

Patient Safety Learning Advisory

Patient Safety Event: Plavix (Clopidogrel) Prescribing Error

Why was this a Critical Incident? Notification was received from Shared Health that a prescribing misinterpretation may have contributed to a patient having a STEMI (ST elevation myocardial infarction) post angiogram and stent insertion. It has been determined that the event met the threshold of a reportable critical incident to Manitoba Health.

What happened in the incident?

A patient presented to an emergency department (ED) with chest pain. Treatment included transferring the patient to the cardiac catheterization lab for an angiogram and stent insertion for a blockage. Poststent insertion, direction from the cardiologist included keeping the patient on acetylsalicylic acid (ASA) for seven days, and Clopidogrel for one year (an antiplatelet to reduce occurrence of future blockages).

The orders were mis-interpreted, and the patient was prescribed ASA indefinitely and Clopidogrel for seven days only. The patient re-presented to the ED three weeks later sustaining a STEMI. After expert consultation, it was determined that the unintended discontinuation of Clopidogrel may have directly contributed to the STEMI.

What is the Health Care System learning?

The Cardiac Catheterization Record "Follow up Recommendations" was mis-interpreted, and the patient was discharged home after a NSTEMI on Clopidogrel for 7 days instead of one year.

The Cardiac Catheterization lab has since implemented a process where clear instructions upon transfer are done by writing out each medication and timeline separately.

What are the recommendations?

Initiate a process where pharmacy does an admission medication reconciliation for any patient transferred back from tertiary care. *Note* the receiving physician will need to inform pharmacy of these transfers back.*

Keywords: STEMI, Plavix

Glossary:

Your privacy is important to us, so in this summary we have removed any details which would help identify the subject of this event. It's important that we can learn from safety events and make changes to improve the care we provide.



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