## PART 5: APPENDICES

## APPENDIX I: ADVERSE DRUG EVENTS (ADE) TOP TEN CHECKLIST

Associated Hospital/Organization: AHA/HRET HEN 2.0

Purpose of Tool: A checklist to review current or initiate new interventions to prevent ADEs in your facility

Reference: www.hret-hen.org

ADE Top Ten Checklist				
Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Standardize concentrations and minimize dosing options where feasible.				
Minimize or eliminate pharmacist or nurse distraction during the medication fulfillment and administration process.				
Use data and information from alerts and overrides to redesign standardized processes.				
Set dosing limits for insulin and opioids.				
Reduce sliding scale variation (or eliminate sliding scales).				
Coordinate meal and insulin times.				
Target inpatient blood glucoses to safe levels: 140-180 mg/dl (some surgical patients may have net benefit at 100-180 mg/dl). No patient should have a glucose target <100.				
Implement pharmacist-driven warfarin management.				
Use alerts to avoid multiple prescriptions of opioids and sedatives.				
Use effective tools to reduce over-sedation from opioids (e.g. risk assessment tools such as "STOP BANG" and sedation assessment tools such as the Richmond Agitation Sedation Scale or the Pasero Opioid-Induced Sedation Scale).				