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APPROPRIATENESS OF DOSING INSTRUCTIONS PROVIDED WITH DISPENSED MEDICINES BY PHARMACISTS IN A TERTIARY HOSPITAL

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Failure to communicate medicines information effectively to patients may result in medication errors. We assessed the completeness, readability and overall knowledge of patients on dosing instructions given on dispensing labels, in outpatient pharmacies of a selected teaching hospital. Completeness of dosing instructions were assessed against a checklist. Patients were asked to read dosing instructions to assess readability. Patient knowledge on dosing instructions was determined through a predetermined questionnaire. Completeness, readability and knowledge were scored out of 10 for each dispensing label. The scoring method of the latter also included the knowledge obtained by patients from verbal instructions given by pharmacists. A total of 1200 dispensing labels (400 patients) were assessed. The median score out of 10, for completeness, readability and overall knowledge of dosing instructions were 7.5, 8.5 and 7.5 respectively. Route of administration (99.5%) and duration of treatment (99.75%) were absent in most labels. Name (52%) and strength (39.8%) of medicines were misread in most dispensing labels. Among the dispensing labels, questions related to the name (39.8%), strength (70.1%) and duration of treatment (62.8%) were frequently incorrectly answered by patients. The readability ($P < 0.001$) and knowledge of medicines information ($P < 0.001$) was significantly different among different education levels of patients. A standard procedure was not used by pharmacists to provide dosing instructions to patients. Some important dosing instructions were missing in dispensing labels. Name and strength of medicines which are vital information could not be read by some patients. A system to provide complete, readable and comprehensible dosing instructions to patients is needed.

Keywords: *Dispensing Labels; Completeness; Readability; Comprehensibility; Medication Errors*