Patient Safety Alert

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Reference: HSC (SQSD) 61/16

Date of Issue: 15th November 2016

Risk of death and severe harm from error with injectable phenytoin

For Action:
Chief Executives of HSC Trusts
Chief Executive, RQIA
Chief Executive, HSCB
Chief Executive, PHA
Chief Executive, NIMDTA

For Information:
Distribution as listed at the end of this PSA.

Related documents
N/A

Superseded documents
N/A

Implementation
As soon as possible but no later than 21 December 2016

DoH Safety and Quality Circulars including Patient Safety Alerts can be accessed on: https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars

Summary

Injectable phenytoin is used to slow and stabilise erratic electrical brain activity in, for example, status epilepticus, which is a life-threatening medical emergency. It is a particularly complicated drug to use and careful consideration must be given around prescribing, preparation, administration and monitoring.

NHS Improvement has issued a Patient Safety Alert which should be viewed at: https://www.cas.dh.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=102553

The purpose of this circular is to ask providers to consider if more can be done to strengthen local guidance, training and teamwork related to the use of injectable phenytoin to reduce the risk of error.

Action

Chief Executives of HSC Trusts should:

- Identify if the issues in the alert could occur in your organisation.
- Consider if immediate action needs to be taken locally to improve the safe use of injectable phenytoin, and ensure an action plan to embed further improvement to patient safety is underway if required.

- Circulate this alert to all relevant staff, including those with responsibilities for developing protocols, procedures, training and equipment required for the safe use of injectable phenytoin.
- Share any learning from local investigations or locally developed resources via the Medication Safety Officers network (patientsafety.enquiries@nhs.net) and the medicines governance network.

Chief Executive, RQIA should:

- Disseminate this alert to all relevant independent sector providers.

Chief Executives, HSCB and PHA should:

- Disseminate this alert to all relevant HSCB/PHA staff for consideration through the normal HSCB/PHA processes for assuring implementation of safety and quality alerts.

Chief Executive, NIMDTA should:

- Disseminate this alert to doctors and dentists in training in all relevant specialities.

Enquiries:

Any enquiries about the content of this circular should be addressed to:

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Director of Nursing, PHA
Dir of Performance Management & Service Improvement, HSCB
Dir of Integrated Care, HSCB
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