Objective of the Study:

The goal of the drug therapy is the achievement of defined therapeutic outcomes that improves a patient’s quality of life while minimizing patient’s risk. There are inherent risks known and unknown, associated with the therapeutic use of drug and other pharmaceuticals agents. The incidence (or) hazards that results from such risk have been defined as adverse drug misadventure and it include adverse drug reaction and medication error. The American society of hospital pharmacist broadly define medication errors as a dose of medication that deviates from the physicians order as written in the patients chart (or) from standard hospital policy and procedure. Data related to medical error are not new, what is new is the disclosure of this information to the people. The need and reason behind the essentiality of present work can be justified with few findings related to prescription and medication errors as follows:

- Medication error increase cost, significantly prolong hospital stay and increases the risk of death almost 2-fold (Acharya L. D. 2008).
- Medication errors have been reported to affect about 2 million hospital patients in a year.
- The statistics of over 33.6 million admissions to United States hospital in 1997, which showed that 44000 to 98000 Americans die each year as a result of Medical error; however as many as 1,20,000 Americans die each year from the hospital errors.
- In 1999, the report of ‘Institute of Medicine’ (Washington, USA) in the form of book called ‘To Error in Human’ concluded that the medication errors occurred within the complex system of healthcare, and out of 2 million hospital patients a year, 7000 death occur per year (Biradar S. S. et al. 2006).
- A study carried out in one of the multidisciplinary tertiary care south Indian teaching hospital (Acharya L. D. 2008), found that overall incidence of medication error are 17%. Omission error (33%) was the most commonly observed errors among the medication error, followed by prescription error (27%), wrong dose error (20%), unauthorized error (15%) and wrong time error (4%).

In view of the above facts the objective of present study is set as:

- Detection and identified of medication errors
- Documentation of studied prescription and medication errors
- Correction of studied prescription and medication errors
- An attempt to frame software related to prescription and medication error which will be helpful to healthcare providers in prescribing medicine

After achieving above objectives the study will be beneficial to healthcare providers in error avoidance, advance understanding of the short lapses and interferences that lead to errors and help to maintain public confidence in the healthcare system.

In contest to the above findings it is therefore necessary to detect and rectify the prescription and medication errors. The purpose of present study is to identify and evaluate the incidence and types of errors and to access the severity of medication errors in one of the multispecialty, tertiary care teaching hospitals of Maharashtra state, India.