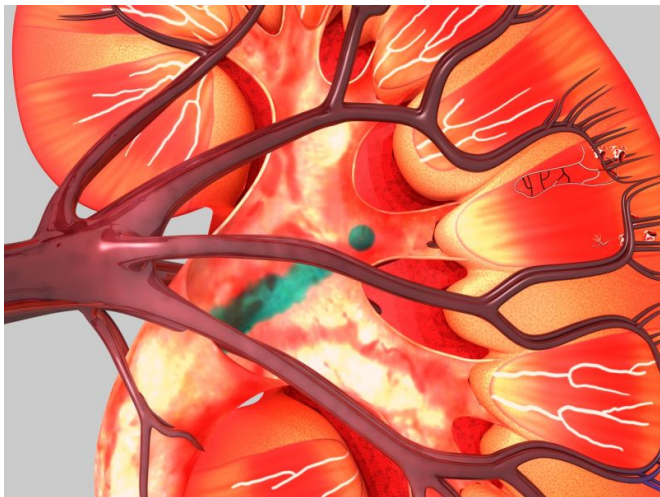


Dosing errors occur frequently in patients with renal failure

11 January 2016



causes of [chronic renal failure](#), and prevalence of concurrent diabetes mellitus between the patient groups who received recommendation-adherent and non-adherent drug orders. The characteristics of the medical institutions was the primary factor for non-adherence to renal dosing adjustment recommendations. In multivariate analysis, secondary hospitals and primary care clinics were 1.16 and 1.22 times more non-adherent, respectively, than tertiary hospitals.

"To decrease the dosing errors, an improvement needs to be made in medical institutions," the authors write. "This can be accomplished by implementing the clinical decision support systems that educate physicians on appropriate renal dosing and help them prescribe appropriate drug dosages."

More information: [Abstract](#)

[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Patients on hemodialysis often have drug orders that are not adherent to renal dosing recommendations, according to a study published online Dec. 18 in the *Journal of Clinical Pharmacy and Therapeutics*.

G.J. Kim, Pharm.D., M.P.H., from Seoul National University in South Korea, and colleagues performed a cross-sectional study using data collected from 43 South Korean medical institutions via questionnaires. The study population (828 patients) was limited to those who were taking medications and required renal dosing adjustments from three therapeutic classes: antihypertensives, antihyperglycemics, and lipid-modifying agents.

The researchers found that 1,097 drug orders were prescribed for the target drugs. Overall, 469 patients were identified as having drug orders that adhered to renal dosing recommendations. Significant differences were seen in the characteristics of the medical institution visited,

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APA citation: Dosing errors occur frequently in patients with renal failure (2016, January 11) retrieved 22 July 2022 from <https://medicalxpress.com/news/2016-01-dosing-errors-frequently-patients-renal.html>

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