The nurse’s role in medication safety

Take the initiative to protect patients.

By Kim Kuebler, DNP, APRN, ANP-BC, FAAN

Patients have long associated trust and respect with nursing. However, recent incidents of nurses delivering inappropriate medications (wrong drug, wrong dose) have led to catastrophic consequences. Most notoriously, former nurse RaDonda Vaught was stripped of her nursing license and charged with reckless homicide and abuse of an impaired adult. She inadvertently injected the powerful paralyzer Norcuron (vecuronium bromide) into a 75-year-old patient for whom the provider had ordered Versed (midazolam).

In Columbus, Ohio, a physician was accused of murder in the fentanyl and morphine overdose deaths of 25 patients over 4 years. Per the physician’s orders, nurses injected patients with between 500 μg and 2,000 μg of fentanyl (the average fentanyl dose is 2 μg, 100 times stronger than morphine). Patients died within minutes of the I.V. injections. According to the hospital’s chief executive officer (CEO), a civil lawsuit filed against the hospital named one of the nurses. The CEO announced the layoff of 48 nurses and pharmacists, with 30 placed on leave. All were reported to their professional boards for investigation and disciplinary actions.

In Kentucky, a nurse was charged with murder after intravenously injecting lorazepam into a 97-year-old World War II and Korean War veteran. The patient was being treated for a slip-and-fall accident. The nurse took it upon herself, without a provider order, to administer a benzodiazepine medication, which led to respiratory suppression, pneumonia, and death.

In August 2022, the North Carolina Supreme Court ruled that nurses can face legal charges for medical injuries despite following physician orders. The state holds nurses accountable for their own practice and liable for inappropriate care. I’m curious to see if other states adopt similar legislation.

When used appropriately, medications serve as powerful tools for addressing the disease process, improving patient well-being, and preventing unnecessary symptoms. However, each medication carries adverse effects if used or combined with other medications inappropriately or if ordered for debilitated patients with multiple chronic conditions.

A recent study published in the Journal of Patient Safety evaluated medications in home care nursing that should be considered high-risk. Authors of this study reported that 28 medications required additional interventions by home care nurses to ensure patient safety. They concluded that home care nurses need procedures or protocols for 12 medications to improve care quality and safety.

Nurses should rely on current data for safe medication use in clinical practice. That requires having access to resources that will help them understand the use, dose, route, and timing of individual medications. Most clinical practice guidelines and free smartphone applications, such as Epocrates®, provide this information. Nurses who recognize the potential for drug–drug interactions and specific medication side effects help ensure patient safety.

Nurses can’t afford to be complacent about competent safe medication administration.

American Nurse Journal is committed to providing nurses with updates on safe medication use. When nurses stay current with evidence-based guidelines, they ensure safe and dependable care.

Access references at myamericanurse.com/?p=343485.

Kim Kuebler is a member of the American Nurse Journal editorial board. She’s also founder and director of Multiple Chronic Conditions Resource Center and CEO of Advanced Disease Concepts LLC in Pleasant Lake, MI.