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CHAPTER 55

BOOK Summary of Best |

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1. INTRODUCTION.

In recent decades, there was a 15-year period during which *lethal general medical prescription errors* increased by 243%[1]. That was likely due to a massive increase in prescribing options for more diseases and a trend to prescribe larger numbers of simultaneous medications. Anesthesia care is part of that realm. The Phillips' review of 2002 foremost called for the **science of medication administration errors to become a full pre-graduation subject of nursing and medical courses**.

2. FIXING THE PROBLEM, A BROAD VIEW LOOKING BACK OVER THIS BOOK,

15 years ago, Pharmacist R. Nair listed 10 steps pharmacists could take to reduce medication dispensing errors. *Anesthesiologists act like pharmacists* when dispensing medications into their own hands and preparing the medications for administration. Some anesthesia useful items Nair wrote were: (1) Beware of look-alike sound-alike drugs, (2) Be careful of zeros and abbreviations, (3) organize the workplace, (4) work with only one drug at a time, (5) never let an unlabeled drug container leave your hand, (6) reduce distraction and multitasking, (7) reduce stress and heavy workloads, and (8) store drugs properly.

In 2022**, M. A. Warner** highlighted barriers and challenges facing anesthesia in improving patient safety[2]. His writing was to celebrate the 100 years since the journal's first article in 1922, which discussed the challenges of improving anesthesia-caused mortality. He observed that much had improved since 1922, but anesthesia safety efforts had STAGNATED in the last 20 years. A shortage of physician anesthesiologists was a problem. Some African countries only had **0.6** per 100,000 population. That number only improved to **21** in the USA, **22** in New Zealand, and **26** in Norway.

Warner's list of the top 10 patient safety issues worldwide was surprisingly largely common to all economic and development categories of countries. The problems were;

(This book's full chapter has 7 pages, and 10 recommended highlight references.)

Drug	Use	Concentration
MORPHINE	pain	1 mg/ml, 10 mg in 10 ml
FENTANYL	pain	50 mcg/ml, 500 mcg in 10 ml
ALFENTANIL	pain	100 mcg/ml, 1000 mcg in 10 ml
SUCCINYLCHOLINE	muscle	50 mg/ml, 100 mg in 2 ml
ROCURONIUM	muscle	10 mg/ml, 50 mg in 5 ml

7. CONCLUSION

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