

Medicines Safety Bulletin

May 2025

Do not abbreviate medication names



Abbreviations can sometimes assist us in communicating our intentions quickly, however if misinterpreted they are a risk to patient safety and can result in harm.

After a patient had surgery, a surgeon requested "flux for 3 days" in the patient's notes. The patient was subsequently prescribed a three-day course of flupentixol. The prescription was corrected before any doses were given.

Flupentixol is a first-generation antipsychotic used to treat schizophrenia and other psychoses. It can cause extra-pyramidal symptoms (EPS), which include involuntary movements, muscle stiffness, and tremors. If the flupentixol had been administered in error, the patient may have suffered from unnecessary side effects including sedation and EPS.

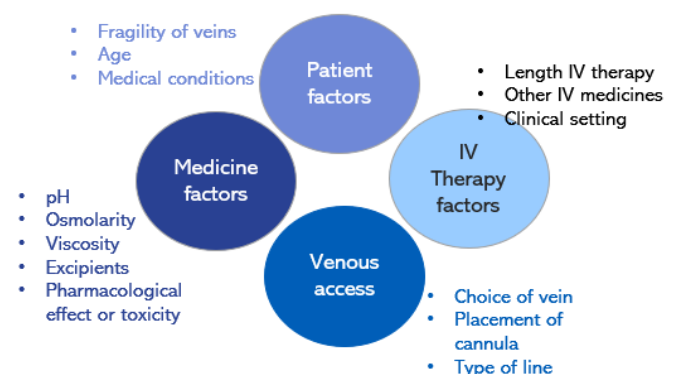
Flucloxacillin is an antibiotic similar to penicillin, usually used to treat skin infections and provide antibiotic cover after invasive surgery. Missing the course after surgery would have increased the risk of infection.

Advice for staff:

- Write out medication names in full when documenting or discussing care.
- When handing over prescribing tasks to colleagues, be specific and clear regarding the medication, dose, frequency and its indication, as well as fully identifying the patient.
- Double-check that the medication is appropriate for the indication and consider the clinical context of the patient.

Extravasation: prevention, early identification and management

Risk of extravasation is affected by a combination of factors:



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Advice for staff:

- Assess risk and monitoring required for each patient depending on these factors
- Counsel the patient. They are well placed to report any symptoms of extravasation, during or after the infusion.
- Before administering IV medicines, familiarise yourself with the Trust extravasation guideline and referral pathways (extravasation is a clinical emergency).
- Seek advice as soon as possible from Trust Vascular Access team in patients with problematic or limited venous access .
- Act on suspected infiltration and extravasation: Assess, refer (if required), treat, document in notes, report and inform patient
- National resources: [NIVAS infiltration and extravasation toolkit 2024](#).

Look-alike, sound-alike medicines: promazine and promethazine



A patient was prescribed promazine liquid 25mg/5ml three times daily (25mg morning, 25mg midday and 50mg evening). The prescription should have been for promethazine liquid 5mg/5ml.

Promazine was not stocked on the ward, and instead the patient had been administered

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promethazine. However, this was administered at the wrong dose, because the volume of liquid required was automatically calculated by ePMA. The patient is likely to have received 5mg or 10mg of promethazine, instead of 25 or 50mg.

Promazine is first generation (typical) phenothiazine antipsychotic. It has weak antipsychotic effects but is very sedative. It is licensed for use in agitation, but rarely used in practice. Promethazine is a sedating antihistamine, derived from phenothiazines but structurally different. It is used as a calming, sedative medication.

In this case, underdosing of promethazine may have meant increased agitation or distress for the patient.

Advice for staff:

- Read the drug name aloud when selecting the product and checking the product against the prescription.
- Use electronic processes like automated dispensing cabinets and barcode scanning where available during administration
- Keep look-alike and sound-alike medications well apart from each other when stored in cupboards or cabinets.
- Double-check that the medication is appropriate for the patient's indication and aligns with the clinical context .

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