

A Viagra Rival—Levitra—Gets FDA Nod

The FDA has cleared a second oral medication to treat erectile dysfunction.

The drug, vardenafil (Levitra), was studied in randomized, placebo-controlled clinical trials involving more than 2,000 participants who suffered from erectile dysfunction. Trial participants had improved ability to achieve and maintain an erection. The drug works by relaxing muscles in the penis and blood vessels, allowing more blood to flow into the penis for an erection.

Vardenafil shouldn't be used

more than once a day. The recommended dose of vardenafil is 10 mg taken one hour before sexual activity. If patients' response to this dose is inadequate, a 20 mg dose is available. Lower doses (2.5 mg and 5.0 mg) are available for patients who are taking other medications or who have medical conditions that may compromise the body's ability to metabolize the drug.

Patients using nitrates, such as nitroglycerin tablets or patches, or alpha-blockers such as tamsulosin

HCl (Flomax), terazosin (Hytrin), doxazosin mesylate (Cardura), and alfuzosin HCl (Uroxatral), shouldn't use vardenafil. The combination may result in significantly lower blood pressure.

Commonly reported side effects include flushing, headache, and stuffy or runny nose.

U.S. Food and Drug Administration. "FDA approves new drug for treatment of erectile dysfunction in men." 2003. www.fda.gov/bbs/topics/ANSWERS/2003/ans01249.html (25 Aug. 2003).

Bayer Pharmaceuticals Corporation & GlaxoSmith-Kline. "Levitra (vardenafil HCl)." 2003. www.levitra.com/landing/htm (20 Aug. 2003).

Error Watch

Annoyance Aside, Distractions Spell Trouble

On a particularly busy day, the medication administration record (MAR) for a patient we'll call Mr. Henry was accidentally placed in the slot for Mr. Ford. Meanwhile, the medication nurse learned during morning report that Mr. Ford's family was coming soon to pick him up, but he needed his medications and breakfast before discharge.

The nurse ran to the kitchen to retrieve an early breakfast tray, returned to the unit, became distracted by multiple call lights, and failed to notice the misplaced MAR. Consequently, all of Mr. Henry's morning medications (sertraline HCl [Zoloft], lisinopril [Prinivil], aspirin, and phenytoin sodium [Dilantin]) were given to Mr. Ford. As a result, Mr. Ford's discharge was delayed because he needed additional monitoring for adverse effects.

This case was among the nearly 35,000 errors that were submitted to USP's MEDMARX reporting program from 1998 – 2002 and attributed, in part, to distractions. Distraction-related errors occurred most often (39.7%) when drugs were being administered. (Dispensing errors followed, at 27.8%.) Most errors in which distraction played a role involved an improper dose or quantity, omission, or unauthorized or incorrect drugs.

To minimize error-causing distractions, clinicians may want to consider the following strategies:

1. Encourage your facility to adopt specific policies that outline when and where distractions and interruptions are unacceptable. Highly visible "do not disturb" signs in areas where tasks such as IV compounding and cart-fill are performed should get the message across. Violations should carry consequences.
2. Carry a pocket checklist of the steps to follow when administering medications. This can serve as a useful reminder when interruptions and distractions occur.
3. Suggest that your facility host educational sessions that stress the importance of maintaining focus during critical tasks. Staffers could be reminded to avoid unnecessary conversation while administering medications.

Pape, T. M. (2002). *The effect of nurses' use of a focused protocol to decrease distractions during medication administration*. (Doctoral dissertation, Texas Woman's University, College of Nursing, 2002). *Dissertation Abstracts International*, 63, 03B.

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