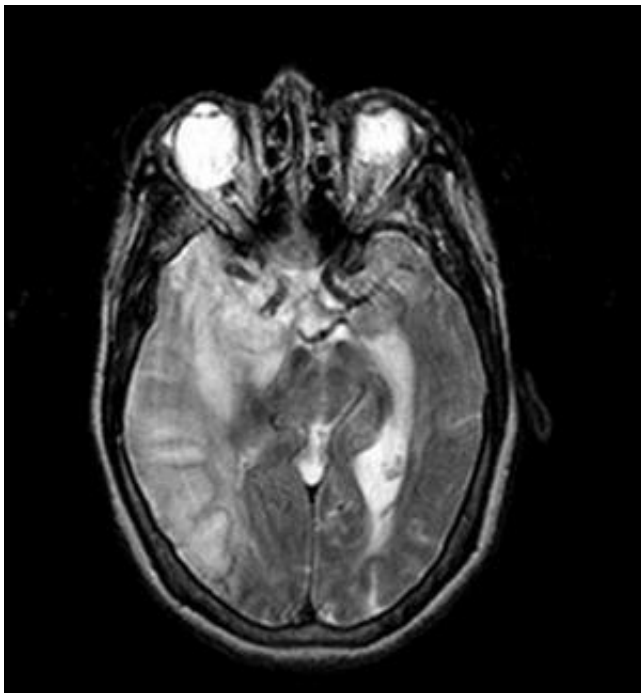


New research finds failing to weigh emergency stroke patients leads to wrong dose of drugs

11 November 2015



Overall, 7% of the 242 patients studied received an incorrect dose. However, in patients weighing over 80kg who made up a third of the study, this increased to approximately 20% receiving an incorrect (usually by 10% too little) dose of the clot busting [drug](#). At discharge these patients had on average 10% poorer outcome.

Those patients who had been accurately dosed were seen to have the greatest functional improvement at discharge.

Lead researcher Professor Pankaj Sharma from the Institute of Cardiovascular Research at Royal Holloway, said: "Our study has revealed that patients are being given the wrong dose of up to 10% of the amount they should receive which is resulting in poorer outcomes. This was the case in 20% of the heaviest patients, which made up a third of the studied population.

If we were to extrapolate this data to the approximately 150,000 individuals that suffer a [stroke](#) annually in the UK then it would mean around 10,000 stroke victims per year are receiving the wrong dose, potentially impacting on their final functional outcome."

The researchers have made a recommendation that all emergency/A&E departments in the UK have at least one automatic weighing bed and that this should be mandated across the NHS.

A simple automatic weighing accessory for a hospital bed can cost as little as a few hundred pounds but potentially save the NHS millions of pounds in terms of better stroke outcome and reduced morbidity.

Professor Sharma added: "I would struggle to think of an alternative intervention for stroke that would

A new study has revealed stroke patients receiving emergency clot busting drugs, the correct dose of which depends on the patient's weight, may be receiving the wrong dose because the UK (and much of Europe) does not weigh patients prior to its administration.

The research, which was published in *Stroke* on 10 November, was carried out by the Institute of Cardiovascular Research at Royal Holloway, University of London and St Peters Hospital in Chertsey and reveals errors were being made in the dosage because [clinicians](#) were poor at guessing the weight of patients, particularly the heaviest patients irrespective of age, gender or presence of other diseases.

benefit so many [patients](#), in so short a time, for so little money."

More information: T. Barrow et al. Estimating Weight of Patients With Acute Stroke When Dosing for Thrombolysis, *Stroke* (2015). [DOI: 10.1161/STROKEAHA.115.011436](#)

Provided by Royal Holloway, University of London

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