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Pharmacist's Letter
Hospital

Don’t Let Held Meds Hold Up Patient Care

You can help **prevent missed doses and other errors when meds are placed on hold**.

A provider may place a med on “hold” in the eMAR due to surgery...labs...side effects, etc. This allows a “pause” in admin...without completely deactivating the med from the patient’s chart.

For example, warfarin should be held at least 5 days before surgery...and resumed immediately after...due to its slow onset. And fast-acting insulins (lispro, etc) are often held if patients are NPO.

But errors have occurred due to orders not getting restarted...lack of documentation as to why the med was on hold...orders getting resumed at the wrong time, etc.

Know common ways these errors can occur...and work as a team to help catch mistakes BEFORE they happen.

Pay close attention to the admin instructions or “order comments” field that’s separate from the sig. Providers may place free-text hold instructions in this space...and it’s easy to overlook.

In fact, over 1/3 of free-text order errors involve placing comments that a med should be held or discontinued...instead of manually holding the e-Rx order or modifying the end date.

Check relevant labs (aPTT, glucose, etc) whenever there is a hold change...and ensure certain meds (heparin, insulin, etc) get held or restarted accordingly.

Advocate for clear documentation about why any med is held...and verify that any necessary comments or notes are entered.

Consider simply retiming an order instead if a dose needs to be held for only a short time frame (patient having a quick procedure, etc).

On the other hand, know your hospital’s workflow around holding meds during transitions of care if patients go to the operating room for longer surgeries...and keep an eye on whether the procedure gets delayed or moved up.

Consider placing a reminder on held orders to ensure proper restart.

Similarly, know the process of your EHR around restarting held orders. For instance, some EHRs let orders reactivate for admin BEFORE reverification if meds were previously approved prior to going on hold.

Feel empowered to remind teams to restart meds after surgery or procedures, or when labs normalize. Pay attention to the next due time...in case it needs to be adjusted.

Lean toward stopping meds if the time to restart is unknown...the patient’s condition has changed...or the med is causing adverse effects.

Continue to encourage staff to report all errors involving held meds to help improve workflows and come up with solutions.

Key References:

-Patient Safety Authority. Medication Errors Attributed to Health Information Technology. March 2017. https://patientsafety.pa.gov/ADVISORIES/Pages/201703_HITmed.aspx (Accessed July 8, 2025).
-Cole E, Duncan R, Grucz T, et al. Characterization of Interventions to Reduce the Frequency of Critical Medication Doses Missed or Delayed During Perioperative and Unit-to-unit Patient Transfers. Hosp Pharm. 2024 Dec;59(6):638-644.

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