



# High-Risk Med Errors

High-Risk Med Errors



# FINANCIAL DISCLOSURE

None

## HOW TO PLAY

- WAIT TO BUZZ IN UNTIL AFTER THE QUESTION HAS BEEN READ
- IF YOU BUZZ IN, YOU HAVE **15 SECONDS** TO RESPOND  
IF YOUR RESPONSE IS INCORRECT, THE OTHER TEAMS MAY BUZZ IN
- INCORRECT RESPONSES DEDUCT THAT DOLLAR AMOUNT FROM YOUR TOTAL
- DAILY DOUBLE: CHOOSE A DOLLAR AMOUNT TO WAGER; IF YOU ARE IN THE NEGATIVES (OR HAVE LESS THAN \$1000) YOU MAY WAGER UP TO \$1000

**REMEMBER TO ANSWER IN THE FORM OF A QUESTION!**

RESUS ROOM	DEADLY INTERACTIONS	DC MISHAPS	MED-MAL	ADRS	POTENT POTABLES & INJECTABLES
\$200	\$200	\$200	\$200	\$200	\$200
\$400	\$400	\$400	\$400	\$400	\$400
\$600	\$600	\$600	\$600	\$600	\$600
\$800	\$800	\$800	\$800	\$800	\$800
\$1000	\$1000	\$1000	\$1000	\$1000	\$1000

RESUS ROOM- \$200

RAPIDLY PUSHING THIS  
ANTIARRHYTHMIC  
POST ROSC  
MAY PRECIPITATE SUDDEN  
CARDIOVASCULAR COLLAPSE.

← BACK TO PANEL

RESUS ROOM- \$200

WHAT IS AMIODARONE?

← BACK TO PANEL

RESUS ROOM- \$400

“DOC, EPINEPHRINE  
EXTRAVASATED IN LEFT  
AC!”

← BACK TO PANEL

RESUS ROOM- \$400

WHAT IS PHENTOLAMINE?

← BACK TO PANEL



← BACK TO PANEL

RESUS ROOM - \$600

THIS SLANG REFERS  
TO AN IMPROV EPI  
INFUSION MIXED FROM  
CODE-DOSE EPI

← BACK TO PANEL

RESUS ROOM - \$600

WHAT IS DIRTY EPI?

← BACK TO PANEL

RESUS ROOM - \$800

**NTG PLUS THIS  
PULMONARY HTN DRUG  
CAN CAUSE  
CARDIOVASCULAR  
COLLAPSE**

← BACK TO PANEL

RESUS ROOM - \$800

WHAT ARE PDE-5 INHIBITORS?

← BACK TO PANEL

RESUS ROOM · \$1000

THE MOST COMMON  
DRUG ERROR WITH  
PUSH-DOSE PRESSORS

← BACK TO PANEL

RESUS ROOM · \$1000

WHAT IS AN OVERDOSE?

← BACK TO PANEL

DEADLY INTERACTIONS- \$200

THIS DRUG  
INTERACTS  
WITH MOST ABX  
(SMX/TMP & FQS WORST)

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DEADLY INTERACTIONS · \$200

WHAT IS WARFARIN?

← BACK TO PANEL

DEADLY INTERACTIONS · \$400

WHEN PRESCRIBED  
WITH ACE-INHIBITORS,  
THIS DRUG CAN INCREASE  
THE RISK OF SUDDEN DEATH

← BACK TO PANEL

DEADLY INTERACTIONS · \$400

WHAT IS SMX/TMP?

← BACK TO PANEL

DEADLY INTERACTIONS · \$600

PUSH THIS  
THRU THE SAME IV  
AS BICARB,  
YOU'LL GET  
CHALK IN VEINS

← BACK TO PANEL

DEADLY INTERACTIONS · \$600

WHAT IS IS  
CALCIUM GLUCONATE/ CHLORIDE?

← BACK TO PANEL

DEADLY INTERACTIONS · \$800

CTX + THIS FLUID  
PRECIPITATES AND  
GETS TRAPPED IN  
LUNG/KIDNEYS

← BACK TO PANEL

DEADLY INTERACTIONS · \$800

WHAT IS LACTATED RINGER?

← BACK TO PANEL

DEADLY INTERACTIONS · \$1000

GIVING  
PROCHLORPERAZINE  
TO A PT ON THIS MED  
MAY LEAD TO CARDIAC  
ARREST

← BACK TO PANEL

**DEADLY INTERACTIONS · \$1000**

**WHAT IS DOFETILIDE?**

[← BACK TO PANEL](#)

DC MISHAPS · \$200

THIS TOPICAL PAIN ADJUNCT  
IS AUTO-REJECTED BY  
INSURANCE

← BACK TO PANEL

DC MISHAPS · \$200

WHAT IS A LIDOCAINE PATCH?

← BACK TO PANEL

DC MISHAPS · \$400

EM DOCs MAKE ERRORS  
ON DISCHARGE Rx DOSING  
AS THIS IS NOT CHECKED

← BACK TO PANEL

DC MISHAPS · \$400

WHAT IS RENAL FUNCTION?

← BACK TO PANEL

DC MISHAPS · \$600

EARLY POST-PCI STEMI  
MAY FOLLOW INTERRUPTION  
OF THIS ANTIPLATELET DUE  
TO LACK OF INSURANCE

← BACK TO PANEL

DC MISHAPS · \$600

WHAT IS TICAGRELOR?

← BACK TO PANEL

DC MISHAPS · \$800

THE MOST COMMON  
REASON  
FOR OUTPATIENT  
PHARMACY CLARIFICATION  
CALL-BACKS

← BACK TO PANEL

DC MISHAPS · \$800

WHAT IS WRONG SIG?IG?

← BACK TO PANEL

DC MISHAPS - \$1000

PROBABLE COMMON FUTURE  
ERROR WITH USE OF AI  
IN DRUG DECISIONS

← BACK TO PANEL

DC MISHAPS - \$1000

# WHAT IS AUTOMATION BIAS?

← BACK TO PANEL

**MED-MAL · \$200**

**% OF EM MALPRACTICE  
MEDICATION-RELATED  
ALLEGATIONS**

[← BACK TO PANEL](#)

**MED-MAL · \$200**

**WHAT IS 10%?**

[← BACK TO PANEL](#)

MED-MAL · \$400

ABX, ACs, AND THESE MEDS  
ACCOUNT FOR MOST  
MEDICATION-RELATED  
EM MALPRACTICE CASES

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MED-MAL · \$400

# WHAT ARE OPIOIDS?

← BACK TO PANEL

**MED-MAL · \$600**

**FAILURE TO IDENTIFY THIS  
DURING TRIAGE CAN LEAD  
TO A PREVENTABLE  
MED-RELATED DEATH**

[← BACK TO PANEL](#)



MED-MAL · \$600

# WHAT ARE ALLERGIES?

← BACK TO PANEL

MED-MAL · \$800

AMONG MED-MAL TPA  
CASES FOR ACUTE  
ISCHEMIC STROKE,  
MAJORITY INVOLVED THIS  
EVENT

← BACK TO PANEL



**MED-MAL · \$800**

**WHAT IS OMISSION/FAILURE TO TREAT?**

[← BACK TO PANEL](#)

Table II - Reasons for Litigation

Reason for Litigation	Number of cases	Settlement	Verdict	
			Defence	Plaintiff
<b>Failure to timely diagnose*</b>	<b>231 (85%)</b>	<b>65 (28%)</b>	<b>126 (55%)</b>	<b>40 (17%)</b>
<i>Failure to timely order imaging</i>	81 (30%)	23 (28%)	42 (52%)	16 (20%)
<i>Failure to correctly interpret imaging</i>	31 (11%)	12 (39%)	13 (42%)	6 (19%)
<b>Failure to timely treat</b>	<b>263 (97%)</b>	<b>71 (27%)</b>	<b>148 (46%)</b>	<b>44 (17%)</b>
<i>Failure to timely treat with tPA</i>	71 (26%)	15 (21%)	44 (62%)	12 (17%)
<i>Failure to timely treat with thrombectomy</i>	7 (3%)	2 (29%)	3 (43%)	2 (29%)
<b>Failure to timely treat (with no failure to diagnose)</b>	<b>33 (13%)</b>	<b>5 (15%)</b>	<b>21 (64%)</b>	<b>7 (21%)</b>
<b>Failure to anticoagulate for 'stroke in evolution'</b>	<b>30 (11%)</b>	<b>7 (23%)</b>	<b>16 (53%)</b>	<b>7 (23%)</b>
<b>Failure to timely refer to specialist</b>	<b>63 (23%)</b>	<b>14 (22%)</b>	<b>39 (62%)</b>	<b>10 (16%)</b>
<b>Failure to timely transfer to another hospital</b>	<b>32 (12%)</b>	<b>11 (34%)</b>	<b>13 (40%)</b>	<b>8 (25%)</b>
<b>Other significant allegation involved in lawsuit</b>	<b>58 (21%)</b>	<b>15 (26%)</b>	<b>28 (48%)</b>	<b>15 (26%)</b>
<i>Failure to diagnose previous TIA(s)</i>	13 (5%)	4 (31%)	7 (54%)	2 (15%)
<i>Caused the stroke due to surgical negligence</i>	10 (4%)	4 (40%)	4 (40%)	2 (20%)
<i>Failure to diagnose dissection</i>	6 (2%)	0	4 (67%)	2 (33%)
<b>Lack of informed consent</b>	<b>10 (4%)</b>	<b>2 (20%)</b>	<b>8 (80%)</b>	<b>0</b>
<b>Complications related to giving tPA</b>	<b>1 (0.4%)</b>	<b>0</b>	<b>1 (100%)</b>	<b>0</b>

\*114 cases alleged failure to timely diagnose without explicitly specifying how the stroke should have been diagnosed.

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MED-MAL · \$1000

**FATAL INTERACTION  
BETWEEN AN MAOI AND  
THIS OPIOID  
LED TO RESIDENT WORK-  
HOUR REFORMS**

← BACK TO PANEL

**MED-MAL · \$1000**

**WHAT IS MEPERIDINE?**

[← BACK TO PANEL](#)

ADRS- \$200

THIS HYPERKALEMIA  
THERAPY MAY ADSORB TO  
IV BAGS LEADING TO  
UNDERDOSING

← BACK TO PANEL

ADRS · \$200

# WHAT IS INSULIN?

← BACK TO PANEL

ADRS - \$400

RAPID IV ADMINISTRATION  
OF THIS STEROID  
MAY CAUSE SEVERE,  
PERINEAL BURNING

← BACK TO PANEL

ADRS - \$400

# WHAT IS IV DEXAMETHASONE?

← BACK TO PANEL

ADRS - \$600

UP TO A  $\frac{1}{3}$  OF PATIENTS  
GET MYOCLONUS  
WITH THIS DRUG

← BACK TO PANEL

ADRS - \$600

# WHAT IS ETOMIDATE?

← BACK TO PANEL

ADRS - \$800

TREATMENT FOR  
SEVERE RESTLESSNESS  
FOLLOWING  
PROCHLORPERAZINE OR  
DROPERIDOL

← BACK TO PANEL

ADRS - \$800

# WHAT ARE BENZODIAZEPINES?

← BACK TO PANEL

ADRS - \$1000

NO SEDATION & ANALGESIA  
AFTER RSI  
MAY LEAD TO THIS,  
RESULTING IN PTSD

← BACK TO PANEL

ADRS · \$1000

WHAT IS AWARENESS?

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$200

IN CHRONIC HoNa  
RAPID INFUSION  
OF THIS DRUG CAN CAUSE  
DEMYELINATION

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$200

WHAT IS HYPERTONIC SALINE?

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$400

THIS POTENT 20% TOPICAL  
MAY RESULT IN  
METHEMOGLOBINEMIA  
WHEN APPLIED TO  
MUCOSAL SURFACES

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$400

WHAT IS BENZOCAINE?

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$600

THIS COMMON IV  
ANTIHYPERTENSIVE CAN  
PRECIPITATE HEMODYNAMIC  
COLLAPSE IN A PATIENT WITH  
ICH+CUSHING REFLEX

← BACK TO PANEL

POTENT POTABLES AND INJECTABLES · \$600

WHAT IS LABETALOL?

← BACK TO PANEL

# DAILY DOUBLE



POTENT POTABLES AND INJECTABLES · \$1000

THIS DRUG TAUGHT US  
TO NOT LOWER BP  
AGGRESSIVELY IN ED

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POTENT POTABLES AND INJECTABLES · \$1000

WHAT IS I.R. NIFEDIPINE?

← BACK TO PANEL



FINAL  
JEOPARDY

**FAILING TO RE-TITRATE  
THIS DRUG AFTER  
NONCOMPLIANCE  
CAN PRECIPITATE  
SJS/TEN**



**WHAT IS LAMOTRIGINE?**





← BACK TO PANEL



**WINNER!**