



# Rx Update

December 2006

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## SOUND ALIKE, LOOK ALIKE MEDICATIONS

Confusing drug names is a common system failure within the healthcare environment. Unfortunately, many drug names can look or sound like other drug names, which may lead to potentially harmful medication errors. In order to ensure the safe prescribing, dispensing, and administration of medications which have names that may easily be confused due to the sound-alike or look-alike nature of their names, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires accredited organizations to at least annually review its list of sound-alike and look-alike (or “SALA”) drug names. This is performed as part of an ongoing review of JCAHO’s National Patient Safety Goals. The JCAHO recently released its annually updated list of SALA drug names; from this list, each healthcare organization is expected to select drug name combinations that may be associated with medication errors in that organization.

Following a review of the drug names added to the JCAHO SALA list, the UIHC Pharmacy and Therapeutics Subcommittee approved the addition of three drug-name combinations to the hospital’s sound-alike/look-alike drug name list. These additional name combinations are:

- **metformin – metronidazole**
- **OxyContin – oxycodone**
- **Amicar – Omacor**

Increasingly, pharmaceutical manufacturers and regulatory authorities are taking measures to determine if there are unacceptable similarities between proposed names and products on the market. But factors such as poor handwriting or poorly communicated oral prescriptions can exacerbate the problem. In 2001, the JCAHO published a *Sentinel Event Alert* on look-alike and sound-alike drug names. This recognized that healthcare practitioners and organizations need to be aware of the role drug names play in medication safety as well as system changes that can be made to prevent errors.

The complete UIHC list of sound-alike and look-alike drug names and additional information related to this topic can be accessed through the UIHC Formulary and Handbook at: <http://www.uihc.uiowa.edu/pharmacy-pdfs/Look-A-Like%20and%20Sound-A-Like%20Drugs.htm>.

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## IV CIPROFLOXACIN

Ciprofloxacin injection is a broad-spectrum fluoroquinolone that was added to the UIHC Formulary. **Ciprofloxacin is the preferred fluoroquinolone for the treatment of gram-negative infections because it has good gram-negative coverage and has a substantially lower cost than levofloxacin injection.** The exception is *Stenotrophomonas maltophilia*, for which levofloxacin has better coverage. Ciprofloxacin has been shown to provide better coverage against *Pseudomonas aeruginosa* when compared to levofloxacin. **Levofloxacin has more complete gram-positive coverage, thus making it a better choice than ciprofloxacin injection in the treatment of community-acquired respiratory infections (likely caused by *S. pneumoniae*) when treatment with azithromycin and ceftriaxone isn’t possible due to intolerance or allergy.** IV fluoroquinolones may be necessary for patients taking nothing by mouth (NPO), including medications. However, for patients able to take oral medications, the oral fluoroquinolones have good bioavailability and are more cost effective.

The recommended adult dose of ciprofloxacin injection is 400 mg intravenously every 8 to 12 hours, depending on severity of infection. The dose should be reduced in patients with renal insufficiency. The 400 mg dose is diluted in 250 ml NS or D5W and infused over 1 hour.