

IREDELL MEMORIAL HOSPITAL

Medication Ordering and Processing	
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P&T Committee	Date: 10/2020

Purpose:

To establish procedures for processing, communicating and implementing medication orders of approved prescribers by appropriate staff.

Policy:

- Patient-specific information shall be readily accessible to licensed independent practitioners and staff who participate in the management of the patient’s medications. The information shall be available in the patient’s medical record and is accessible when needed. The minimum amount of information available includes at least the following: age, sex, current medications, diagnoses, comorbidities, and concurrently occurring conditions, relevant laboratory values and allergies and past sensitivities. As appropriate to the patient, the following shall also be made available: weight and height and pregnancy and lactation status.
- Medications are administered only upon the order of a physician, dentist, or approved non-physician provider who has current privileges.
- Personnel permitted to receive telephone/verbal orders include: Registered Nurse (RN), Licensed Practical Nurse (LPN), nurse anesthetics, EEG technicians, Respiratory Therapists (RT), radiologic technologists, nuclear medicine technologists, pharmacists, cardiovascular technicians.
- Medication orders shall be complete. Elements to be included in any medication order include (Certain elements of a medication order may be available with the use of the EMR):
 - Name of patient
 - Age and weight of patient, or other dose calculation requirements when appropriate
 - Date and Time of the order
 - Medication name
 - Dosage form
 - Exact strength of concentration, when appropriate
 - Dose, frequency and route
 - Quantity and/or duration, when applicable
 - Indication for use (when applicable)
 - Specific instructions for use (when applicable)
 - Name of prescriber
- Any unclear medication orders or concerns regarding any component of the order will be addressed with the prescriber, with patient safety as the ultimate goal.
- Medication orders should be entered through electronic order entry whenever possible. Telephone/verbal orders shall be used infrequently. The avenues of telephone/verbal orders shall be reserved for when prescribers are unable to access the EMR, during surgical/invasive procedures and emergency situations.
- All medication orders shall be reviewed for appropriateness by a pharmacist before dispensing, removal from floor stock or removal from automated dispensing cabinet, unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication; or during an urgent situation when delay could harm the patient.

Procedure:

I. Telephone/Verbal Orders

- A. The individual providing the order shall clearly identify themselves with their name and credentials.
- B. Orders dictated over the telephone directly by the prescriber or through his or her designated office personnel will be written or entered into the electronic medical record (EMR) by the person who took the order, along with the name of the prescriber providing the order. There shall be two patient identifiers verified prior to communicating any orders.
- C. Hospital staff will request to speak directly to the prescriber to obtain orders whenever it is determined that the patient's condition warrants doing so.
- D. Hospital staff will request to speak directly to the prescriber any time the order that office personnel is relaying is unclear or appears to be unsafe.
- E. All telephone/verbal orders, with the exception of verbal orders given during surgical/invasive procedures and during emergency situations, must be read back to the individual giving the order by the person receiving the order to verify accuracy and completeness of the order. During surgical/invasive procedures and during emergency situations, verbal orders must be repeated back to the prescriber for verification. All orders for treatment will be written or entered into the EMR, prior to ending the conversation, to ensure no potential duplications, drug-drug interactions and allergies/cross-sensitivities.

All telephone/verbal orders must be countersigned by the prescriber within 48 hours after the order is given.

II. Paper/Written Orders

- A. Any written orders will be recorded on the Physician's Orders Form or other form approved by Medical Records/Health Information Management.
- B. Written orders shall be processed and transmitted via a pharmacy serviced scanning system. If the pharmacy serviced scanning system fails, other means of transmit to pharmacy should take place such as use of facsimile or hand deliver.
- C. Any written medication orders must be clear and legible and must include:
 - Name of medication (brand or generic)
 - Dosage
 - Route of administration, if other than oral, unless an IV solution is ordered with a specified rate of administration
 - Frequency of administration, if ordering more than one dose
 - Indication for use, if a PRN medication
 - Date/time
 - Signature of prescriber or licensed personnel writing the order as dictated by the prescriber
 - Strength or concentration of medication when applicable
 - Quantity and duration when applicable
 - Specific directions for use
- C. An order changing the rate, route, dosage or frequency of a previously ordered medication is complete if it contains the name of drug, the desired change, the date/time, and the signature of the prescriber or licensed personnel writing the order as dictated by the prescriber. The unchanged elements of the order are continued as previously ordered.
- D. The use of abbreviations and chemical symbols in the writing of medications is discouraged. Abbreviations on the IMH unacceptable abbreviations list are not allowed.

- E. Blanket orders, such as “resume pre-op medications” or “continue same meds,” are not acceptable and must be clarified with the prescriber. Medication orders must be complete as outlined in this policy.

III. Illegible or Unclear Orders

Orders which are incomplete, illegible or unclear will not be carried out until they are clarified with the prescriber or his or her designee. The clarification will be documented in writing or in the EMR. Clarification will be obtained promptly to avoid any unnecessary delays in carrying out the order.

IV. Orders That Appear To Be Unsafe

If any order appears to be unsafe, staff must discuss the issue with the provider. If concerns remain after discussion, staff must call on the Department Manager, Nurse Manager or Administrative Nurse Supervisor for assistance. There may be occasions when the Department Manager, Nurse Manager or Administrative Nurse Supervisor may, in the interest of the patient’s safety, call the Administrator-on-Call who will decide whether to call the Chief of the Department, the Vice President of Medical Affairs or other appropriate physician for intervention.

V. Text Messaging

The Centers for Medicare and Medicaid Services, as well as Joint Commission, have not approved the use of secure text messaging for transmission of either verbal or written orders. Use of IMH’s TigerConnect system to transmit or receive orders for a patient is a policy violation, and potentially a HIPAA violation, and may result in disciplinary action and sanction. See “Text Messaging via TigerConnect” policy.

VI. Processing and Dispensing Orders

- A. When paper orders are received, the order form is transmitted to the Pharmacy via pharmacy scanning system or by fax.
- B. Patient allergy information may be listed on the initial Physician’s Orders Form by the prescriber and/or by nursing in the EMR.
- C. Medications shall not be verified or dispensed until allergy information is obtained and documented. Pharmacists and nurses who enter and/or verify medication orders must review allergy listings and notify the prescriber of any concerns.
- D. Upon receiving paper/written or electronic medication orders, pharmacists shall review orders for the following:
 - a. The appropriateness of the drug, dose, frequency, and route of administration
 - b. Therapeutic duplication
 - c. Real or potential allergies or sensitivities
 - d. Real or potential interactions between the order and other medications, food, and laboratory values
 - e. Other contraindications
 - f. Variation from organizational criteria for use
 - g. Other relevant medication-related issues or concerns
- E. The pharmacist or nurse shall contact the prescriber promptly if any drug irregularities exist or if any orders require clarification. Clarifications shall be documented in the EMR as appropriate.
- F. When information is pending from the family or provider (e.g. home meds, doses, etc.) and the information has not been received within 24 hours of receipt of the original order, the pharmacist will notify the provider and obtain further orders.

- G. STAT orders shall be processed and dispensed immediately (within 15 minutes) and ASAP or NOW orders shall be processed and dispensed within 30 minutes. All other orders are dispensed within 2 hours and are delivered by messenger or pharmacy personnel. The times defined above refer to the time from order receipt in Pharmacy until the medication is ready for delivery.
- H. Only the pharmacist or authorized pharmacy personnel, under the direction and supervision of the pharmacist, shall label a medication or transfer a medication into unit dose containers.

INITIAL EFFECTIVE DATE: 02/2013

DATES REVISIONS EFFECTIVE: 08/2019, 08/2020, 12/2020

DATES REVIEWED (no changes):