# MEDICATION MANUAL

## Policy and Procedure

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## POLICY

1. For patient safety reasons, all medication orders for patients are to:
   1.1. be written legibly on the Physician’s Order form (or Pre-printed Order) on the patient's health record
   1.2. be absolutely clear with no room for ambiguity
   1.3. comply with order writing standards as outlined under the Procedure section
2. No health care provider will act upon or carry out any order that is ambiguous or not clear and obvious.
3. Abbreviations, acronyms, and symbols as listed in the appendix of the administrative policy - *Documentation and Abbreviations in the Health Care Record CH 30-018* are not permitted on any medication order or any medication related document, chart, form or label. The use of all other abbreviations and acronyms is discouraged.
4. Medication orders are to comply with Formulary requirements and restrictions.
5. Medication orders are to be patient specific. All pre-printed orders for medication conform to the format, content, and approval process contained in the Pre-printed Orders (PPO) MM 15-002 policy.
6. An authorized prescriber (see Definitions section) must sign medication orders.

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7. Medication orders written by a medical student (Clinical Clerk) or a physician not registered in Nova Scotia are countersigned before they are acted upon with date and time by a resident or staff physician.

7.1. It is the responsibility of the individual writing an order, who is not an authorized prescriber, to obtain the countersignature for an order from a resident, or staff physician.

8. Admission orders may be actioned by the receiving service or department and are to be countersigned within 12 hours by the attending staff receiving the patient.

**Exception:** In settings where attending staff is not available within this time frame (e.g. community hospital patients followed by a general practitioner, Mental Health program, Addiction Services), orders will be countersigned when the attending next arrives on duty.

9. All medication orders for patients who are being transferred from one service or department to another will have transfer medication orders written by the transferring service.

**Exception 1:** Patients transferring between units within the same facility who are attended by the same physician.

**Exception 2:** Patients transferring into Critical Care (VG - 3A MSICU, HI-5.2 MSNICU & DGH ICU) will have orders written by the critical care service. The Critical Care Team will not action orders by a service other than critical care.

9.1. Transfer orders are accepted and actioned in the receiving service, department or facility.

9.2. Such orders are countersigned within 12 hours by the attending staff receiving the patient.

**Exception:** In settings where attending staff is not available within this time frame (e.g. community hospital patients followed by a general practitioner, Mental Health program, Addiction Services), orders will be countersigned when the attending next arrives on duty.

10. All medication orders written pre-operatively for patients are discontinued when patients go to the Operating Room. Medication orders for these patients are rewritten post-operatively, specifically stating each medication to be reordered.

**Exception:** Patients in Critical Care (VG - 3A MSICU, HI-5.2 MSNICU & DGH ICU) will not have medication orders discontinued when going to the Operating Room. On return to Critical Care, the orders will be re-assessed. The re-assessment of medications and any changes to therapy are to be documented in the Physician’s Orders and the Progress Notes.

11. ‘Hold’ orders are not acceptable; the medication is to be discontinued and reordered as appropriate.
12. Pharmacy copies of medication orders are to be forwarded to the Pharmacy Department within 24 hours.

**DEFINITIONS**

**Authorized Prescriber:**

1. Qualified physician registered in the province of Nova Scotia and who is either a member of the medical staff for Capital Health, or who has special privileges granted by medical staff or under contract with Capital District Health Authority.

   **Note:** A consulting physician who writes a medication order on the physician order sheet is an authorized prescriber.

2. Nurse practitioner registered in the province of Nova Scotia and who has a collaborative practice agreement within Capital Health.

   Clinical Clerks and physicians not registered in Nova Scotia are **not** authorized prescribers.

**Health Care Provider:**

For the purpose of this policy, any individual who has a role in the preparation and/or administration of medication.

**Authorized Health Care Professional:**

Individuals involved in the transcription, administration, and/or documentation of medications who are authorized by legislation through their respective provincial governing body or by Capital District Health Authority policies.

**PROCEDURE**

1. The authorized prescriber writes a complete medication order, including the following information:
   
   1.1. **Generic Drug Name**

      **Note:** When a generic name may be confused with another look-alike or sound-alike name, the Trade name is also used, preferably in conjunction with the generic name

   1.2. **Strength**

   1.3. **Dosage** (metric system is compulsory)
1.4. Orders for pediatric patients who weigh 50 kg or less include the dosage by weight (mg/kg/day OR mg/kg/dose) or by body surface area (mg/sq meter per dose or day)

1.5. Dosage form

1.6. Route of administration (and site of administration as appropriate)

1.7. Dilution, rate and time of administration (as appropriate)

1.8. Frequency or times of administration

1.9. Patient weight when it is a consideration in selecting drug dose (pediatrics; extremely underweight or overweight patients; or drugs requiring weight based dosing)

1.10. Authorized prescriber’s signature and license number

1.11. Date and time the order was written

2. Keep use of decimal fractions to a minimum.

   **Example** - one hundred milligrams should be written as 100 mg, not 0.1 g.

2.1. Do not use insignificant decimal places following the decimal point.

   **Example** - one milligram should be written as 1 mg, not 1.0 mg.

3. In cases where a series of medication orders requires the use of more than one Physician’s Orders sheet, the authorized prescriber signs each sheet.

4. Do not physically alter in any way original orders (including pre-printed orders). Write a subsequent order to cancel the original order and to clarify the prescriber’s intent.

5. The authorized prescriber brings all medication orders to the attention of nursing staff (e.g. "flagged").

   5.1. Immediately communicate verbally to the nursing staff the existence of a written stat (emergency) order.

**NOTE:** Effective June 30, 2017, Sections 6, 7, 8 (highlighted below) will be replaced by NSHA MM-SR-015 Telephone /Verbal Orders.

Refer to [NSHA MM-SR-015 for Telephone /Verbal Orders](#)

6. Telephone Orders to an Authorized Health Care Professional

   6.1. When the physician is unable to attend to the patient and write the order on the health record, and a delay in ordering the medication would compromise patient safety and care, a telephone medication order may be given to an Authorized Health Care Professional.

   6.2. The Authorized Health Care Professional records the drug order on...
a Physician’s Orders form directly on the health record.

6.3. In the event a pharmacist accepts the telephone order and is unable to go to the nursing unit, he/she records the physician’s order on a separate Physicians Orders sheet, including the patient’s name, nursing unit and medical record number on the upper right hand corner of the sheet. He/she then notifies the patient’s nurse of the new order and, if necessary, forwards the Physicians Orders Sheet with the dispensed drug to the nursing unit for insertion into the patient’s health record.

6.4. The Authorized Health Care Professional notes the date, time, identity of physician authorizing the order, the complete medication order (specified as a telephone order) and the Authorized Health Care Professional’s name (printed), signature, and professional identity.

[Example: TO (Date) (Time) (Medication) (Strength) (Dose) (Route) (Rate) (Frequency) (Prescriber) / (Nurse or Pharmacist signature) Co-sign]

6.5. The receiver of the telephone medication order reconfirms the identity of the patient and reads back the specifics of the medication order.

6.6. Health Care Providers act on a telephone order as an appropriate medication order. The authorized prescriber co-signs telephone orders within 24 hours (72 hours in Long Term Care).

Exception: In settings where attending staff is not available within this time frame (e.g. community hospital patients followed by a general practitioner, Mental Health program, Addiction Services), orders will be countersigned when the attending next arrives on duty.

7. Verbal (Emergency) Orders

7.1. In emergency situations only (i.e. when the authorized prescriber cannot write the order due to his/her involvement in the emergency), an Authorized Health Care Professional may accept and act upon a verbal order from an authorized prescriber. The Authorized Health Care Professional records the verbal order directly on the Physician’s Orders form on the health record, as described in Procedure # 6. The authorized prescriber co-signs the order immediately after the emergency is over.

Example - VO (Date) (Time) (Medication) (Strength) (Dose) (Route) (Rate) (Frequency) (Prescriber) / (Authorized Health Care Professional) Co-sign:

8. Order Clarification

8.1. When clarification of drug orders is necessary due to unavailability of drug ordered or incompleteness/inappropriateness of the order, the Authorized Health Care Professional contacts the authorized prescriber either in writing (in non-urgent cases) or via pager, telephone or in person to explain the problem.

8.2. If an authorized physician is unable to attend to the patient and write a
clarification order, and a delay in ordering the medication would compromise patient safety and care, the prescriber authorizes by phone a change in an order and the Authorized Health Care Professional records the drug order clarification as outlined in the telephone order procedure # 6. The Authorized Health Care Professional clearly identifies the order as an order clarification, with specific reference to the order being clarified. The order clarification is treated as any other telephone order.

[Example - Order Clarification (Date) (Time) (Medication) (Strength) (Dose) (Route) (Rate) (Frequency) (Prescriber) / (Authorized Health Care Professional signature) Co-sign:]

9. Medication orders are valid until:
   9.1 The authorized prescriber writes an order to discontinue the medication
   9.2 The authorized prescriber indicates a specific length of therapy at the time the order is written.

10. In all Long Term Care areas, the multidisciplinary team conducts a review of medications and documents this activity on the patient’s health record at least every six months.

RELATED DOCUMENTS

Policies
CC 02-008  LPN Skills
CC 04-040  Clinical Documentation in the Health Record
MM 15-002  Pre-printed Orders (PPO)
NSHA MM-SR-015 Telephone/Verbal Orders

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