Medication Management Policy/Procedure

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<th>TITLE: Verbal/Telephone Orders for Medication</th>
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<td>Effective Date: April 2014</td>
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**POLICY**

**Telephone orders** shall be accepted only when it is not feasible for the prescriber to come to the care area to write the order. Telephone medication orders may also be acceptable if there is a delay in receiving the written order or prescriber’s arrival would cause patient detriment (e.g. allergic reaction), duress (e.g. analgesia required) or maintenance of the patient’s present state is dependent upon the order. Whenever possible, two nurses shall listen to telephone order and both shall sign the order sheet.

Telephone orders shall be co-signed by a prescriber as soon as possible and within 24 hours. House staff may perform this function where available. Telephone orders taken by pharmacists do not require co-signing.

**Verbal (spoken) orders** shall be limited to urgent situations where immediate written or electronic communication is not feasible. A verbal order shall be accepted from a prescriber who is present in the care area only when it is clearly evident that the prescriber cannot reasonably write the order on the order sheet (examples - emergent situations, prescriber scrubbed, sterile procedure, etc.).

Verbal orders taken by Nursing staff shall be co-signed by the prescriber as soon as possible and before leaving the care area. Legally, verbal orders taken by pharmacists do not require co-signing.

**Chemotherapy**

Neither verbal nor telephone orders shall be permitted for initiation of chemotherapy under any circumstances because of the inherent risk of misinterpretation. These medications are never administered in emergency or urgent situations and they have a narrow margin of safety. There are circumstances (example IV rate changes, hold orders or discontinuation) whereby an existing order may have to be modified verbally by an authorized prescriber. This shall be permitted.

**High Alert Drugs**

Verbal/telephone orders for high alert medications are discouraged.
DEFINITIONS

- **Telephone medication order (T/O)** - a medication order given over the telephone by a legally qualified prescriber to a registered nurse, pharmacist, pharmacy technician or LPN (within scope of practice)

- **Verbal medication order (V/O)** - a medication order given by the prescriber when they are present in the room.

- **Transcribe** - to make a full written copy of dictated order.

PROCEDURE

A. Telephone Orders (T/O)

**The Prescriber:**
- Identifies self, specifies the patient's name, and communicates the order

**The Receiver:**
- Transcribes the order directly on order sheet identifying it as a telephone order (T/O). Includes the date, time, authorized prescriber's name and pager number/service, receiver’s name, status, and signature.

- Requests (whenever possible) a second nurse to listen to and co-sign telephone order

- Repeats the order back to the prescriber including the:
  - Name of patient
  - Medication name (spelling of the drug to avoid an error due to sound alike drugs. Providing both generic and corresponding trade name* helps to further clarify order)
  - Dosage form (e.g. tablet, inhalant)
  - Route of administration
  - Exact strength or concentration
  - Dose including units of measurement (pronouncing it in single digits (e.g. 15 mg should be read as one five)
  - Frequency of administration (e.g. three times daily, not TID)
  - Quantity and duration
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- Purpose or indication for the medication (i.e. appropriate for patient treatment plan). Questions the authorized prescriber if there is any uncertainty regarding the order.

- The prescriber must countersign the order as soon as possible (maximum 24 hours) after communicating the order.

- A pre-printed order may be initiated by a telephone order, by completing appropriate sections (as above). Write T/O (or telephone order) in the prescriber signature space leaving room for the prescriber to sign their name. If there are additional orders, they may be entered on the pre-printed sheet only if the orders have not yet been verified and if extra space is designated for this purpose, otherwise transcribe on a regular blank order sheet.

- Telephone orders requiring medication dispensed from Pharmacy during regular operational hours may be relayed directly by the prescriber to a pharmacist. Pharmacist will transcribe the order onto the order sheet.

- Telephone orders accepted by nursing staff may, at the discretion of the pharmacist, need to be verified prior to dispensing. Once verified, Pharmacy forwards dispensed drug to patient care area or processes order in Meditech system to enable access from Pyxis.

Verbal Orders (V/O) - Emergency Situations Only

The Prescriber:
- Identifies self, specifies the patient's name, and communicates the order directly to nurse, LPN, pharmacy technician or pharmacist.

The Receiver
- Repeats complete order back to prescriber, as above.
- Transcribes order as soon as possible after Emergency is over.
- If verbal orders have been transcribed by a nurse, prescriber shall review and co-sign orders as soon as possible and before leaving care area.

- If orders do not include those given as initial treatment, transcribes order prefixing them with "Late Entry". Has late entry co-signed by prescriber as soon as possible AND before leaving care area.

- If medications have been ordered and given during an emergency, has prescriber in charge sign Resuscitation Record.

Related Policies
- Medication Management Policy 25.05 High Alert Drugs – Independent Double Check

REFERENCES


Improving the Safety of Telephone or Verbal Orders, PSRS Patient Saf Advis 2006 Jun;3(2):1,3-7

Medication Guidelines for Registered Nurses in Nova Scotia, College of Registered Nurses of Nova Scotia 2011

Medication: The Nurse’s Role in Prescribing, Dispensing, Compounding and Administering Medication in British Columbia 2009


Koczmara, C, Jelincic, V, Perri, D Communication of medication orders by telephone – “Writing it right” ISMP Canada 17(1) Spring 2006


Accreditation Canada – Qmentum Program Medication Management Standards, for surveys starting after: January 01, 2014 Standard 14.7