

User applied drug labels in anaesthesia: time for action

To the editor: In 1985 Professor Pat Foster from Tygerberg Hospital under the auspices of the SA Society of Anaesthesiologists (SASA) and South African Bureau of Standards (SABS) pioneered the development of a national standard of colour-coded syringe labels for anaesthetic drugs.¹⁻³ This colour coding system has been modified and adopted by authorities in Australasia, Canada, the United Kingdom and the United States of America.⁴

For a number of years SASA through its role as adviser to the SABS and the International Organization for Standardization (ISO) has been involved in the development of both an international and a new South African standard for colour-coded user applied drug labels in anaesthesia. "In 2008 the international standard was agreed upon (ISO 26825:2008)." With the encouragement of SASA, the SABS has adopted this as a new South African standard (SANS 26825:2009). The standard provides recommendations for the colour, size, design, general properties and typographical characteristics of the labels. It can be ordered from the SABS website: <https://www.sabs.co.za>

Drug errors remain a common problem in SA theatres. A survey of SASA members published in the SAMJ in 2006 revealed that over 90% of respondents had administered a wrong drug or the correct drug into the wrong site at some stage of their career.⁵ Although the majority of incidents did not cause harm, four deaths in the study were attributable to error. Llewellyn et al recently reported results of a six month prospective study into the incidence and causes of drug errors at three SA academic hospitals.⁶ In this study involving over 30 000 anaesthetics, a drug error or "near miss" occurred in 1:274 anaesthetics – averaging six incidents per month at each of the three hospitals. Neither the experience of the anaesthetist nor emergency surgery

affected the incidence. The majority of drug errors were substitution errors and 21.3% of errors were due to problems with syringe labelling.

With the availability of a SA standard for user applied drug labels in anaesthesia, we believe the time has come to insist that these labels be made available to anaesthetists at both state and private hospitals. To this end we are motivating for a provincial tender for drug labels for state hospitals in the Western Cape and intend to motivate for a national tender. We urge practitioners in the private sector to encourage their hospital administrators to make them universally available in the theatres in which they work.

Yours sincerely,

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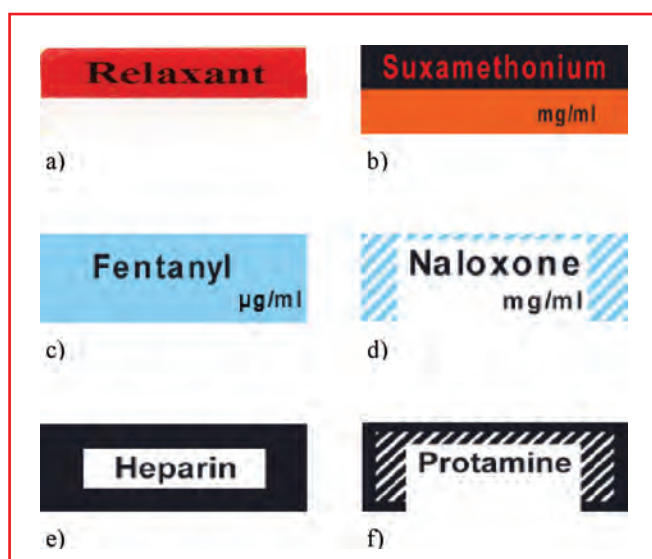


Figure 1: Label a) is an example of a colour coded generic muscle relaxant label currently used at Groote Schuur Hospital. The white portion allows the actual relaxant used to be written on the label

Labels (b–f) are examples from SANS 26825:2008. Suxamethonium chloride is labelled differently from non-depolarising relaxants as it has a different mechanism of action and is a frequent cause of substitution type drug errors. The hatched labels are used for drugs with antagonistic actions.