

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

29 Jun 2026

### investigation the effect of parental education on happening of medication errors in children aged 1-5 years, referring to selected shiraz clinics in 2016

#### Protocol summary

##### Summary

Objective: to investigate the effect of parental education on happening of medication errors in children aged 1-5 years, referring to selected shiraz clinics in 2016. Design: A randomized controlled trial will be conducted. Setting and conduct: Three clinics will be selected by two-stage cluster sampling, then 120 parents attending to one of the three clinics will be selected at random assignment. After completing the pre-test medication errors, with Random block will be divided into intervention and control groups then Educational content will be available to intervention group. Four days after receiving the content, the two groups will complete their post-test medication errors and educational booklet will be given them. Inclusion criteria: Parents of children aged one to five years; informed consent and willingness to participate in the study; presence of father or mother or both parents in training session. Exclusion criteria: Ill child and his transfer to the hospital for admission; Non-prescribed medicines by doctor for children; Subjects not participating in the training session. Interventions: PowerPoint training by lecture. Main outcome measures: Changes in happening of medication errors and prevent the occurrence of medication errors in children 1 to 5 years old parents

#### General information

##### Acronym

-

##### IRCT registration information

IRCT registration number: **IRCT2016091229291N1**  
Registration date: **2016-09-12, 1395/06/22**  
Registration timing: **prospective**

Last update:

Update count: **0**

##### Registration date

2016-09-12, 1395/06/22

##### Registrant information

###### Name

Zahra Mohammadi

###### Name of organization / entity

Shiraz University of Medical Science

###### Country

Iran (Islamic Republic of)

###### Phone

+98 71 3230 5410

###### Email address

mohamadyza@sums.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

Vice Chancellor for Research of Shiraz University of Medical Science

##### Expected recruitment start date

2016-09-20, 1395/06/30

##### Expected recruitment end date

2017-01-19, 1395/10/30

##### Actual recruitment start date

empty

##### Actual recruitment end date

empty

##### Trial completion date

empty

##### Scientific title

investigation the effect of parental education on happening of medication errors in children aged 1-5 years, referring to selected shiraz clinics in 2016

##### Public title

the effect of parental education on happening of

medication errors

### **Purpose**

Prevention

### **Inclusion/Exclusion criteria**

Inclusion criteria: presence of father or mother or both parents in training session; informed consent and willingness to participate in the study; Parents of children aged one to five years. Exclusion criteria: Ill child and his transfer to the hospital for admission; Subjects not participating in the training session; Non-prescribed medicines by doctor for children .

### **Age**

No age limit

### **Gender**

Both

### **Phase**

N/A

### **Groups that have been masked**

No information

### **Sample size**

Target sample size: 120

### **Randomization (investigator's opinion)**

Randomized

### **Randomization description**

### **Blinding (investigator's opinion)**

Not blinded

### **Blinding description**

### **Placebo**

Not used

### **Assignment**

Parallel

### **Other design features**

Three clinics will be selected by two-stage cluster sampling , Then 120 parents attending to one of the three clinics will be selected at random assignment .parents After completing the pre-test medication errors, with Random block will be divided into intervention and control groups

## **Secondary Ids**

### 1

#### **Registry name**

-

#### **Secondary trial Id**

-

#### **Registration date**

empty

## **Ethics committees**

### 1

#### **Ethics committee**

##### **Name of ethics committee**

Ethics Committee of Shiraz University of Medical Science

##### **Street address**

Central Building of Shiraz University of Medical Sciences, Zand Street

### **City**

Shiraz

### **Postal code**

71348-14336

### **Approval date**

2016-06-26, 1395/04/06

### **Ethics committee reference number**

IR.SUMS.REC.1395.56

## **Health conditions studied**

### 1

#### **Description of health condition studied**

Medication Errors

#### **ICD-10 code**

-

#### **ICD-10 code description**

-

## **Primary outcomes**

### 1

#### **Description**

Medication errors

#### **Timepoint**

before intervention and 4days after intervention

#### **Method of measurement**

Medication errors questionnaire

## **Secondary outcomes**

### 1

#### **Description**

-

#### **Timepoint**

-

#### **Method of measurement**

-

## **Intervention groups**

### 1

#### **Description**

Control group: No intervention is needed

#### **Category**

Treatment - Drugs

### 2

#### **Description**

Intervention group :Holding training sessions for 40 minute About the types of medication errors, various forms of medication, how to use various forms of drugs, Respect the important principles while taking the drugs and Storage of medicines Before seeing the child by doctor and holding training sessions of 15 minutes after the child visit

**Category**

Other

**Recruitment centers**1**Recruitment center****Name of recruitment center**

Fatemeh Zahra Clinic

**Full name of responsible person**

Dr Reza Mohammadi, General Practitioner

**Street address**

Hemmat jonoobi Blvd

**City**

Shiraz

2**Recruitment center****Name of recruitment center**

Boarding Clinic Eghbal

**Full name of responsible person**

Somaye Ebrahimi, Public Health Expert

**Street address**

Pasargad Square, Pasargad Boulevard

**City**

Shiraz

3**Recruitment center****Name of recruitment center**

Shahid Meftahi

**Full name of responsible person**

Dr Zahra Rezaianzadeh, General Practitioner

**Street address**

Shahid Fakoori Street, five army units Street, Rahmat Blvd,

**City**

Shiraz

**Sponsors / Funding sources**1**Sponsor****Name of organization / entity**

Vice Chancellor for Research of Shiraz University of Medical Science

**Full name of responsible person**

Dr Seyed Basir Hashemi

**Street address**

Vice chancellor for research, seventh floor, Shiraz University of Medical Sciences, next to the Red Crescent headquarters, Zand Ave

**City**

Shiraz

**Grant name**

-

**Grant code / Reference number**

-

**Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Vice Chancellor for Research of Shiraz University of Medical Science

**Proportion provided by this source**

100

**Public or private sector**

empty

**Domestic or foreign origin**

empty

**Category of foreign source of funding**

empty

**Country of origin****Type of organization providing the funding**

empty

**Person responsible for general inquiries****Contact****Name of organization / entity**

Shiraz University of Medical Science, Shiraz Hazrate Fatemeh Nursing and Midwifery college

**Full name of responsible person**

Zohreh Montaseri

**Position**

Master of Pediatric Nursing, Nursing Trainer

**Other areas of specialty/work****Street address**

Namazi Square, Shiraz Hazrate Fatemeh Nursing and Midwifery college

**City**

Shiraz

**Postal code**

71936 -13119

**Phone**

+98 71 3647 4255

**Fax**

+98 71 3647 4252

**Email**

montaseriz@sums.ac.ir

**Web page address****Person responsible for scientific inquiries****Contact****Name of organization / entity**

Shiraz University of Medical Science, Shiraz Hazrate Fatemeh Nursing and Midwifery College

**Full name of responsible person**

Zohreh Montaseri

**Position**

Master of Pediatric Nursing, Nursing Trainer

**Other areas of specialty/work****Street address**

Namazi Square, Shiraz Hazrate Fatemeh Nursing and Midwifery College

**City**

Shiraz

**Postal code**

71936 -13119

**Phone**

+98 71 3647 4255

**Fax**

+98 71 3647 4252

**Email**

montaseriz@sums.ac.ir

**Web page address**

**Postal code**

**Phone**

+98 71 3647 4255

**Fax**

**Email**

mohamadyza@sums.ac.ir

**Web page address**

**Person responsible for updating data**

**Contact**

**Name of organization / entity**

Shiraz University of Medical Science, Hazrate  
Fatemeh Nursing and Midwifery College

**Full name of responsible person**

Zahra Mohammadi

**Position**

Children's Nursing Graduate Student

**Other areas of specialty/work**

**Street address**

Namazi Square, Hazrate Fatemeh Nursing and  
Midwifery College

**City**

Shiraz

**Sharing plan**

**Deidentified Individual Participant Data Set (IPD)**

*empty*

**Study Protocol**

*empty*

**Statistical Analysis Plan**

*empty*

**Informed Consent Form**

*empty*

**Clinical Study Report**

*empty*

**Analytic Code**

*empty*

**Data Dictionary**

*empty*