

# PROMOTE SAFETY ACROSS THE BOARD



DATE OF LAST ADE:

## 2017 Adverse Drug Events (ADE) Top Ten Checklist

Standardize concentrations and minimize dosing options where feasible.

Set dosing limits for insulin and opioids.

Set target glucose levels at 140-180 mg/dL in the hospitalized patient.

Eliminate "sliding scale" insulin as the sole method of glycemic management. Manage all patients with basal + bolus + correction if eating, and basal + bolus if not eating.

Seek new insulin order for any patient with a single episode of inpatient hypoglycemia (less than 70 mg/dL).

Coordinate meal and insulin times.

Implement pharmacist-driven warfarin management.

Use standard opioid equi-analgesic conversion tables.

Use standard order sets to avoid multiple concurrent prescriptions of opioids and sedatives.

Use effective tools to reduce over-sedation from opioids (e.g., risk assessment tools such as "STOP BANG" and sedation assessment tools such as the Richmond Agitation Sedation Scale or the Pasero Opioid-Induced Sedation Scale).