Reviewer’s report

Title: Knowledge about the administration and regulation of high alert medications among nurses in Palestine: A cross-sectional study

Version: 1 Date: 04 Sep 2018

Reviewer: Matthew C. Grissinger

Reviewer’s report:

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1) in the background section you define the term "high-alert" medications in two different ways. I'd suggest using ISMP's definition since they are the organization that first used that term (http://www.ismp.org/recommendations/high-alert-medications-acute-list)

2) there are many times where there are statements like "most nurses fall into error calculating...." (page 4, line 5); "one of the most common factors..." (page 4, line 8), "increases the risk of MEs...." (page 4, line 17) and "responsible for a high percentage of risk medical errors (page 19, line 6) and possibly other locations but you give no references to back up these claims. In my opinion, you shouldn't be making statements indicating a frequency unless there is evidence to support it.

3) while you have a lot of data to support your claim about the lack of knowledge of the HAMs and education is needed, it is also important to understand that while educating healthcare workers is a needed BUT very low level strategy in preventing medications errors as it relies solely on the frontline practitioner when there are stronger strategies that hospitals can put into place to prevent errors with these medications (e.g. standardization of drugs/formularies, automation, forcing functions, etc.) Here is one example explaining that from ISMP (https://www.pharmacist.com/leveraging-error-reduction-strategies). My point being that I feel the authors need to recognize and acknowledge that education is needed BUT more needs to be done to prevent errors.

4) in the tables, you title them as "factors associated with ....knowledge score" but I'm not sure that is correct. how is being a male/female a factor? age? (but I agree with the other items of work experience, education, etc.)

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