI**ne
AZITHROmycin	**ERYTHRO**mycin
MEFENamic Acid	**TRANEX**amic Acid
METOprolol	**BISO**prolol

SENARAI UBAT HIGH ALERT (HAM) HKKB

No	Kategori	Senarai Ubat
1	Adrenergic agonists, IV	❖ Adrenaline (Epinephrine) (1mg/ml) Inj ❖ Noradrenaline (Norepinephrine) 4mg/4ml Inj ❖ Vasopressin 20 units/mL Inj
2	Adrenergic antagonists, IV	❖ Labetalol 25mg/5ml Inj
3	Anaesthetic Agents (General, Inhaled, IV)	❖ Ketamine 500mg/10ml Inj ❖ Propofol 200mg/20ml (1%) Inj ❖ Etomidate 20mg/10ml Inj
4	Antiarrhythmics, IV	❖ Amiodarone 150mg/3ml Inj ❖ Digoxin 0.5mg/2ml Inj ❖ Lignocaine 2% 100mg/5ml (IV) Inj. ❖ Lignocaine 2%, 10ml (LA) Inj
5	Antithrombotic Agents	❖ Apixaban 2.5mg, 5mg ❖ Dabigatran 110mg,150mg ❖ Rivaroxaban 15mg,20mg ❖ Warfarin Sodium 1mg, 2mg, 5mg ❖ Heparin 5000 IU/ml Inj ❖ Enoxaparin 40mg, 60mg Inj ❖ Fondaparinux 2.5mg/0.5ml Inj ❖ Tenecteplase 10,000 unit (50mg) Injection ❖ Streptokinase 1, 500, 000 IU Injection
6	Antivenom	❖ Antivenom Cobra Inj. ❖ Antivenom Neuro Polyvalent Snake Inj. ❖ Antivenom Hemato Polyvalent Snake Inj.
7	Chemotherapeutic Agents, parental and oral.	All preparations that are clearly labelled as CYTOTOXIC agents
8	Dialysis solutions, peritoneal and hemodialysis	All kind of dialysis solutions, peritoneal and hemodialysis

Disahkan oleh:
DR. MOHD BASIR BIN SULAIMAN
(MMC No. [illegible])
Pengarah Hospital UD54
Hospital Kuala Kubu Baru

9	Dextrose, Hypertonic, 20% or greater	❖ Dextrose 50% (10ml) ❖ Dextrose 50% (500ml)
10	Epidural or Intrathecal Medications	
11	Glyceryl Trinitrate 50mg/10ml Inj	
12	Immunosuppressant agents	All kind immunosuppressant agent
13	Inotropic Medications, IV	❖ Dobutamine 250mg/20ml Inj ❖ Dopamine 200mg/5ml Inj
14	Insulin, subcutaneous and IV	All insulin preparation
15	Magnesium Sulphate 2.49g/ 5ml Inj	
16	Moderate and minimal sedation agents, oral, for children	❖ Chloral Hydrate Sodium 500mg/5ml Syp. ❖ Ketamine 10mg/ml Inj. ❖ Midazolam Inj (5mg/ml, 15mg/3ml)
17	Moderate sedation agents, IV	❖ Midazolam Inj (5mg/ml, 15mg/3ml)
18	Neuromuscular Blocking Agent	❖ Rocuronium Bromide 10mg/ml Inj ❖ Suxamethonium Chloride 50mg/ml Injection
19	Opiates and Narcotics	All other drugs clearly labelled as Dangerous Drug (DD) ❖ IV ❖ Oral (including liquid concentrates, immediate- and sustained-release formulations) ❖ Transdermal
20	Parenteral Nutrition preparations	**And all other preparations clearly labelled as TPN
21	Potassium salt Injections	❖ Potassium Chloride 1g/10ml Inj ❖ Potassium Dihydrogen Phosphate 1.361g/10ml Inj
22	Sodium Chloride solution (greater than 0.9%)	❖ Sodium Chloride 3% (drip 500ml) Inj
23	Oxytocin 10 unit/ml Injection	❖ Oxytocin 10iu / ml Inj. ❖ Oxytocin 5iu and Ergometrine 0.5mg Inj.
24	Others - Specific Medication ISMP 2024	❖ Promethazine 50mg/2ml Inj. ❖ Tranxenamic Acid 500mg/5ml Inj.

Disahkan oleh:
DR. MOHD BASIR BIN SULAIMAN
(MMC No. [illegible])
Pengarah Hospital UD54
Hospital Kuala Kubu Baru

PENGURUSAN MAKLUMAT ALAHAN UBAT

By: Baiti Kartiqah bt Yahya, Farmasi Wad

APAKAH ALAHAN UBAT?

Kesan Advers Ubat (ADR) ialah sebarang reaksi ubat yang tidak dijangka atau tidak diingini. ADR diklasifikasikan kepada dua jenis,

- **Jenis A**: kesan yang boleh diramalkan dan ia bergantung kepada dos. Ini termasuklah dos berlebihan, kesan sampingan, kesan sekunder, kesan toksik dan interaksi ubat
- **Jenis B**: **Kesan Hipersensitiviti Ubat atau Drug Hypersensitivity Reaction (DHR)** yang tidak dapat diramalkan dan secara umumnya tidak bergantung kepada dos. Tindak balas ini membawa kepada gejala atau tanda yang berulang pada dos ubat biasa

ADR yang tidak melibatkan reaksi alahan, penggunaan semula ubatan tersebut adalah dibolehkan. Namun, bagi kes alahan, ubat-ubatan tersebut perlu dielakkan pada masa hadapan.

KENALPASTI ALAHAN UBAT

Diagnosis hendaklah dilakukan oleh pegawai perubatan, namum anggota kesihatan boleh membuat pengesanan awal dengan mengenalpasti:

1. Sejarah alahan ubat pesakit.
2. Semak rekod alahan ubat
3. Berkomunikasi dengan pengamal perubatan lain

Borang permohonan bagi pesakit yang memerlukan kad alahan ubat perlu diisi dan disahkan oleh pegawai perubatan atau pegawai pergigian sebelum dihantar kepada pegawai farmasi untuk diproses

PELAPORAN

Menggunakan borang Alahan 2025

DOKUMENTASI DAN KOMUNIKASI MAKLUMAT

- Rekodkan maklumat alahan ubat di sistem PhIS
- Rekodkan maklumat alahan ubat di sistem MPIS
- Penggunaan pelekat alahan ubat
- Pemberiaan kad alahan ubat kepada pesakit

Rujukan: https://pharmacy.moh.gov.my/sites/default/files/document- upload/gp-pengurusan-alahan-ubat-2025.pdf

BORANG ALAHAN UBAT 2025

HKKB/PRIC/17

A-FR-57

BORANG PERMOHONAN DAN PEMBATALAN KAD ALAHAN UBAT
(DRUG ALLERGY CARD REQUEST & CANCELLATION FORM)
PROGRAM PERKHIDMATAN FARMASI, KKM

HOSPITAL/KLINIK KESIHATAN: _____

A. MAKLUMAT PESAKIT

Nama: _____

Alamat: _____

_____

No. Telefon: _____ No. KP/Passport: _____

Emel: _____

B. MAKLUMAT ALAHAN

JENIS PERMOHONAN:

- ☐ 1. Permohonan Kad Alahan Baharu
- ☐ 2. Permohonan Penggantian Kad Alahan hilang/rosak.
- ☐ 3. Pembatalan Kad Alahan, pilih satu justifikasi:
  - ☐ i. Ujian diagnostik mengesahkan ketiadaan alahan
  - ☐ ii. Pengesahan bukan alahan melalui "*re-challenge*"
  - ☐ iii. Simptom adalah konsisten dengan ADR, bukan alahan
  - ☐ iv. Ketiadaan alahan dilaporkan sendiri oleh pesakit
  - ☐ v. Lain-lain: _____

JENIS PERMOHONAN

1. Permohonan baharu
2. Permohonan Penggantian kad
3. Pembatalan kad

BUTIR ALAHAN:

Bil	Nama Ubat	Reaksi Alahan	Tahap Keterukan *(Mild/Moderate/ Severe)*	Status Alahan *(Confirmed/Suspected/ To be confirmed/ Removed)*	Catatan
1					
2					

STATUS ALAHAN

- **CONFIRMED:** The propensity for a reaction to the identified substance has been objectively verified (which may include clinical evidence by testing, rechallenge, or observation).
- **SUSPECTED:** The available clinical information supports a high likelihood of the propensity for a reaction to the identified substance.
- **TO BE CONFIRM:** The propensity for a reaction to the identified substance has not been objectively verified.
- **REMOVED:** A propensity for a reaction to the identified substance has been disputed or disproven with a sufficient level of clinical certainty to justify invalidating the assertion. This might or might not include testing or rechallenge. The statement was entered in error and is not valid.

C. MAKLUMAT PEMOHON (PEGAWAI PERUBATAN/PERGIGIAN)

Nama Doktor: _____

Hospital/ Klinik: _____ Wad/Unit: _____

Tandatangan/ Cop Rasmi: _____ No. Tel: _____

D. MAKLUMAT KAD ALAHAN (KEGUNAAN JABATAN FARMASI)

No. Siri Kad: DAC- _____ Tarikh Kad Dikeluarkan/ Dibatalkan: _____

Status Permohonan :

- ❑ LULUS
- ❑ TOLAK Alasan: _____

Nama Pengeluar: _____

Tandatangan/ Cop Rasmi: _____ Hospital/ Klinik: _____

E. MAKLUMAT PENERIMAAN OLEH PESAKIT

❑ Saya _____pesakit/penjaga, nombor kad pengenalan/Pasport _____dengan ini telah menerima kad alahan dan telah diberi penerangan sewajarnya berkaitan keperluan pemakluman atau menunjukkan kad alahan ini apabila berjumpa pegawai perubatan, pegawai farmasi, pegawai pergigian atau anggota kesihatan lain.

❑ Saya _____pesakit/penjaga, nombor kad pengenalan/Pasport _____dengan ini bersetuju kad alahan dikembalikan dan telah diberikan penerangan sewajarnya.

_____ Tandatangan/Cop Peg. Farmasi
Tarikh:

_____ Tandatangan Pesakit/Penjaga
Tarikh: