

MEDICATION HARM SERIES · PART 1

Five Rights and Where They Break

Medication Harm

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Medication harm is the second most common pattern in the cases we review, after diagnostic delay, and this month we're starting a five-part podcast series on it, setting by setting. Here's the framework before the episodes get specific.

Every medication error breaks at one of five points: right patient, right drug, right dose, right route, or right time. The record shows which one. Right dose causes the most serious harm. Right time, the one that gets overlooked, is where quiet harm lives: the blood thinner that dropped off an order set during a transfer and was missed for days.

The pattern we look for repeats across settings: a transition (admission, transfer, discharge, shift change) where the medication list gets rewritten; a monitoring gap where a required lab wasn't drawn or wasn't acted on; a reconciliation failure where one setting's list didn't match the next; and harm that looks like something else, a fall, confusion, a bleed, kidney failure, charted as a new problem until someone looks backward.

WHAT TO REQUEST ON ANY MEDICATION CASE

- ◆ **The complete MAR with the barcode scan log.** The scan timestamps are the ones you can trust. A dose charted at 9 a.m. with a scan at 11:40 was given at 11:40.
- ◆ The order history for every drug involved: original order, every modification, and discontinuation, with timestamps.
- ◆ Every medication reconciliation form: admission, transfer, discharge. These are where transitions fail. A home medication listed with a blank "continue / hold / discontinue" box is a case in one document.

- ◆ **The pharmacy dispensing log and pharmacist intervention notes.** A pharmacist who called the physician to question a dose and was overruled has documented both the standard and the breach.
- ◆ The facility's high-alert medication and reconciliation policies, as in force on the date.
- ◆ The allergy documentation, including when it was entered and by whom.

Baseline matters more in medication cases than almost anywhere else: the patient's kidneys, liver, weight, age, and allergies decide whether a dose that looks normal was safe.

Episode 86 of Lexcura Clinical Insights covers all of this in detail. Episodes 87 through 90 take the hospital, the nursing home, home health, and chemical restraint one at a time.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

Michelle Carroll

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