Bedsidescanning … what does it take ?

Break-out session

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Bedside scanning …

- The final checkpoint !
- Requirements
  - Fully deployed CPOE
  - Hardware and software
  - Barcode on every single dose

  - *Change management*
  - *Education of staff*
  - *Escape-procedure*

Check ?

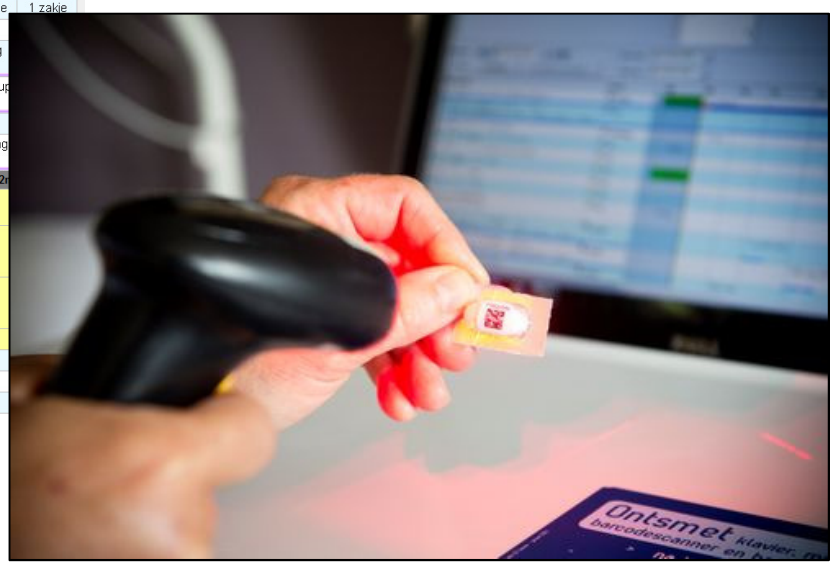
Overzicht Hos | Insuline Pomp | Shockbox spoed | Chemotherapie | (Thuis)therapie | (Thuis)therapie V14 | Ambulant voorschrift

Voorschrift | Schema | 8 dagen | Dat | 28-04-2014 00:00

Medicatie	Toed.	ma 28-04	di 29-04	wo 30-04	do 01-05	vr 02-05	za 03-05	zo 04-05	ma 05-05
NATR.CHLORIDE 0,9 % (FL INF 50 ML VIAFLO)	IV-Inf					1 infuus			
NATR.CHLORIDE 0,9 % (FL INF 100 ML VIAFLO)	IV-Inf			1 infuus					
NEULASTA MN (SPUIT 6 MG)	SC						1 stuk		
PERIO AID MONDSPOEL. (FL 500 ML 0.12 %) Z	OROMUC		≠3*10 ml	≠4*10 ml	4*10 ml	4*10 ml	4*10 ml	4*10 ml	4*10 ml
MAALOX ANTACID (ZAKJE 4,3 ML) # bij zure oprispingen	PO		3*1 zakje	3*1 zakje	3*1 zakje	3*1 zakje	3*1 zakje	3*1 zakje	3*1 zakje
PANTOMED (TABL 20 MG)	PO			20 mg	20 mg	20 mg	20 mg	20 mg	20 mg
ALOXI (FL INJ 250 MCG/5 ML)	IV-Bolus		250 µg						
LAXOBERON (FL 15 ML)	PO				10 drup	≠ 2*10 drup	10 drup	10 drup	10 drup
FORLAX (ZAKJE 10 G)	PO		1 zakje						
MOVICOL (ZAKJE NEUTRAAL 13.79 G)	PO			2*1 zakje	2*1 zakje	≠ 2*1 zakje	1 zakje	1 zakje	1 zakje
LASIX (AMP INJ 20 MG/2 ML)	IV-Bolus			20 mg	40 mg				
DAFALGAN (TABL FORTE BRUIS 1 G) # bij pijn om de 6 uur	PO		4*1 g	4*1 g	4*1 g	4*1 g	4*1 g	4*1 g	
HALDOL (FL DRP P.O. 2 MG/ML 15 ML) # bij misselijkheid	PO		4*5 drup	4*5 drup	4*5 drup	4*5 drup	4*5 drup	4*5 drup	
ZYPREXA (TABL 5 MG)	PO		2*5 mg	2*5 mg	2*5 mg	≠ 2*5 mg	2*5 mg		
TEMESTA (TABL EXPIDET 1 MG) # bij misselijkheid	PO		3*1 mg	3*1 mg	2*1 mg (1/3)	1 mg + 3*1 mg	3*1 mg	3*1 mg	
Chemo schema:		"VIP" Etoposide 100mg/m² Ifosfamide 2000mg/m² Cisplatine 30mg/m² (GEEN LIMIET OP 2							
ETOPOSIDE (CYTO) - 209 mg + GLUCOSE 5% (FL INF) - 250 ml	IV-Inf		209 mg	209 mg	209 mg				
CISPLATINE (CYTO) - 63 mg + NATR.CHLORIDE 0.9% (FL INF) - 500 ml + MAGNESIUMSULFAAT (AMP 3 G/10 ML (=24.36 MEQ)) - 3 g	IV-Inf		63 mg	63 mg	63 mg				
GLUCOSE 5% + NACL 0.9% (FL INF) - 1 l + IFOSFAMIDE (CYTO) - 1400 mg + MESNA (COMED) - 1254 mg	IV-Inf		1 l	3*1 l	3*1 l	2*1 l			
MESNA (COMED)	IV-Bolus		1254 mg	1254 mg	1254 mg	2*1254 mg	1254 mg		
GLUCION 10% (FL INF)	IV-Inf		1 l	1 l	1 l				
MANNITOL 15% (FL INF)	IV-Inf		500 ml	500 ml	500 ml				
GLUCOSE 5% + NACL 0.9% (FL INF)	IV-Inf					2*1 l			

CPOE: check

Hardware / Software : check



Single dose barcoded medication : D.I.Y & W.I.P.

→ >95 % of doses are scanable (in UZ Leuven)

Our needs …

- Step 1: Identification
  - Unique identifier
    - Used in translation tables (1 on n relation)
    - Link to databases (measures, photo's, leaflets, …)

- Step 2 : Traceability
  - Batch / serial
  - Expiration date
  - → *Already feasable for non-blister ?!*

Approaches …

- Non-believers
  - Wait and see
- Believers without support
  - Try locally
  - Sometimes creative
- Visionaries
  - European or global approach
  - GS1 standard

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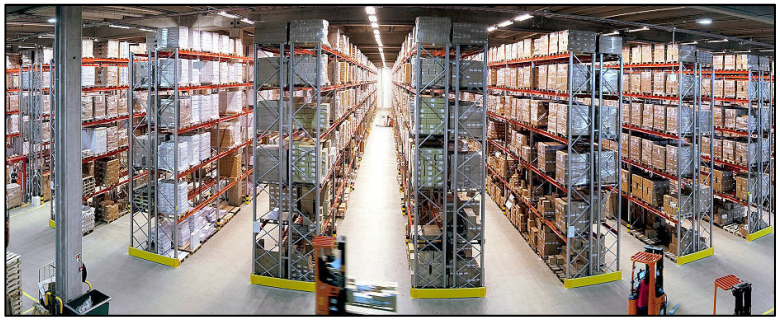
These are the meds we need in appropriate care giving …

Repacking interferes with logistics

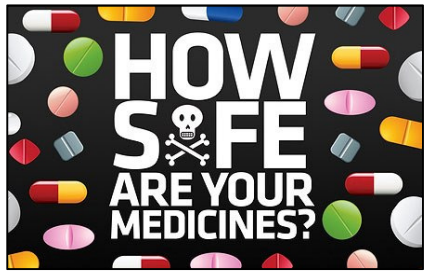
- Impact on stock (<> EOQ)
- Impact on costs (<> dirtft)



- Impact on stability / quality ? (<> GxP)
- Impact on forecasting pharma industry (<> EOQ)
- Triggers for stock rupture on market

Repacking interferes with logistics

- What in case of recall ?
- What in case of change of guidelines ?
- Pops up in tendering dossiers (asset value)
- Liability in case of incident ?
- Risk in battle against counterfeiting



Pitfalls and challenges

- Escape scenario
  - Exceptional but safe and easy

- Barcodescanners cannot read “]d2”
  - No recognition / interpreting GS1

- Medication in clinical trials
  - Complete anarchy (~ annex 13)
  - Phonebook is easier to read

  → Source of errors

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