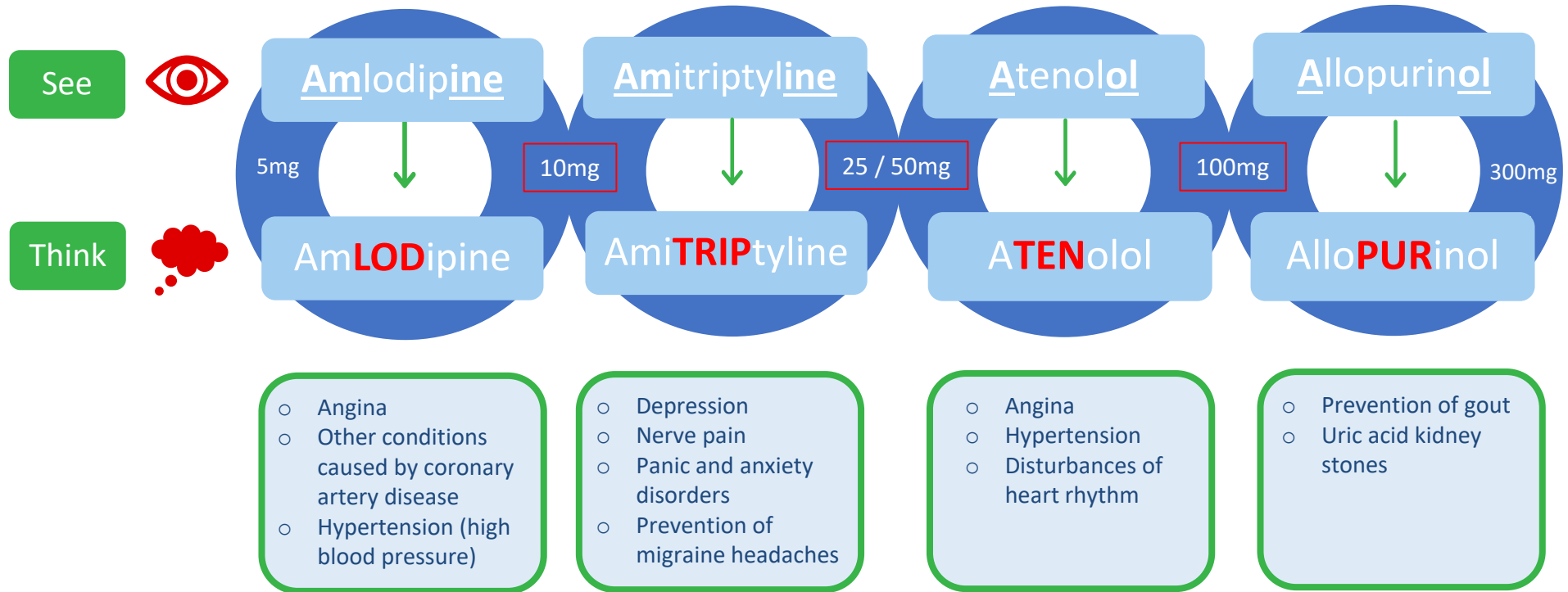


LASA (Look-Alike, Sound-Alike) A-listers



Dispensing errors involving these drugs may cause serious harm to patients. Always triple check the **product name** and **strength**. Consider minimising selection error risks through: physical separation, visual warnings, shelf edgers, PMR prompts.

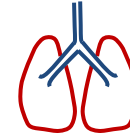


proPRANoloL

Heart conditions & relief
of situational anxiety



prEDNISoloNE



Reduces inflammation in
asthma & rheumatism

Dispensing propranolol

- **Contra-indicated** for patients with some conditions (e.g. **asthma**)
- Taken **regularly** and continuously for cardiovascular conditions
- Taken **occasionally** for anxiety & migraine relief

Dispensing prednisolone

- Doses **vary** depending on the condition (between 5mg and 60mg daily)
- Ensure dispensing labels have **clear directions**
- Provide **counselling** & additional material
- Give '**Steroid Card**' for regular treatments

Check for potential drug interactions

Check the strength & formulation

- ⚠ If **propranolol** tablets are supplied in error, consequences include **bronchospasm** and a **fall in blood pressure** which can cause **fainting, coma** or even **death**.
- ⚠ Rapid **withdrawal of high dose prednisolone** can be **dangerous**.
- ⚠ Dispensing **prednisolone** in error can cause many unpleasant side effects.



Carbamazepine is used to treat **epilepsy**,

trigeminal neuralgia & bipolar disorder.

Side effects: nausea, vomiting, dizziness & allergic skin reactions.

In adults, carbamazepine is usually started at **100mg/300mg** daily and the **dose is increased** until seizures stop or side effects occur.

In adults, the average daily dose is 800-1200mg, but some people may need daily doses of 2000mg.

Carbimazole is used to treat an overactive thyroid gland (**hyperthyroidism**).

Side effects: headaches, sickness & joint pain.

The initial dose is **15-40mg** for adults and is usually **750mcg/kg** for children under 11 and 30mg for 12-17 year olds.

Once control is achieved, the **dose is reduced**.



Think about the person behind the prescription



Carbamazepine is broken down faster in **children**, so young children may require a larger dose than adults

Carbamazepine can make hormonal methods of birth control less effective, increasing **risk of pregnancy**

Carbamazepine can cause dizziness or blurry vision in **older people**, increasing the risk of falls



Carbamazepine and **Carbimazole** can cause **harm** to a developing foetus
Carbimazole can **affect other medicines** such as some anticoagulants, steroids, antibiotics & beta-blockers



Take extra care when selecting look-alike, sound-alike (**LASA**) medicines, especially when stored in close proximity

Think  **carbamazEPINE & carbimazOLE**

Check the dose: **carbamazepine** is prescribed at a **much higher dose** compared to **carbimazole**.

To control seizures, the dose of **carbamazepine** is **gradually increased**, whereas **carbimazole** is taken at a **gradually reduced** dose once the hyperthyroidism is under control.



azAthioPRINE

immunosuppressant

- Available in **25mg & 50mg** forms
- **High toxicity - regular monitoring** will be required during treatment
- Takes a long time to achieve desired effect; **28 or 56 day** supplies common
- Usually given **once or twice a day**



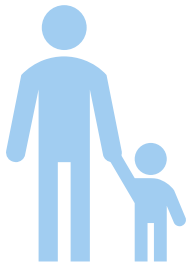
azIthroMYCIN

antibiotic

- Available in **250mg & 500mg** forms (capsules & tablets)
- Antibiotic prescriptions are usually issued for a **3-10 day** course
! Think twice if you are dispensing **high** quantities !
- Usually taken **once a day**



Serious harm could occur if a patient receives the immunosuppressant azathioprine instead of the antibiotic azithromycin.



For children, liquids are available for both medicines.
Always **double check** the medication in hand when talking to parents about the child's **condition**, **dose** and **duration of treatment**.



Read the whole **name** of the medicine carefully
Consider whether the **dose prescribed** is reasonable
Check – does the patient have a **clear indication** for the medicine prescribed?



ATENOLOL



Atenolol belongs to a group of drugs called **beta-blockers**
Beta-blockers affect the heart and circulation (blood flow through arteries and veins)
Atenolol is used to treat **angina** (chest pain) and **hypertension** (high blood pressure)
Lowering high blood pressure helps to **prevent strokes, heart attacks and kidney problems**



Most doses start at **25mg to 50mg** once daily

Maximum licensed daily dose is **100mg**

Side effects include: dizziness, lowered blood pressure (hypotension), cold hands and feet, leg pain and fatigue

Think  **aTENolol** 100mg tablets
alloPURinol 100mg tablets



Take extra care when selecting look-alike, sound-alike (**LASA**) medicines with similar names, especially when stored in close proximity, e.g. **allopurinol**

Consider minimising selection error risks through:
physical **separation**, visual warnings, shelf **stickers** & PMR **prompts**

If atenolol is supplied in error to a patient with normal blood pressure, it could cause **loss of consciousness**, with increased **risk of a fall**. Think about the person behind every prescription – in frail or elderly patients this error could **cause severe harm or death**.



Quetiapine vs Quinine



Quetiapine is used for bipolar disorder and schizophrenia, often first diagnosed in young adulthood.

The **initial dose is low**, so be aware of someone on a dose of 200mg or 300mg who has not had this previously.

Quinine is used for night time cramps, usually a problem associated with older people. It is taken at a dose of one 200mg or 300mg tablet at night.



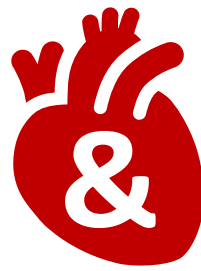
If a person takes a 200mg or 300mg dose of **quetiapine** in error, the effects are likely to be serious:

- Stroke-like symptoms (e.g. affecting speech and movement)
- Drowsiness (leading to falls in the elderly)
- Seizures

Use the **patient's age** to think about the **person behind every prescription**
Consider minimising selection error risk through physical separation e.g. by moving quetiapine to 'Z' in your dispensary



Rosuvastatin



Rivaroxaban

A build up of cholesterol causes a partial blockage of blood vessels so that blood flow is reduced.

Rosuvastatin is used to **reduce high cholesterol**.

Rosuvastatin helps to reduce the risk of having a heart attack, a stroke, or related health problems.



Blood needs to be at the right viscosity to flow steadily through the body. Blood clots formed too readily may cause blockages. Blockages could occur in the veins of the legs, in the lungs or in the brain, where they might cause a stroke.

Rivaroxaban is an **anticoagulant** used to **prevent blood clots** and doses should not be missed.

Rivaroxaban is used at **various doses** for different conditions and it could cause bleeding if the dose is too high or if too much is taken.

Take extra care when selecting look-alike, sound-alike (**LASA**) medicines with similar names, especially when stored in close proximity.

Consider minimising selection error risks through: physical separation, vision warnings, shelf stickers and PMR prompts.



Pregabalin and Gabapentin



Pregabalin and Gabapentin are used to treat epilepsy. They are also often considered first-line treatment for nerve pain. Pregabalin is also licensed to treat generalised anxiety disorder. Both medicines became **Schedule 3 Controlled Drugs** in April 2019.

Dispensing Pregabalin

In adults pregabalin is usually started at 50 mg -150 mg a day, in 2 or 3 doses.

This may be increased to a **maximum of 600 mg a day**.

Dispensing Gabapentin

In adults the usual starting dose of gabapentin is 300 mg once a day on **day 1**, 300 mg twice a day on **day 2** and 300 mg three times a day on **day 3**.

The **maximum dose is 3600 mg a day** although doses of up to 4800 mg a day have been tolerated in long-term studies.

Interactions and side effects

Using pregabalin and gabapentin with some other substances including alcohol may increase certain side effects including drowsiness, dizziness, light-headedness, confusion & depression. Other side effects can include change in mood and confusion.

Dispensing errors involving *pregabalin* and *gabapentin* can cause serious harm to patients

Always triple check the name, strength and quantity before dispensing

- Doses which are too **low** can result in pain, increased frequency and severity of seizures or unmanaged anxiety.
- Doses which are too **high** can cause many unpleasant side effects. In addition to those highlighted above, this can include loss of consciousness and coma.
- Pregabalin has a higher potency than gabapentin. This means it is more dangerous than gabapentin in higher doses.
- Mistakenly taking pregabalin instead of gabapentin (or vice versa) can increase and exacerbate side effects.

Cyclizine vs Colchicine



Cyclizine is an antihistamine that is used to help stop people feeling or being sick (nausea or vomiting). It works by blocking a chemical called histamine in the brain that can make people feel sick

Colchicine is licensed for the treatment of acute gout, but only in cases where non-steroidal anti-inflammatory drugs are not tolerated or ineffective. It is also licensed for short-term prevention of gout



Acute treatment = no more than 12 tablets and no repeat dose within 3 days following

Colchicine has a narrow therapeutic window and is extremely toxic in overdose, with a risk of death. Patients at particular risk of toxicity are those with renal or hepatic impairment, gastrointestinal or cardiac disease, and patients at extremes of age.

Early symptoms of Colchicine overdose and toxicity include:

- nausea
- vomiting
- abdominal pain
- diarrhoea



Minimise selection error risks through:

Physical separation, vision warnings, shelf stickers and PMR prompts

PantopraZOLE



Proton pump inhibitor (PPI), which block cells secreting acid into the stomach to treat reflux and ulcers



ParoxeTINE

Selective Serotonin Reuptake Inhibitor (SSRI), used in the treatment of mental health disorders



PantopraZOLE

- Usually given **20-40mg once daily***
- Usually given in 4-8 week courses for reflux and ulcers; **long-term usage should be avoided if possible**
- Long-term use can increase risk of fractures, particularly in the elderly
- If given Paroxetine instead by mistake:
 - Risk of serotonin syndrome if already prescribed serotonergic drug
 - Bleeding from untreated ulcers

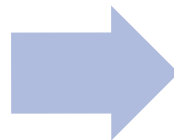
ParoxeTINE

- Usually given **10-20mg once daily**. Doses for treatment of Obsessive-Compulsive Disorder (OCD) can be higher
- **Can be used long term**
- High doses and multiple serotonergic drugs risks **serotonin syndrome** – potentially life-threatening
- If given Pantoprazole instead by mistake:
 - Sudden cessation can cause **withdrawal symptoms**

*Dose and length of treatment can vary.



Dispensing errors involving these drugs may cause serious harm to patients – overdose or sudden withdrawal of SSRIs are both dangerous



Always triple check the **product name and strength**. Consider minimising selection error risks through: physical separation, visual warnings, shelf edgers, PMR prompts. **Consider use of scanning technology as means of minimising selection errors**

Select and Speak

Say the drug name out loud as you select it from the shelf errors

This can help to pick up errors



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TramaDOL

opioid for moderate to severe pain

- Usual dose: 50-100mg once every 4-6 hours, maximum 400mg/24hr
- Common side effects: drowsiness, constipation, dependency risk
- **Tramadol is a Schedule 3 controlled drug**

TrazoDONE

antidepressant used to treat depression, anxiety and insomnia

- Usual dose: 75-300mg daily
- Common side effects: nausea, drowsiness, fatigue
- **Important to consider risk of mood changes in vulnerable patients**

Dispensing trazoDONE mistakenly instead of tramaDOL can lead to harm.

As a 'SARI' (Serotonin Antagonist and Reuptake Inhibitor) drug similar to SSRIs, at too high a dose or alongside other serotonergic drugs it can cause serotonin syndrome.

Sudden tramadol cessation can lead to withdrawal symptoms.



If tramaDOL is dispensed instead of trazoDONE, serious harm could occur. 300mg mistakenly dispensed and taken every 4-6 hours can cause an overdose. This can lead to life-threatening respiratory depression and must be reversed with naloxone.



The sudden cessation of trazodone can also cause withdrawal symptoms.

Take extra care when selecting look-alike, sound-alike (LASA) medicines with similar names, especially when stored in close proximity.

Consider minimising selection error risks through: physical separation, vision warnings, shelf stickers and PMR prompts.

Consider use of scanning technology as means of minimising selection errors.

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