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# Ascension

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**Owner:** *Nicholas Sylvia: Reg Dir  
Pharmacy*

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and Services*

**Applicability:** *Affinity Health System  
Affinity Medical Group  
Calumet Medical Center  
Mercy Medical Center  
St. Elizabeth Hospital*

## Orders for Patient Care

### Summary:

To ensure that all aspects of medical care are initiated by properly documented orders under the direction of physicians and other independent practitioners in a manner aimed at maximizing patient safety and efficacy of care while in compliance with Medical Staff Bylaws, applicable state and federal regulations and The Joint Commission standards.

### POLICY STATEMENT:

Consistent with Affinity Health System (AHS) values of integrity and stewardship, the processes which are designed for initiating, accepting, transcribing, documenting and implementing orders as defined in this policy will reduce medical errors and improve efficiency of care delivery. A quality improvement strategy will be in effect aimed at reducing medical errors and incorporating "best practice" care delivery (defined below) through active collaborative participation of the medical staff with other members of the care delivery team (TEAMWORK) resulting in documented evidence of Affinity Health System's efforts to reduce medical errors and their outcomes. All patient care provided within Affinity Health System (except in emergencies) will be initiated by a proper order containing all the elements defined by this policy. Specific categories of professional clinical personnel as defined by this policy are duly authorized to issue, accept and implement orders. Authentication shall be by professional clinical personnel responsible for ordering, providing or evaluating the service. Verbal/telephone orders, range and blanket orders, abbreviations (do not use list), p.r.n. orders, stop orders, standing orders, preprinted orders and protocol orders are defined and addressed in this policy and/or referenced companion policies.

### DEFINITIONS

#### I. Best Practice care delivery

Evidence based (supported by a comprehensive medical literature review) clinical practice associated with top quartile (compared to national benchmarks) clinical outcomes, cost and safety and characterized by low process variation and rare, unnecessary therapeutic interventions.

## II. Order

Any instruction given by an appropriately authorized person directed at a specific patient for a specific intervention including but not limited to medications, blood products, physical and occupational therapy, respiratory therapy, activity, diet status, advanced directives, diagnostic tests, procedures, and nursing directives.

## PROCEDURE

- I. Authorized personnel. All tests, diagnostic procedures and medical treatments for patients within Affinity Health System are initiated by an order from a duly authorized practitioner unless otherwise stated in this policy.

Specific categories of Professional Clinical personnel authorized within Affinity Health System to initiate or accept orders are detailed in table I:

<b>Table 1:</b>				
Professional designation	Initiate (A) Medication	Initiate (B) Non-medication	Accept (C) Orders	Transmit Orders
Physician MD/DO)	Yes(E)	Yes	NA	NA
Podiatrist	Yes (F)	Yes	NA	NA
Dentist	Yes (G)	Yes	NA	NA
Clinical Psychologists	No	Yes	Yes	NA
Certified Physician Assistant (PA)	Yes (H)	Yes (H)	Yes	Yes
Advanced Practice Nurse Prescribers (APNP)	Yes(I)	Yes(I)	Yes	Yes(K)
Certified Nurse Midwife (CNM)	No(J)	No (J)	Yes	Yes (L)
RN,APN	No	No	Yes	Yes
LPN, MA	No	No	No	Yes
Chiropractors	No	above	NA	Yes
Registered Dieticians	No	No	Yes (M)	NA
Physical Therapist (PT) Occupational Therapist Licensed Athletic Trainers (LAT)	No	No	Yes (M)	NA
Respiratory Therapist (CRT, RRT)	No (N)	No (N)	Yes (M)	NA
Speech Therapist	No	No	Yes (M)	NA

Nuclear Medicine Technologist (RT), (N)	No	No	Yes (M)	NA
Radiology Technologist (RT)	No	No	Yes (M)	NA
Ultrasound Technologist	No	No	Yes (M)	NA
Vascular Technologist	No	No	Yes (M)	NA
Pharmacist	No(N)	No (N)	Yes (M)	NA
Social Worker	No	No	Yes (M)	NA
Cardiac & Pulmonary Rehab Specialist	No	No	Yes (M)	NA

- A. "Initiate medication orders" applies to any instructions which result in a medication being given to a patient.
  - B. "Initiate non-medication orders" applies to any instruction for care which does not involve giving a medication to a patient. Orders for Radiologic procedures with contrast will require a co-signature of the practitioner doing the procedure.
  - C. "Accept orders" refers to the ability to accept verbal or telephone orders and the ability to review written orders for appropriateness, completeness and legibility.
  - D. "Transmit orders" refers to the ability to communicate a physician order to another health care provider (accepting professional).
  - E. Valid DEA license required to order controlled substances.
  - F. Limited to treatment of feet as defined by Wisconsin Adm Code 448.00.
  - G. Limited to dental care and/or maxillofacial care.
  - H. Must be supervised by a physician or as part of an approved protocol and must be countersigned by a credentialed physician within 72 hours.
    - I. APNP's are authorized to prescribe within their scope of practice.
    - J. CNM may initiate orders if they have APNP license (see above).
  - K. Must be delegated by physician order documented in outpatient medical record or by pre-approved protocol.
  - L. Limited to outpatient laboratory and Radiologic orders.
  - M. May accept specialty specific orders as dictated by scope of practice.
  - N. Pharmacist/Respiratory Therapist's orders are restricted to specific medication, lab tests or interventions as directed by pre-approved medical staff protocols or policies.
- II. Orders for inpatient care within Affinity Health System are permissible from credentialed medical staff members only.
- A. Orders for care within Affinity Medical Group are permissible from credentialed medical staff members, employees of Affinity Medical Group or contracted individuals within the scope of their practice per privileges granted by the AHS Board.

- B. Orders as limited by the scope of practice for hospital based outpatient laboratory and outpatient radiology studies and procedures are acceptable from physicians, dentists and podiatrists who are not currently on the medical staff but are licensed practitioners in the state of Wisconsin, are not excluded from Medicare and are the treating or covering practitioner. These orders must comply with the requirements for a proper order as detailed in this policy. In addition, the order must include the practitioner's phone number. This exception to staff membership pertains to outpatient tests/procedures includes but not limited to orders for radiology, laboratory, physical therapy, EEG, vascular lab, EMG, EKG and pulmonary function services. Any concerns about the appropriateness or legitimacy of the order should be referred to the appropriate department manager who may approve or deny the request as deemed appropriate.
1. Orders for therapeutic injection will be accepted if the ordering physician has discussed the patient's condition and ongoing monitoring with a medical staff member. This staff member will then make a notation in the chart to address the orders. Appropriate updates will be made for ongoing therapy.
- C. Orders for the tests/procedures (per table) are acceptable from advanced practice nurse prescriber's not on staff who are licensed practitioners in the state of Wisconsin, are not excluded from Medicare and are the treating practitioner in collaboration with a physician. Any concerns about the appropriateness or legitimacy of the order should be referred to the appropriate department manager who may approve or deny the request as deemed appropriate.
- D. Orders for the tests/procedures (per table) are acceptable from physician assistants when consistent with practice including protocols established by their designated supervising physicians. Any concerns about the appropriateness or legitimacy of the order should be referred to the appropriate department manager who may approve or deny the request as deemed appropriate.
- E. Certain orders approved by the hospital Medical Executive Committee may be implemented without a specific providers order under predetermined circumstances (see policy on standing orders, etc.). When care is initiated in these situations, documentation in the medical record must include indication for use, name and signature of the professional colleague initiating the care and the time and date of signature.
- F. Licensed Chiropractors may order laboratory tests and diagnostic x-rays if they provide an acceptable (CMS criteria) medical indication (diagnosis) and the name of a medical physician designated by the patient who will take accountability for the results. Before the study is scheduled or performed, the identified medical physician is contacted to confirm that he/she agrees to accept accountability for the result. The medical physician is sent a copy of the report. The patient is informed of the dual nature of the report and any billing issues before the lab test or x-ray is performed. Licensed Chiropractors may order outpatient rehabilitation services (OT and PT) without restrictions.
- G. All requests for imaging services are subject to review by the Radiologist. The Radiologist may require the requesting practitioner to provide the pertinent clinical information needed to determine the most appropriate image technique to assure that the Radiologist is aware of the most critical clinical concerns. Routine management, protocols, use of contrast media or medications will be determined by the radiologists.

III. Patient self referrals are acceptable for:

- A. Screening mammograms
- B. Occupational therapy, physical therapy, and speech-language pathology services in outpatient settings in accordance with State of Wisconsin Practice Acts and regulatory and reimbursement guidelines.

IV. Required elements of a complete order:

A. All orders within Affinity Health System will be in a written form properly authorized before execution (except for co-signatures or verbal orders as detailed below).

B. All orders will include:

1. Patient's first and last name.
2. Patient hospital identification number for all patients (listed in the policy on patient identification).
3. Patient date of birth for outpatient orders when patient identification bracelet (ID bracelet) is not necessary or account number not available.
4. Clearly written order using only approved abbreviations and not using abbreviations from the "do not use list."
5. Practitioner signature. Signatures must be hand-written or electronic. Signature stamps may not be used to authenticate documentation in the medical record.
6. Practitioner address and telephone number for anyone who is not credentialed within Affinity Health System (AHS). AHS non-credentialed practitioners may only order lab or radiology orders and may not order therapies, IV, IM, PO, meds, or infusions.
7. Date including the year.
8. Time written (military time) for inpatient orders and verbal orders.

C. The ordering practitioner will be familiar with the present medication profile, general health and allergies of the patient before writing medication orders and orders will be consistent with documented need for evaluation or treatment of patient's condition. For inpatients, Emergency Department and Affinity Medical Group patients, this will be documented in the medical record and verbal verification of medical necessity (diagnosis) may be requested prior to scheduling a procedure or test. For other outpatient orders, a diagnosis of medical necessity must be included with the order.

D. In addition to the requirements above, all medication orders must include:

1. Generic or brand name of drug (for sound alike or look alike medications, both are encouraged).
2. Dose (expressed using the metric system), strength of drug and necessary suffixes such as XL, EC, XR etc., to indicate intended dosage form.
3. Route of administration
4. Frequency of administration.
5. Duration of treatment if known.

- E. The ordering practitioner will strive to achieve formulary compliance. The pharmacy will verify formulary status and contact the prescribing practitioner to offer alternatives if a non-formulary medication is ordered.
  - F. All orders will be written using a black pen (felt tip not acceptable) with non-erasable ink or submitted electronically using an AHS approved process, and will be legible. Electronic signatures must be generated from a secure site. The ordering practitioner will review the orders for accuracy, completeness and legibility before submitting. Vague directions such as "use as directed" are not acceptable. Proper spacing is necessary to assure legibility.
  - G. Inpatient and Emergency orders will be acceptable on approved order forms. Outpatient orders may be acceptable on a practitioner prescription form if all the elements listed above are included. The prescription forms should be stapled onto a physician order form after copying onto the form. Affinity Medical Group (AMG) medical records documentation is sufficient to initiate scheduling and perform within AHS outpatient laboratory tests and imaging studies authorized by AMG providers for established AMG patients. Electronic orders within AHS are acceptable if all the proper elements are included.
  - H. A faxed copy of a signed written order will be acceptable if it contains all the proper elements. Certain orders, as outlined in this policy, must be countersigned (authenticated) within the time frame established by the medical staff for records completion. Signatures must be handwritten on faxed orders; signature stamps are not acceptable.
  - I. One time outpatient orders will be valid for up to 90 days from date order written. Out patient "recurring orders" are valid for a maximum of one year from date written.
  - J. Any illegible or questionable orders will be handled per the order clarification section of this policy.
  - K. All Licensed Independent Practitioners (LIP) orders must be signed off after verification for completeness of the order and accuracy of transcription with the date, time, first initial, last name and title of the Registered Nurse (RN).
- V. Verbal or telephone orders
- A. Verbal orders are discouraged but may be acceptable in extenuating circumstances i.e., it is impossible or impractical for the practitioner to write the order because of urgent patient care needs.
  - B. Verbal orders are not to be used when the ordering practitioner is present except in emergent situations or if the verbal order is part of an approved protocol already initiated (i.e. additional views in Radiology).
  - C. Telephone orders are acceptable if the practitioner is not present.
  - D. Verbal and telephone orders shall be accepted and transcribed only by authorized personnel in the following manner:
    - 1. Date and time order (military time) received, recorded in patients chart.
    - 2. Specific order recorded in the order section of the chart.

3. "Allergy" information verified with ordering practitioner and the time of the verbal order.
4. Order read back to ordering practitioner and verbally confirmed by ordering practitioner. It is acceptable to abbreviate read back as RB.
5. Orders shall contain all the elements of a proper order as outlined in policy.
6. Name of ordering practitioner recorded in chart.
7. Telephone order (T. O.) or verbal order (V. O.) confirmation documented.
8. Name and credentials of person accepting order recorded.
9. Orders cosigned as required by applicable law and medical staff policy(see Table 1).
10. All verbal and telephone orders are to be authenticated by the prescribing practitioner within 48 hours. Signatures must be hand-written or electronic. Signature stamps may not be used to authenticate documentation in the medical record. In the event the prescribing practitioner is unable to authenticate the order within 48 hours, a covering practitioner may co-sign the verbal order of the ordering practitioner. The signature indicates that the covering practitioner assumes responsibility for his/her colleague's order as being complete, accurate, and final. A qualified practitioner, such as a physician assistant or nurse practitioner may not "co-sign" a physician's verbal order or otherwise authenticate a medical record entry for the physician who gave the order.
11. All sentinel events (occurrences) will be analyzed to see if verbal orders contributed to the undesired outcome.

VI. Blanket orders such as "resume home medications" or "resume pre op medications" are unacceptable.

VII. Medication Range Orders:

- A. Medication range orders may be appropriate for symptoms or conditions with potential for wide variation in individual patients during their stay/treatment course or for medications with potential for wide variation in effectiveness.
- B. All medication range orders will be reviewed by pharmacy to assure that the minimum and the maximum doses ordered are likely to be effective and tolerated by the patient based upon the patient's weight, age, renal function or other appropriate medical information.
- C. When a range is written for dose and/or frequency.
  1. The prescribing practitioner should provide specific written instructions when writing a range order on how the nurse determines what time frame to use or dose to administer. When these specific instructions are not provided, the dose of a new range order will be started at the lowest dose in the range **unless the nurse's assessment warrants a higher starting dose**. When an order is written with a range in the frequency this will be interpreted as the shortest times frame in the range.
  2. If the desired effect of the medication administered has not been achieved and no

adverse reactions have been observed at the next symptom assessment, more medication may be administered at time of peak effect from last dose administered. (refer to [Pain Management policy](#))

3. The total dose administered should not exceed maximum ordered dose within the time interval ordered. Subsequent doses may be given at the previous effective dose amount.
4. In the absence of specific instructions, the nurse will use the appropriate AHS approved pain scale to determine mild, moderate, and severe pain level.
5. The nurse will call the ordering practitioner if there is a lack of benefit at the maximum dose or adverse side effects occur at the lowest dose.

#### VIII. PRN Orders

- A. When more than one medication is ordered for the same symptoms/indication, the nurse or pharmacist will contact the prescribing practitioner to clarify the need for more than one choice and the order of preference unless otherwise indicated. Certain conditions may warrant that multiple medications in the same "class" be ordered to effectively address the clinical condition. (e.g. intractable nausea or unrelieved pain where multimodal therapy is needed).
- B. In adherence with physician's orders, **nurses may use their clinical decision making skills and critical thinking, considering patient preference, to address the best pharmacologic intervention.**
- C. In the event that a PRN order is written without an indication for use and the intended indication is unclear, the RN or pharmacist must contact the prescriber for clarification of the order.

#### IX. Existing Orders

- A. If a previous order exists for the same medication, i.e. digoxin 0.125 mg and digoxin 0.25 mg, the previous medication order will be discontinued unless the ordering practitioner specifies otherwise, such as a one time order in writing.

#### X. Simultaneous PRN Medications With Multiple Routes

- A. Determining which medication to give when both an oral and intravenous (IV) PRN medication is ordered:
  1. PRN medications will be given IV until the patient is taking fluids by mouth without complications.
  2. If the patient is taking orals without complications, the nurse will give PRN medications orally unless the medication is only dispensed (or ordered) in the IV form.
  3. Nurse's assessment of patient. Factors such as number of days post-op, the level of functioning of the GI tract, CNS status, allergies and/or patient's preference of PRN ordered may influence the route of administration.
- B. The preferred order of administration if not specified by the ordering practitioner is oral, sublingual, intravenous and then intramuscular.

#### XI. For titrating orders (an order in which the dose is either progressively increased or

decreased in response to the patient's status) or tapering orders (an order in which the dose is decreased by a particular amount at preset intervals), the prescribing provider must specify the dosing parameters.

XII. Monitoring of Sedative Agents

- A. Monitoring of sedative agents in the critical care units (except for ventilated patients):  
When sedative agents (without paralytic agents) are ordered in the critical care areas, the sedative agent will be titrated within the dose and frequency of the physician order to maintain the desired sedation score on the RASS scale. If more than one sedative agent is ordered, the physician will be contacted by the pharmacist for clarification.

XIII. Stop Orders/Hold order:

- A. All medication orders must be discontinued when the patient undergoes surgery (any procedure requiring general or regional anesthesia). After surgery, the surgeon or appropriate attending physician will order medications appropriate to manage the patient's condition. "Resume preop orders" is not an acceptable order.
- B. Automatic Stop Order. Medications for a patient are automatically discontinued when the patient is discharged to the Subacute unit.
- C. Ketorolac orders are automatically stopped after 5 days.
- D. Hold orders for a specific medication(s) will mean that the medication(s) is to be discontinued unless the specific number of doses to be held is indicated.

XIV. Approved abbreviations

- A. Please see policy on abbreviations.

XV. Compounded drugs and drug mixtures not commercially available

- A. Orders for a product not commercially available will be accepted only if the production can be reasonably compounded by AHS pharmacies
- B. In the event that the product cannot be compounded by AHS pharmacies, Pharmacy and Therapeutics Committee approval must be obtained to acquire the medications and acquisitions must be in compliance with applicable laws.

XVI. Chemotherapy orders must be written (no verbal orders) and must contain the following:

- A. Patient's full name and a second patient identifier (e.g., medical record number, DOB)
- B. Date
- C. Diagnosis
- D. Regimen name and cycle number (if applicable)
- E. Protocol name and number (if applicable)
- F. Appropriate criteria to treat (e.g., based on relevant laboratory results and toxicities)
- G. Allergies
- H. Reference to the methodology of the dose calculation or standard practice equations (e.g., calculation of creatinine clearance)
- I. height, weight, and any other variables used to calculate the dose

- J. Dosage (Doses do not include trailing zeros; use a leading zero for doses 1 mg)
- K. Route and rate (if applicable) of administration
- L. Schedule
- M. Duration
- N. Cumulative lifetime dose (if applicable)
- O. Supportive care treatments appropriate for the regimen (including premedications, hydration, growth factors, and hypersensitivity medications)
- P. Sequence of drug administration (if applicable)

XVII. Infant/Pediatric Orders

- A. Must contain the patient's weight (in kilograms) and/or Body Surface Area (BSA) if applicable.
  - 1. The prescriber will confirm the patient's current weight, that the weight-based dose does not exceed the recommended adult dose and document the weight on each order written.
  - 2. The prescriber will write the calculated metric dose per weight in each order (i.e. mg/kg/dose or day or other applicable units) and the dose desired.
  - 3. Include the dose and volume when appropriate; specify the exact dosage strength to be used (i.e. Amoxicillin 400mg/5ml; give 400mg (5ml) PO BID. Provides 90mg/kg/day).
  - 4. Exceptions include but are not limited to topical creams and ointments, ophthalmic and optic preparations, inhalers and aerosolized treatments and certain rectal products.

XVIII. For standing orders, preprinted orders, protocol orders and guidelines, see [Printed Patient Care Orders: Definitions and Use](#) policy.

XIX. Modification of written orders:

- A. Orders should never be altered once completed. To revise an order a new clarification order should be written.
- B. If an error is made while writing the order before being transcribed, the ordering provider should draw a single line through the error. Write the date, time and initial below the error. A new "complete" order should be written.

XX. An attempt should be made to group like orders (i.e. Medication) when writing a series of orders.

XXI. Investigational Drugs

- A. Investigational Drugs are drugs that have not yet been released by the FDA for general use.
  - 1. If a patient enters the hospital on an investigational drug, the provider will write an order stating the patient may continue to receive the investigational drug during the admission and the provider takes responsibility for the use of these drugs, acting as principal investigator.

2. The medication will be stored as directed by the pharmacist and administered to the patient by nursing personnel.
3. The order will be entered on the pharmacy profile and "patient own med" indicated on the MAR and pharmacy profile and there will be no charge to the patient for the medication during their hospitalization.
4. A copy of the consent will be obtained from the physician/facility initiating the trial.

XXII. Transmission/communication of discharge prescriptions to outside pharmacies

- A. If appropriate, the written prescription can be sent home with the patient/family.
- B. The preferred method of communication for discharge prescriptions is via electronic transmission and MedHost faxing. Manually faxing prescriptions to retail pharmacies is strongly discouraged.  
**Key Point:** Schedule II controlled substance prescriptions must be sent with the patient. They cannot be phoned, faxed or electronically transmitted at this time.
- C. If written prescriptions or written/verified phone orders have been left for the patient, the discharging RN may phone the pharmacy of the patient/family's choice.
- D. If the orders have been phoned to the designated community pharmacy, the RN will write the pharmacy name, the date/time, and their name and credentials on the prescription or next to the written/verified phone order. [Example: Walgreens Pharmacy on Koeller 6/1/09 @ 1000 J. Mason RN]
- E. A diagonal line is drawn across face of the prescriptions with a highlighter to alert the retail pharmacy that this prescription was phoned in to a pharmacy. The patient will be instructed to take the highlighted prescription to their retail pharmacy. A copy of the prescription must be retained for the medical record with a patient sticker on it.
- F. For phoned in prescriptions, the retail pharmacy name, date/time of the call and the RN's name and credentials are also recorded in the designated areas on the Discharge Medication Reconciliation for Outpatient Discharge Medication Reconciliation forms or the Patient Discharge Instruction sheet for inpatients.
- G. For outpatients, see AMG policy related to transmission of prescriptions.

XXIII. Order Clarification:

- A. The nurse and/or pharmacist will clarify any order that is incomplete, confusing or illegible by contacting the ordering practitioner or covering provider. When calling the ordering provider, the nurse and/or pharmacist will state their name and unit, the patient's name and the nature of the problem. When calling to clarify unacceptable blanket orders, the nurse will have any documentation which indicates previous orders (patient list, previous MAR) for reference as well as a list of the patient's allergies. The nurse will make an effort to review the physician/provider orders immediately after they are written to assess for legibility, clarity and completeness. If it is not obvious that an order needs clarification, the nurse should review with the pharmacist before contacting the physician. A new order will be written (or T.O.) for any clarification.
- B. The pharmacist will review and monitor medication orders for legibility, clarity and completeness. All medication order clarification events will be recorded and trended by the pharmacist and reported quarterly to the Pharmacy and Therapeutic committee.

Any recurring problems, patterns or trends will be reported to the medical staff leadership for possible corrective action.

- C. The nurse and the pharmacist will review the order for appropriateness. Any concerns should be discussed with the nursing supervisor and/or appropriate medical staff leader.

XXIV. Completion of LIP Orders:

- A. Unit clerk or other health care professionals that are transcribing orders will place their initials, using blue ink, in front of each order that has been completed.
- B. Unit clerk or other health care professionals must include the date, time, first initial, full last name, with credential, at the end of the entire list of orders transcribed; no bracketing.
- C. After verification of transcribed orders the RN signs off the orders by placing a bracket around the orders, date and time of the verification, including first initial, full last name, and credentials. Black ink is required for the RN both transcribing and signing off orders.

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**Attachments:**

[Time to Peak Effect Chart](#)

**Approval Signatures**

Approver	Date
Judith Strodthoff: Mgr Patient Care Svcs	8/16/2016
Nicholas Sylvia: Reg Dir Pharmacy	8/16/2016