



## Safety signal

# Oral metoprolol administration

**For information to:** Chief Pharmacists, Quality and Risk Managers, Directors of Nursing, Chief Medical Officers, Cardiologists, Medicines Advisory Committees, Cardiac Society, College of General Practitioners

## Nature of signal

- Two incidents have now occurred in New Zealand hospitals where the low dose of 11.875mg metoprolol SR has been prescribed and the dose of 118.75mg metoprolol SR has been administered.
- In each case, the dose administered was one 95mg and one 23.75mg metoprolol SR strength tablet, which were both available on the ward as a stock item.
- Nurses are more familiar with the 118.75mg dose and have mistakenly read the 11.875mg dose as 118.75mg because that is what they expect to see (confirmation bias).

### Additional information

- Clinicians in the majority of District Health Board hospitals:
  - do not initiate patients on metoprolol SR tablets at 11.875mg but start at 23.75mg
  - have the occasional patient who cannot tolerate 23.75mg and the dose is reduced to 11.875mg
  - have the occasional patient who is admitted on 11.875mg.
- Some clinicians use metoprolol tartrate immediate release tablets or a prepared suspension if they decide to initiate with a dose lower than 23.75mg.
- Some cardiologists consider that a 11.875mg dose of metoprolol SR tablets is sub-therapeutic.

### Suggested preventative actions

- Stop metoprolol 11.875mg prescribing in consultation with cardiologists within the DHB.
- Make metoprolol a second check medicine for administrators or make metoprolol a non-impres, eg, individually dispensed medicine.

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