

Appendix A: Potential risk factors form

Potential risk factors

Date and time:-..... - 20.....

Hospital:

Ward:

Patient number and gender:

.....M/F...

Date of birth:

Nurse name:

Drug name, form and strength:

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A nurse characteristics

- experienced nurse
- trained nurse
- student nurse
- nurse satisfaction with BCMA

B. workload characteristics

- number of nurses on ward
- number of patients served by that ward
- number of medications per round per patient

- number of medication for all patients per round per ward

C. BCMA characteristics

- time after implementation of BCMA on that ward
- barcode on medication unit doseY/N..

D. medication characteristics

- ATC code medication
- drug administration route

E. general characteristics

- hospital type
- ward type
- time of medication administration round