

CRITICAL Incident Learning

FREQUENTLY ASKED QUESTIONS (FAQS)

INDEPENDENT DOUBLE CHECKS

What is the best way to apply the practice of “independent double checks” for high-risk medications when there is only one nurse working?

ISMP Canada published a bulletin on [independent double checks](#) in 2005. In this bulletin we recommend that a “second practitioner” verify the actions or steps taken by the first practitioner. We do not state specific qualifications for the second practitioner; however it is assumed and preferred that it will be a regulated healthcare professional and that the individual has an understanding of the implications of what they are checking (i.e., be able to accurately review the order and verify that the medication, dose/ volume and route of administration match what is intended). In cases where dose verification is required, they also need to be able to independently complete the calculation.

There are situations where it may be difficult or impossible to access a second practitioner (e.g., homecare nursing, remote nursing stations, group home settings and on night shifts in some institutional settings). Sometimes medication administration times and staffing schedules can be adjusted to support independent checks during overlap periods. If the patient/ client/ family member is cognitively able to participate in the check this may be another option. In some organizations a health care aide or other non-regulated staff member may be available and can be trained to participate in these checks. In cases where there is no one else available, practitioners can be trained to complete a full self-check; however this is subject to a higher level of bias than an independent check.

In cases where non-regulated staff members or patients/ clients/ family members are being asked to participate in double checking on a regular basis, training should be provided to ensure they understand what information to check and how to conduct the check to maximize the effectiveness.

It should also be noted that independent double checks are not infallible and are only one of several safety strategies that can be considered for practitioners required to work alone. Prepackaged unit dose medications; use of commercially available prefilled syringes, use of order sets that suggest commercially available dosage forms, safeguards for look-alike/sound alike drug names and identification and segregation of high alert medications are all strategies that can be used to reduce the likelihood of errors in these situations.

Automated identification (e.g. barcoding) and other technologies can provide system checks by design.