

The boy who cried wolf: Drug alerts in the ER

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To prevent a single adverse drug event, one commercial electronic health record opioid warning system fired off 123 unnecessary and clinically inconsequential alerts, according to the results of a new study published online Friday in *Annals of Emergency Medicine*.

"Our electronic health record warning system on opioids is overwhelming providers with unnecessary and clinically inconsequential alerts," said lead study author Emma Genco, MS, of the University of Colorado School of Medicine in Denver. "The danger here is that medical providers may develop 'alert fatigue,' leading to compromised patient safety. It is well established that clinical decision support prevents [adverse drug events](#), but it is essential that alerting systems be refined to highlight only the clinically significant alerts."

While 14 of 4,581 patients experienced an adverse [drug](#) event (ADE), with eight due to opioids, none was preventable by the clinical decision support piece of the commercial [electronic health](#) record.

Overall, 98.9 percent of [opioid](#) alerts did not result in an actual or averted ADE and 96.3 percent of opioid alerts were overridden. Opioid drug alerts were more likely to be overridden than non-opioid alerts and opioid drug allergy alerts were twice as likely to be overridden. Opioid duplicate therapy alerts were 1.57 times as likely to be overridden. Pharmacists and physicians assistants most frequently overrode opioid drug alerts and residents overrode them the least.

"We need to improve the 'signal to noise' ratio of these alerts, especially in the chaotic environment of the emergency department," said Ms. Genco. "Interruptions are already a significant fact of life in emergency departments, which is why we need to eliminate the meaningless ones."

More information: "Clinically Inconsequential Alerts: The Characteristics of Opioid Drug Alerts and Their Utility in Preventing Adverse Drug Events in the Emergency Department", [www.annemergmed.com/article/S0 ... \(15\)01308-6/fulltext](http://www.annemergmed.com/article/S0... (15)01308-6/fulltext)

Provided by American College of Emergency Physicians

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