

OPERATING POLICY & PROCEDURE
Good Samaritan Hospital

TITLE: Patient Care Orders

NUMBER: 01-02-14

PURPOSE: To provide direction for provision of patient care and to provide legal documentation of care/treatment ordered.

POLICY: Orders will be in writing in the patient's medical record or if an outpatient record a prescription order is acceptable. Orders should be legible and indelible.

Scope Statement:

Departments and individuals qualfied to write, receive and/or carry out orders for patient care/treatment.

Guidelines:

VERBAL OR TELEPHONE ORDERS:

1. Verbal communication of orders is discouraged and should only be used in situations where any delay in writing the order would cause the patient harm or have an otherwise potentially negative outcome.
2. Telephone or verbal orders for chemotherapy drugs are not allowed.
3. Verbal or telephone orders of authorized individuals will be accepted and transcribed by qualified individuals who are identified by category in the Rules and Regulations of the Medical Staff. The following categories of staff member can accept orders from authorized individuals and trascribe verbal or telephone orders for patients under their care and orders within the scope of their practice and role description.
 - * Registered Nurse
 - * RYH Licensed Practical Nurse - may take orders at RYH EXCEPT for restraint or seclusion orders
 - * Medical Technologist
 - * Occupational Therapist
 - * Physical Therapist
 - * Radioisotope Technologist
 - * Registered Dietician
 - * Registered Pharmacist
 - * Respiratory Therapist
 - * Speech Therapist
 - * X-ray Technologist

EFFECTIVE DATE: May 25, 2001

NEXT REVIEW DATE: 12/04 Ey 2 yr

AUTHORIZED BY: Leadership Committee

REVIEWED BY: HIM Director

SOURCE: Director HIM

REVIEWED:

NO. AND REVISION: (1) 12/09/02

4. Verbal orders should not be given or accepted in situations where the order giver is physically present on the unit, EXCEPT in emergency situations where any delay in treatment would cause the patient harm and the two parties are working together on the same event (e.g.

cardiac arrest).

5. Verbal or telephone orders must contain all components of a valid written order and be dated and timed. It must bear the name and title of the individual issuing the order, as well as the name and title of the person receiving the order.
6. Verbal or telephone orders will concurrently be transcribed on an addressographed order sheet or a sheet which has at least the patient's name and one other identifying type of information (i.e. medical record number, room number, birth date, billing number) and placed in the patient's medical record.
7. The recipient of a verbal or telephone order should, whenever possible, write down the complete order, read it back, and receive confirmation from the individual giving the order.
8. Verbal or telephone orders for medications will be repeated back to the individual as drug, dose, rate, route, and time.
 - * Include the indication for the medication from the prescriber and document the reason as part of the order.
 - * If uncertain regarding the correct spelling of the drug the individual giving the order should be asked to confirm the correct spelling.
9. Verbal or telephone orders are considered valid orders and will be executed as if the authorized individual wrote the order.
10. A verbal or telephone order must be authenticated as soon as is practical by the medical practitioner who is responsible for ordering, providing or evaluating the service furnished.

FAXED ORDERS:

1. Orders received via fax will be signed with the first initial, last name and title of the authorized person receiving the order, as well as the date and time received.

CANCELLATION OF ORDERS:

1. Surgery cancels all previous orders and they cannot be resumed without a specific written order.

POST-CODE OR RESUSCITATION EVENT ORDERS:

1. Immediately following a resuscitation event the primary physician or his/her designated on-call partner will review all patient orders and make necessary changes. This review will be clearly documented in the physician's orders and/or physician's progress notes and will include but not be limited to medications, treatments and activity orders.

CONCERNS WITH ORDERS:

1. If there is a patient treatment concern with an order follow the process outlined in the House-Wide policy # 01-02-26 to resolve the issue.

TRANSCRIPTION OF ORDERS:

1. Inpatient orders may be transcribed by a Unit Secretary and co-signed by a RN or transcribed by a RN.
2. The person transcribing the order should sign the order with their first initial, last name, title, date and time transcribed.
3. The Primary Nurse (RN or LPN) will check that the orders have been signed off prior to shift change (8 or 12 hour shifts). The primary nurse will make a note on the order side of the order sheet stating "eight hour or twelve hour chart check done" with their signature and date and time done.

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Combined with Nursing P&P 02-03-06
Previously reviewed by Nursing Operations Council, IPC, MEC
AUTHOR: Director HIM

REVISED & REVIEWED 11/02 BY: Nursing Practice Council and IQT Approved by
Leadership Council 12/09/02
RESOURCES: JCAHO Patient Safety Standards & ISMP Recommendations