

Study of Prevalence of Medication Error and Effects of
Targeted Intervention on Reduction of Medication Error in
Monilek Hospital and Research Centre

By

Lakashita

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2016-2018



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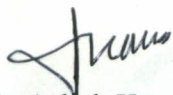
TO WHOM SO EVER MAY CONCERN

This is to certify that **LAKASHITA** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **MONILEK HOSPITAL AND RESEARCH CENTRE, JAIPUR** from **1-Feb-2018 to 4-May-2018**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



Dr Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur



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Associate Professor
The IIHMR University, Jaipur



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LAKASHITA

In recognition of having successfully completed her

Internship in the department of

QUALITY

and has successfully completed her Project on

**A study of prevalence of medication error and effect of targeted intervention on reduction
of medication error in Monilek Hospital and Research Centre**

1st Feb 2018 to 4th May 2018

Monilek Hospital and Research Centre, Jaipur

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Prevalence of Medication error causes leading to Medication error in Monilek Hospital and Research Centre, Jaipur and submitted by Lakashita. Enrollment No 0438 under the supervision of Dr. Tanjul Saxena for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 1st Feb to 4th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

A handwritten signature in blue ink, appearing to read 'Lakashita', with a horizontal line underneath.

Signature

ACKNOWLEDGEMENT

The dissertation was done in Monilek Hospital and Research Centre, Jaipur. It was a great chance for learning professional development. Therefore I consider myself as a very lucky individual as I was provided with an opportunity to be part of it. I am also grateful for having chance to meet so many wonderful people and professionals who lead me through this wonderful period.

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Sincerely

Lakashita

MBA-HM (2016-2018)

0438

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LIST OF ABBREVIATIONS

I

ICU-Intensive Care Unit

IPD-In Patient Department

O

OPD-Out patient department

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INTRODUCTION

Medication error has been defined as “any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of health care professional, patient or consumer. The error may be of commission or omission, with potentially negative consequences for the patient, which would have been judged wrongly by skilled and knowledgeable peers at the time it occurred, independent of whether there were negative consequences. There are 2,000 deaths every year from unnecessary surgery, 7000 deaths from medication erroring hospital, 20000 from other error in hospital, 80000 from infections in hospital and 106000 deaths every year from non-error, adverse effects of medications. It is reported that nearly 98000 people die annually because of mistakes committed by medical professional in hospital in a ratio of 1:5 deaths in India due to adverse drug reaction are estimated to be around 400000 annual in 720000 ADRs

A prescription error can be defined as ‘a failure in the prescription writing process that results in a wrong instruction about one or more of the normal features of a prescription’. The ‘normal features’ include the identity of the recipient, the identity of the drug, the formulation and dose, and the route, timing, frequency and duration of administration (although this list is by no means exhaustive).

The prescription of drugs is the most common form of error that occur in the prescribing process and have the potential to cause significant morbidity and mortality. Over 900 million items are dispensed in the community in England each year. Miscommunication between physician, patient, pharmacist and other para medical is common factor

Look alike and sound alike drugs, lack of information of current trends, protocols, dosing, references, medicines formularies or unawareness of the staff regarding new medicines, narcotics or high alert medication. Other than this include other factor such as work load poor hand writing, verbal orders poor lighting, confusing nomenclature, packaging or labeling prescribe, dispensing.

REVIEW OF LITERATURE

A medication error can be defined as a failure in the treatment process that leads to, or has the potential to lead to, harm to the patient ^[1].

Different definitions of medication errors have been tested, as all technical definitions should be. In this case it was done by devising scenarios and determining which would constitute an error under each of the definitions. The above definition, slightly amended, was the only definition that categorized all error scenarios, and only error scenarios ^[2].

Medication errors can have undesirable consequences for patients such as: Increased length of hospitalization, increased costs of hospitalization, disability and distrust in the healthcare system, severe injury or even patient death. ^[3]

Medication errors were classified as one of five medical error categories by (National Institute of General Medical Science) and (Institute of Medicine) ^[4]

Common medication errors in drug prescription include: making mistake in drugs concentration, not paying attention to the right time of using drug, over dosage of drug and not paying attention to the right way of using the drug ^[5]

Things such as lack of pharmacological information, wrong medication calculations, not regarding the defined protocols, similarity in shapes and pickings of drugs, similarity in drug names and physicians bad hand writing can cause medication errors^[6]

Medication errors are multidimensional problems and for solving them we should find multilateral solutions. We can reduce the medication errors through risk management which it is a daily and continuous program for diagnosis and intervention. Risk management is a problem-center approach ^[7]

MEs are common in hospitalized patients at a rate of 5 per 100 medication prescriptions or 1.4 per admission ^[8]

However determination of causes of medication errors is the first step to prevent and control that.

TITLE:

A study of prevalence of medication error and effect of targeted intervention on reduction of medication error in Monilek Hospital and Research Centre

RESEARCH QUESTION

What is the prevalence of medication error and what are the effect of targeted intervention on reduction of medication error in Monilek Hospital and Research Centre

OBJECTIVES:

- To measure the percentage of Non-compliance in Medication error in IPD and OPD
- To investigate if certain targeted interventions result in reduction of medication errors
- To develop the solutions to reduce and /or to prevent medication error in hospital under study.

HYPOTHESIS:-

H_0 (IPD) = There is no significant difference between proportion of non-compliance before and after targeted intervention in IPD ($p_1 = p_2$ where p_1 is proportion before intervention and p_2 is proportion after intervention)

H_1 (IPD) = There is significant difference between proportion of non-compliance before and after targeted intervention in IPD ($p_1 \neq p_2$ where p_1 is proportion before intervention and p_2 is proportion after intervention)

H_0 (OPD) = There is no significant difference between proportion of non-compliance before and after targeted intervention in OPD ($p_1 = p_2$ where p_1 is proportion before intervention and p_2 is proportion after intervention)

H_1 (OPD) = There is significant difference between proportion of non-compliance before and after targeted intervention in OPD ($p_1 \neq p_2$ where p_1 is proportion before intervention and p_2 is proportion after intervention)

METHODOLOGY

- **Type of study:** Descriptive and Quasi experimental (Pre and Post Intervention Independent sample study)
- **Sampling procedure:-**Convenient sampling method
- **Sample size**

PRE INTERVENTION	INTERVENTIONS	POST INTERVENTION
1st Feb -13th March Total IPD records:- 300 All IPD files available in the IPD on all working days till 300 records collected.	14th March- 31th March ➤ Regular meeting with Medical Director was conducted ➤ Doctors were sensitized continuously to avoid medication error. ➤ Nurses were trained to report more of medication error ➤ Nurses was sensitized continuously to complete the documentation	1st April – 5th May Total IPD records:- 300 All IPD files available in the IPD on all working days till 300 records collected.

	➤ Regular audits of medication error was done ➤ RMOs were sensitized to use block letter in medication chart.	
Total OPD Prescriptions :-300 All OPD prescriptions available in the OPD on all working days till 300 prescriptions collected	➤ Doctors were sensitized continuously for proper documentation of OPD prescription ➤ Regular audits of medication error was done	Total OPD Prescriptions :-300 All OPD prescriptions available in the OPD on all working days till 300 prescriptions collected

Study duration:-1 Feb-5 May, 2018

Data source:-Medication chart of IPD and prescription of OPD

Exclusion criteria: -Emergency patients and ICU

DATA COLLECTION TOOL:-

Primary data was collected with the help of structured checklist enumerating different types of medication errors namely,

- Complete documentation
- Allergy
- Dose
- Route
- Generic name
- Frequency
- Duration of medication
- Handwriting legible

- Name of doctor
- Use of approved abbreviations
- Order in block letter

The scoring pattern for the analysis used was 1 for compliance, 0 for noncompliance. If the prescription was found complying, the score 1 was given. On the other hand if it was not complying then 0 was given.

DATA ANALYSIS: - Analysis was done using Microsoft excel

INTERVENTIONS

- Regular meeting with Medical Director was conducted: Meetings were scheduled twice in a month with the consultants.
- Doctors were sensitized continuously to avoid medication error.
- Nurses were trained to report more of medication error: Trainings were scheduled once in a week.
- Nurses was sensitized continuously to complete the documentation
- Regular audits of medication error was done: A checklist was prepared and regular audit on all working days are done.
- Doctors were sensitized continuously for proper documentation of OPD prescription
- Doctors (RMOs) were sensitized to use block letter in medication chart.

DATA ANALYSIS

PARAMETERS	p1	p2	n1	n2	p0	z test	Null hypothesis	Inference
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Complete documentation	0.7667 3	0.2969 3	0.5318 3	0.0021 7	0.0466 2	10.077 7	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Allergy	0.6714 3	0.2614 3	0.4664 3	0.0019 1	0.0436 6	9.3913 1	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Dose	0.6338 3	0.2238 3	0.4288 3	0.0017 5	0.0418 6	9.7943 7	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Route	0.6286	0.2186	0.4236	0.0017 3	0.0416	9.8546 9	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Generic name	0.8983 3	0.7934 7	0.8459	0.0034 6	0.0587 9	1.7836 7	ACCEPTED	INTERVENTION HAS MADE A DIFFERENCE BUT THAT IS NOT STATISTICALLY SIGNIFICANT
Frequency	0.6429 3	0.2645	0.4537 2	0.0018 5	0.0430 6	8.7888 9	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Handwriting legible	0.6995	0.2788 7	0.4891 8	0.002	0.0447 1	9.4081 7	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE

Name of doctor	0.5339 7	0.2406 3	0.3873	0.0015 8	0.0397 8	7.3735 2	REJECTE D	INTERVENTI ON HAS MADE A STATISTICA L SIGNIFICANT DIFFERENCE
Use of approved abbreviations	0.8592 3	0.3065 3	0.5828 8	0.0023 8	0.0488	11.324 9	REJECTE D	INTERVENTI ON HAS MADE A STATISTICA L SIGNIFICANT DIFFERENCE
Order in block letter	0.9119 7	0.2709 7	0.5914 7	0.0024 2	0.0491 6	13.038 6	REJECTE D	INTERVENTI ON HAS MADE A STATISTICA L SIGNIFICANT DIFFERENCE

Table 1

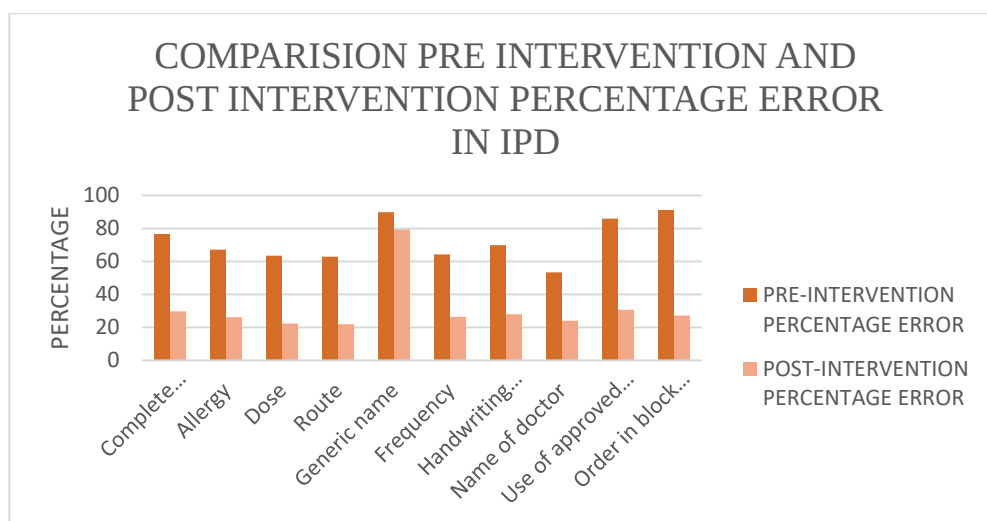


Fig:-1 comparison pre intervention and post intervention percentage error in IPD

**PRE INTERVENTION AND POST INTERVENTION PERCENTAGE ERROR IN
IPD**

PARAMETERS	PRE- INTERVENTION PERCENTAGE ERROR	POST- INTERVENTION PERCENTAGE ERROR
Complete documentation	76.67%	29.69%
Allergy	67.14%	26.14%
Dose	63.38%	22.38%
Route	62.86%	21.86%
Generic name	89.83%	79.34%
Frequency	64.29%	26.45%
Handwriting legible	69.95%	27.88%
Name of doctor	53.39%	24.06%
Use of approved abbreviations	85.92%	30.65%
Order in block letter	91.19%	27.09%

Table 2

PARAMETERS	p1	p2	n1	n2	p0	z test	NULL HYOTHESIS	
Complete documentation	0.66	0.29513	0.4769	0.00195	0.04415	8.23467	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Allergy	0.83	0.32427	0.5776	0.00236	0.04858	10.4286	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Dose	0.67	0.3306	0.49907	0.00204	0.04516	7.46071	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Route	0.65	0.2888	0.4712	0.00193	0.04388	8.31319	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Generic name	0.94	0.8464	0.89367	0.00365	0.06043	1.56427	ACCEPTED	INTERVENTION HAS MADE A DIFFERENCE BUT THAT IS NOT STATISTICALLY SIGNIFICANT
Frequency	0.86	0.48153	0.67017	0.00274	0.05233	7.20896	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE

Duration of medication	0.72	0.3534	0.53453	0.00218	0.04674	7.75098	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Handwriting legible	0.69	0.29767	0.49337	0.00202	0.0449	8.71668	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Name of doctor	0.75	0.35593	0.5529	0.00226	0.04753	8.28733	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Use of approved abbreviations	0.9	0.22547	0.56303	0.0023	0.04797	14.0747	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE
Order in block letter	0.98	0.51553	0.74987	0.00306	0.05536	8.46618	REJECTED	INTERVENTION HAS MADE A STATISTICAL SIGNIFICANT DIFFERENCE

Table 3

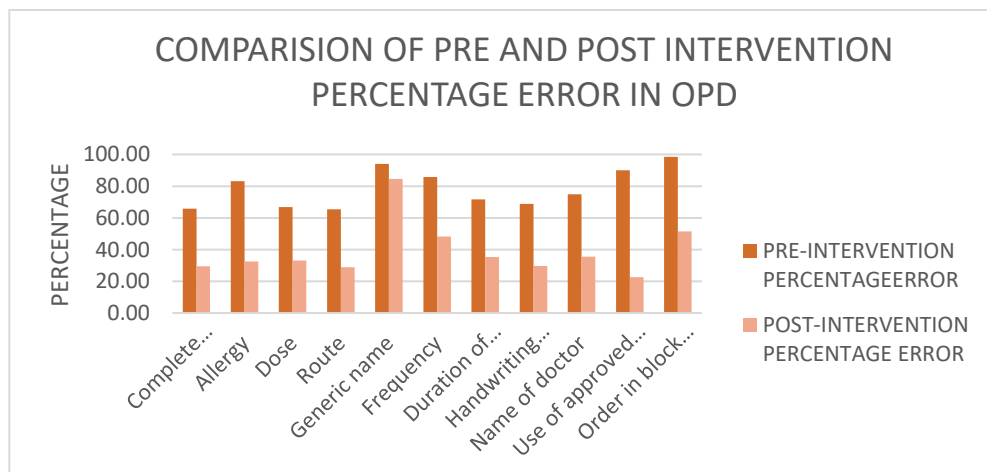


Fig 2:- comparison of pre and post intervention percentage error in OPDPRE

INTERVENTION AND POST INTERVENTION PERCENTAGE ERROR IN OPD

PARAMETERS	PRE-INTERVENTION PERCENTAGE ERROR	POST-INTERVENTION PERCENTAGE ERROR
Complete documentation	65.87%	29.51%
Allergy	83.09%	32.43%
Dose	66.75%	33.06%
Route	65.36%	28.88%
Generic name	94.09%	84.64%
Frequency	85.88%	48.15%
Duration of medication	71.57%	35.34%
Handwriting legible	68.91%	29.77%
Name of doctor	74.99%	35.59%
Use of approved abbreviations	90.06%	22.55%
Order in block letter	98.42%	51.55%

Table 4

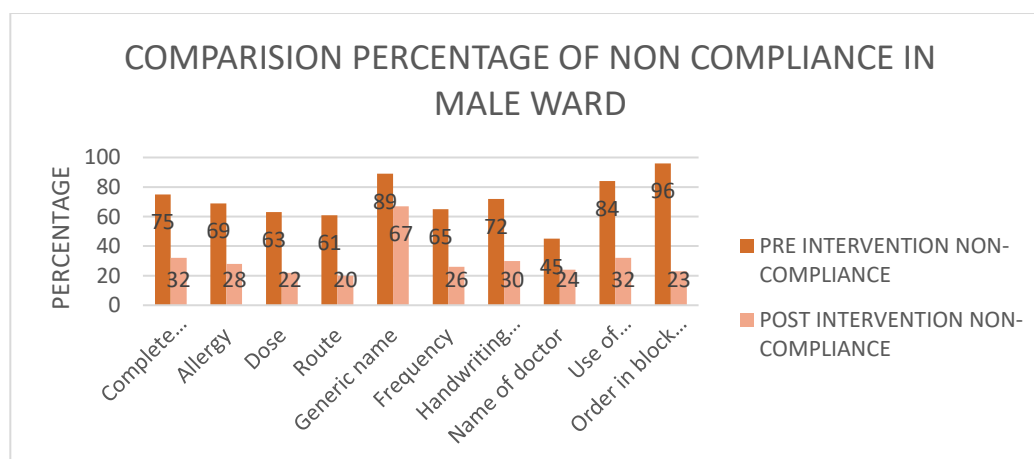


Fig:-3 shows comparison non-compliance before and after intervention in male ward

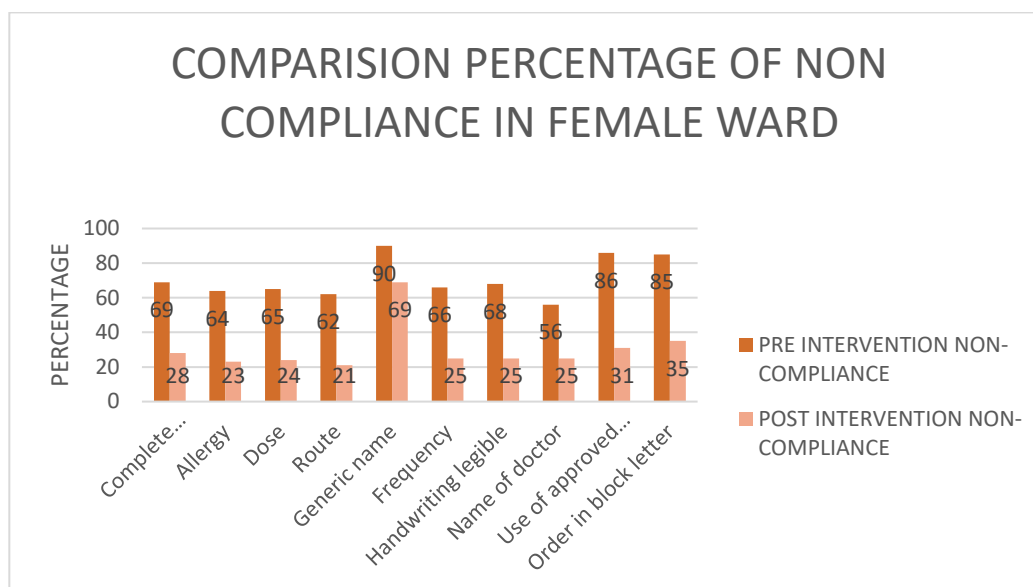


Fig 4 shows comparison non-compliance before and after intervention in female ward

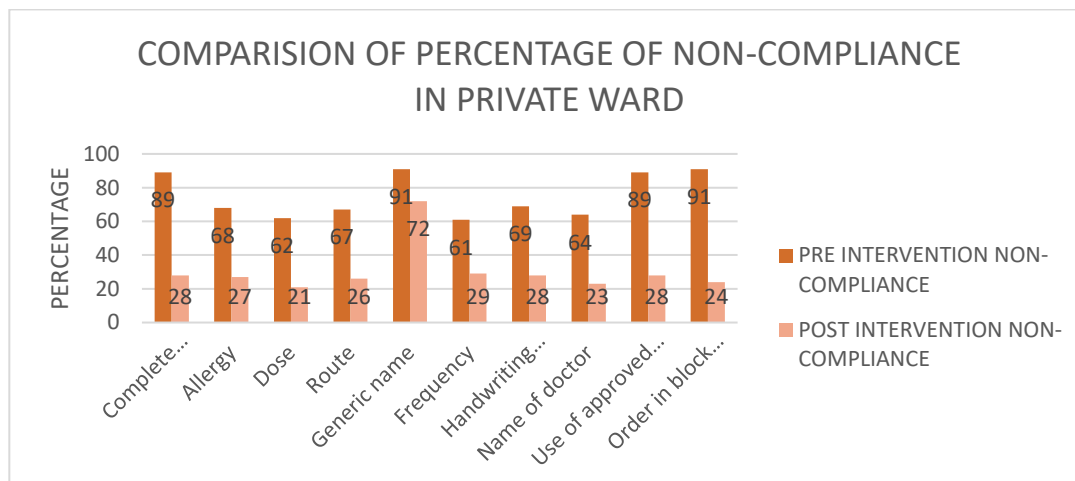


Fig 5 shows comparison non-compliance before and after intervention in private ward

ANALYSIS OF MEDICATION ERROR IN OUT PATIENT DEPARTMENT

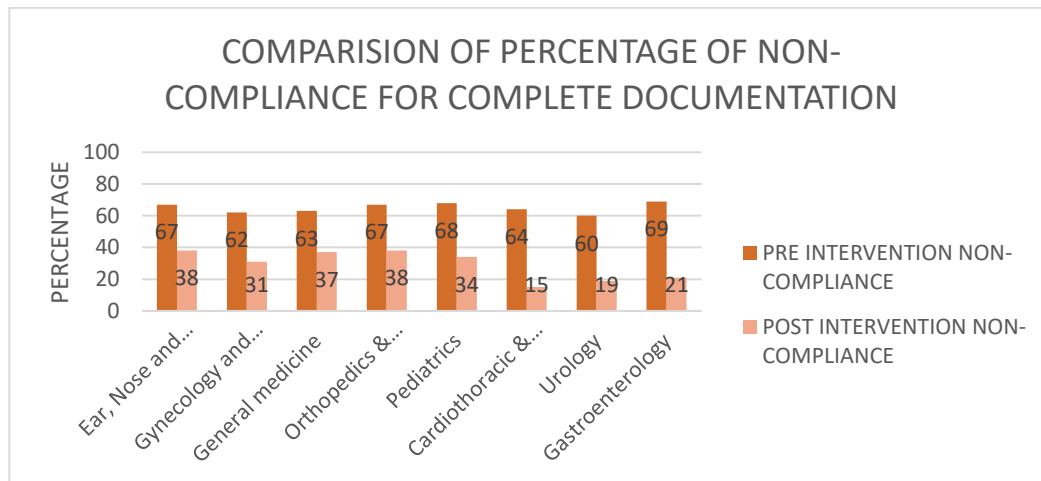


Fig 6 shows comparison non-compliance before and after intervention for different specialty for complete documentation

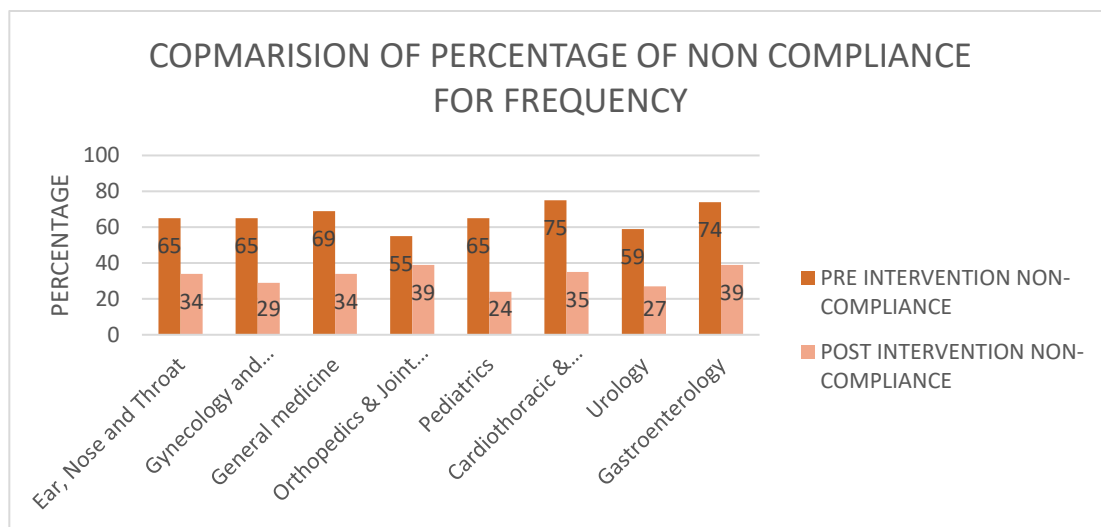


Fig 7 shows comparison non-compliance before and after intervention for different specialty for frequency

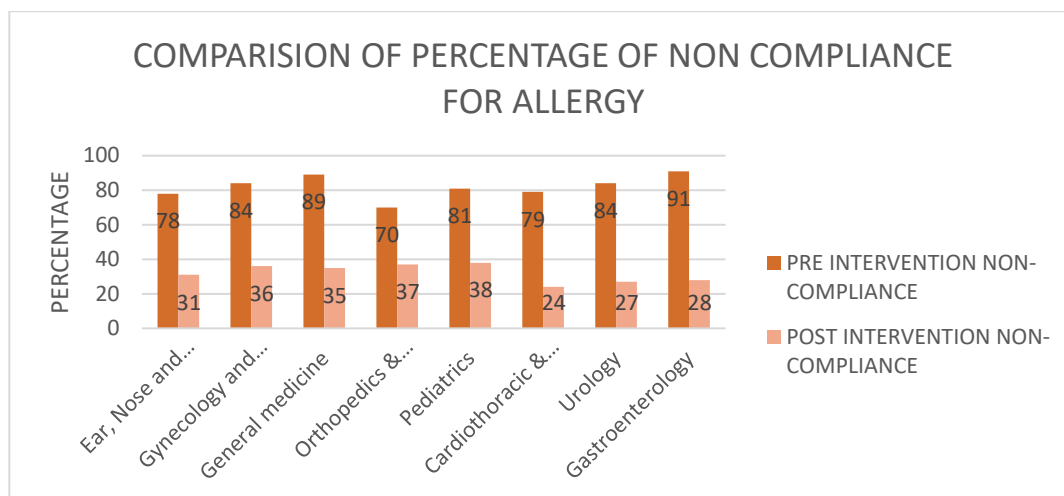


Fig 8 shows comparison non-compliance before and after intervention for different specialty for allergy

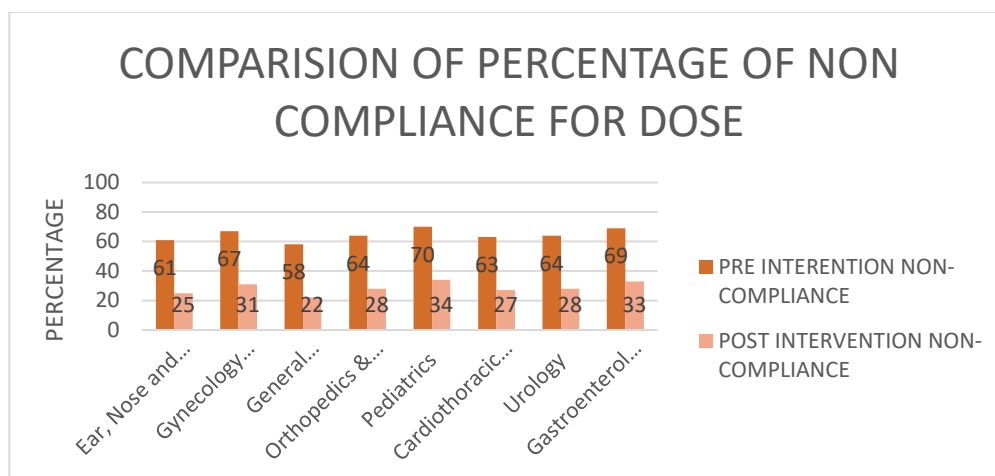


Fig 9 shows comparison non-compliance before and after intervention for different specialty for dose

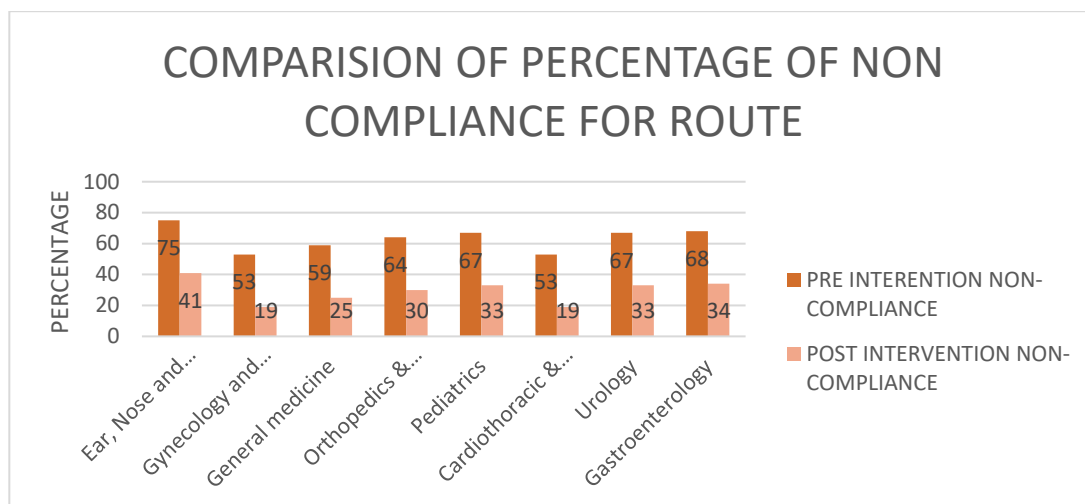


Fig 10 shows comparison non-compliance before and after intervention for different specialty for route

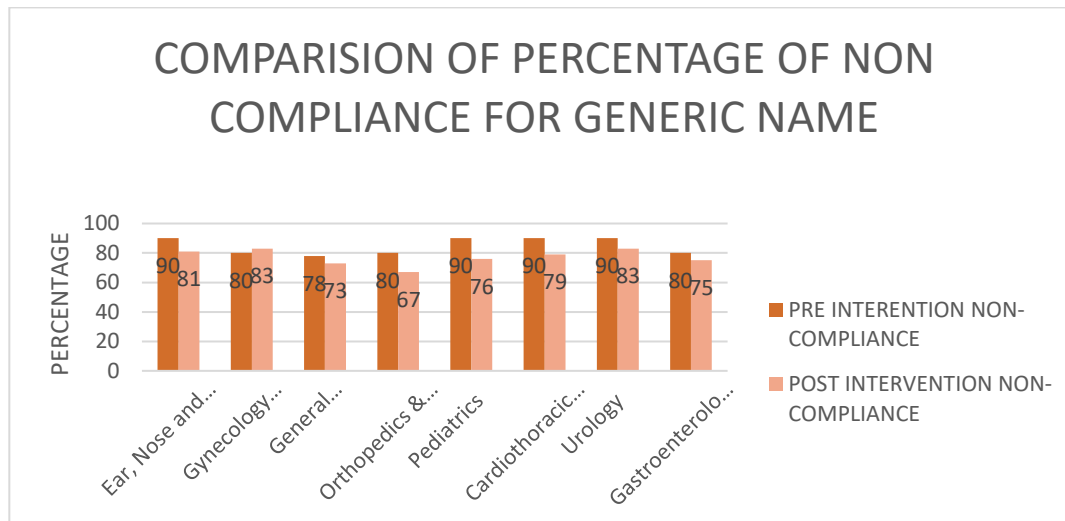


Fig 9 shows comparison non-compliance before and after intervention for different specialty for generic name

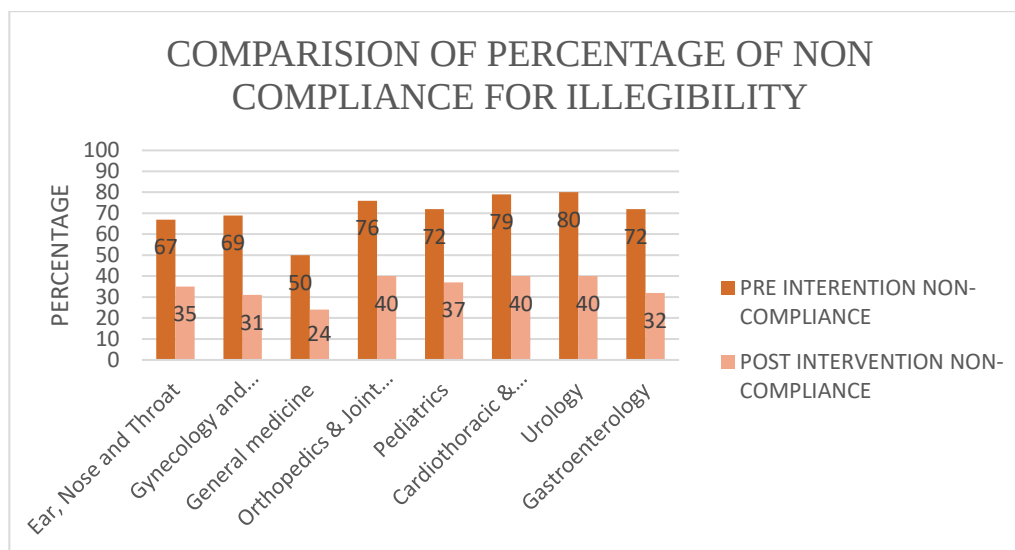


Fig 11 shows comparison non-compliance before and after intervention for different specialty for Legibility

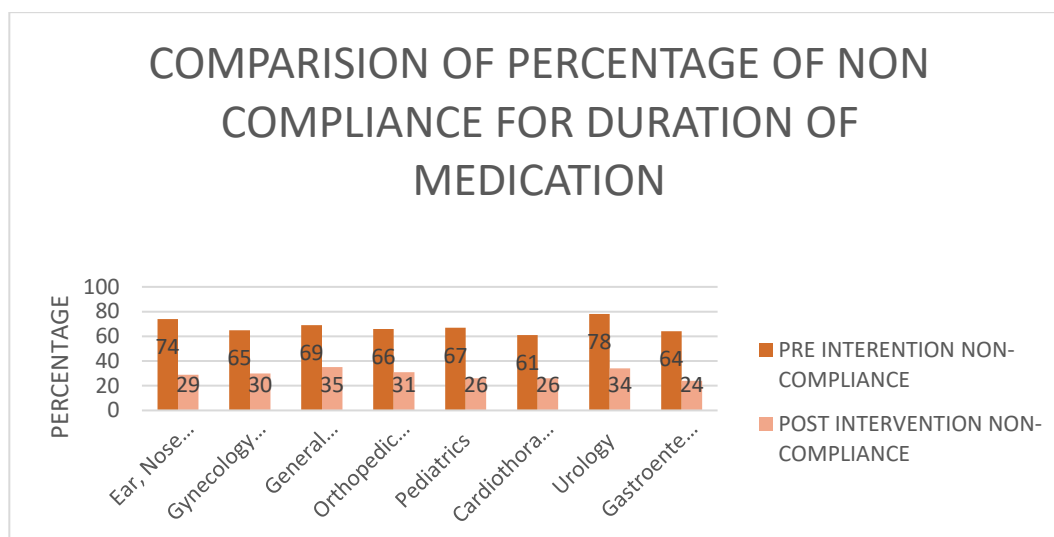


Fig 12 shows comparison non-compliance before and after intervention for different specialty for duration of medication

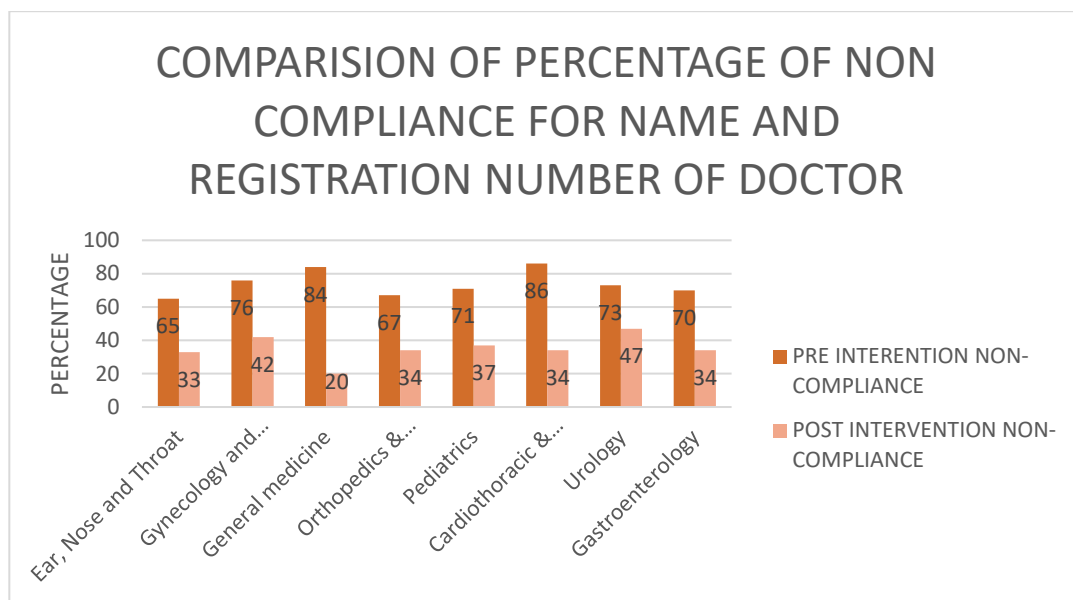


Fig 13 shows comparison non-compliance before and after intervention for different specialty for name and registration number of doctor

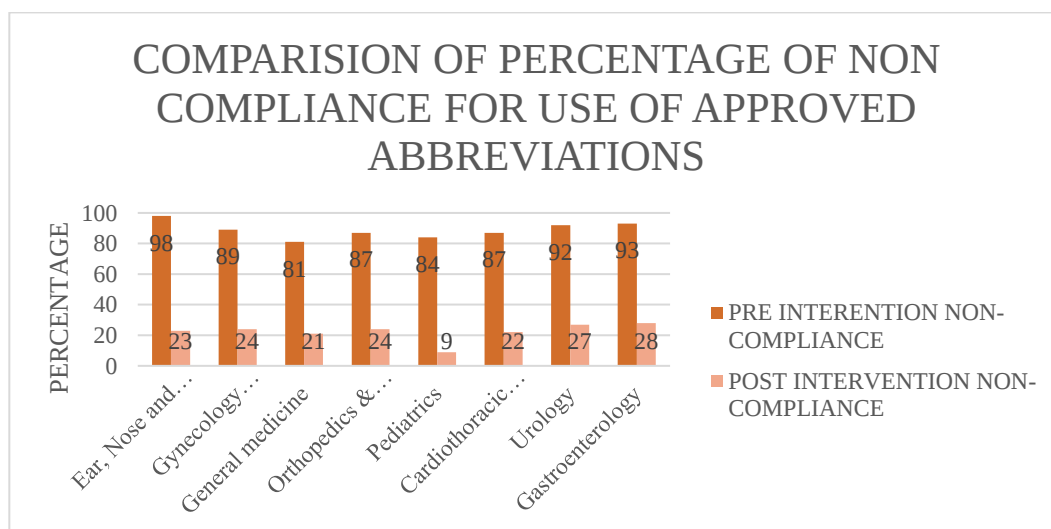


Fig 14 shows comparison non-compliance before and after intervention for different specialty for name and registration number of doctor

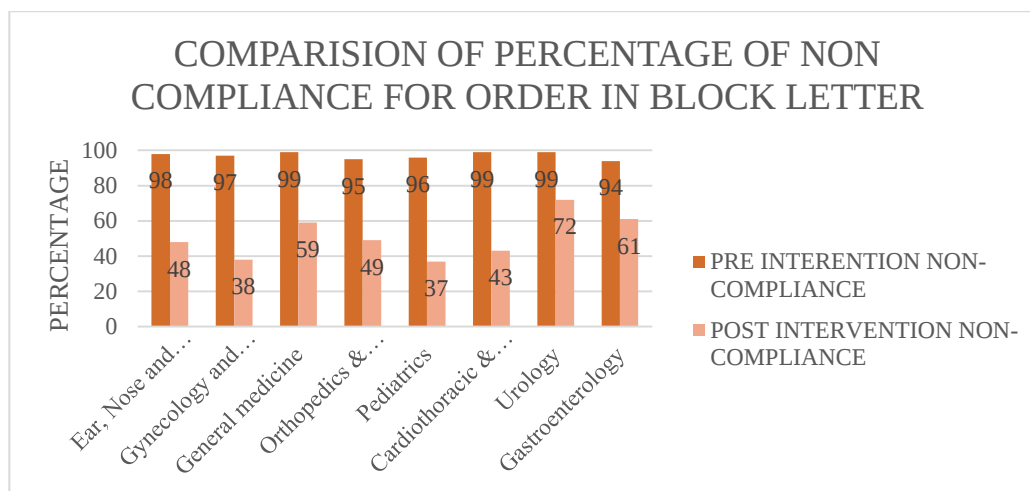


Fig 15 shows comparison non-compliance before and after intervention for different specialty for order in block letter

DISCUSSION

The aim of medication is to achieve therapeutic outcome with improvement of quality of life and to reduce patient risk. Medication error can occur at any phase of medication cycle i.e. at prescribing stage, dispensing stage administration stage. Medication error increase the morbidity, mortality and cost of treatment

Pediatric population is vulnerable with the risk of 6 MEs per 100 admissions.^[9]

It is observed that there is significant difference between medication error before and after intervention. Therefore null hypothesis is rejected.

It is observed that in inpatient department the main parameter in which noncompliance are observed are order in block letter, no use of approved abbreviations, no use of generic name and no complete documentation.

In male ward it was observed that noncompliance for order in block letter is 96% and after intervention it was 23%. The noncompliance for use of approved abbreviation is 84% and after intervention 32%. Similarly for generic name and complete documentation it is 89% and 75% respectively and after intervention it is observed 67% and 32% respectively.

In female ward it was observed that noncompliance for order in block letter is 85% and after intervention it was 35%. The noncompliance for use of approved abbreviation is 86% and after intervention 31%. Similarly for generic name and it is 90% and after intervention it is observed 69%.

In private ward it was observed that noncompliance for order in block letter is 91% and after intervention it was 24%. The noncompliance for use of approved abbreviation is 84% and after intervention 29%. Similarly for generic name and complete documentation it is 91% and 72% respectively and after intervention it is observed 72% and 28% respectively.

In Out Patient Department study is done for different specialty.

The gastroenterology has maximum noncompliance for in complete documentation.

For frequency, cardiology and for allergy gastroenterology and general medicine has maximum non-compliance.

For dose, pediatric and gastroenterology has maximum non-compliance while for route and generic name ENT department has maximum noncompliance.

For illegibility, duration of medication, use of approved abbreviations urology has maximum noncompliance while for order in block letter and name and registration number of doctor cardiology and urology department has maximum noncompliance.

CONCLUSION

The study shows that the occurrence of medication error occur at each phase specially at prescribing stage. It also shows that, continuous sensitization of prescribers and nurses to reduce medication error has significant effect on reduction of medication error. Therefore proper policy and training for review of medication error should be done.

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ANNEXURE

CHECKLIST

S n o .	M H R C N O.	COMPL ETE DOCU MENT ATION	R O UT E	FRE QUE NCY	D O S E	AL LE RG Y	GE NE RIC NA ME	DUR ATIO N OF MED ICAT ION	HA NDR ING LEG IBL E	NAM E AND REGIS TRAT ION NUM BER OF DOCT OR	USE OF APPR OVED ABBR EVIAT IONS	OR DE R IN BL OC K LE TT ER