FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES

TITLE: Medication Order Policy	Policy No.: PCS-06-002
Purpose: To define the parameters of medication orders to ensure the safe and effective use of medications.	**Developed Date:** 8/04 **Review Date:** 3/15, 8/17 **Revised Date:** 5/05, 6/06, 9/07, 3/08, 3/09, 9/09, 12/10, 1/12, 1/13, 11/15, 3/18, 10/18
Policy: All medication orders will be written or entered electronically according to policy. The Medication order types listed in this policy are acceptable Medication orders.	**Review Responsibility:** Executive VP Chief of Patient Services/CNO, Director of Pharmacy; Pharmacy and Therapeutics Committee; Nursing Leadership; Executive Committee of the Medical Staff, Executive Team
Reference Standards: MM.04.01.01	

Medication Orders

1. Medication orders should be placed in eMAR when at all possible. Written orders should be placed on a Physician's Order Sheet, which has been labeled with the patient identification sticker. The order sheet should be faxed to the Pharmacy.

2. Routine paper medication orders should be promptly faxed to the Pharmacy's designated line (1015901).

4. Stat paper medication orders should be promptly faxed to the Pharmacy's designated stat line (1015219).

5. **Orders for Placebo's will not be acknowledged**. If an order for a placebo is received, the physician will be contacted for an alternative.

6. Electronic orders arrive in the Pharmacy for review automatically.

Communication of Medication Orders

1. The implementation of all orders written for the past 24 hours should be double checked by the nurse caring for the patient on the 11 PM – 7 AM or 7 PM – 7 AM shift. This includes comparing the physician orders with the eMAR.

2. Communication of new and continuing orders, including medications, should be reported to on-coming nurses during report.

3. Communication of possible interactions between drugs or documented allergies to drugs should be reported to the physician by the nurse or pharmacist promptly. .

Medication overrides from automated dispensing cabinets

1. Injectable narcotics, certain injectable and oral medications pre-determined to pose a threat to patient care if a delay in pharmacist verification, and plain IV fluids are set to override when necessary.
2. Overrides for narcotics and other medications are reviewed daily as the orders are placed in Cerner by a pharmacist. In addition override reports are reviewed daily to ensure there are orders for the medication in the medical record.
3. If upon review pharmacy cannot find an order in the record the nurse manager is contacted to assist in locating or making sure an order gets placed in the record for the medication that was administered.

Procedure

ACTIONS	KEY POINTS
1. Every medication used to treat a patient will have a documented diagnosis, condition, or indication somewhere in the medical record.	1. The indication may be "implied" when the use of the medication is so obvious that an indication is not necessary.
2. All medication orders will include: ♦ Name of Medication ♦ Strength (if more than one strength) ♦ Dosage ♦ Route of Administration ♦ Frequency or Rate of Administration	
3. Medication orders may be ordered using the proprietary name or the generic name.	3. Both the proprietary and non-proprietary names will appear on labels and the eMAR.
4. An indication for medication orders is required on any medication order when the use of the medication could be ambiguous.	
5. **Verbal/Telephone** Medication orders for all medications must be read back and verified AND contain an indication for the medication.	5. The indication should be placed in the order comments section.
6. Any medication order that is unclear, illegible, incomplete, or questionable in any way must be clarified with the prescriber before it is dispensed and/or administered.	6. Any order that is clarified with the prescriber should have a new order written and that order should be repeated and verified with the prescriber.
7. Orders to **"reinstate previous orders"** or "continue previous orders:" etc. are not recognized as medication orders. Each order must be dealt with individually.	7. Blanket reinstatement orders for medications previously prescribed are not acceptable and will not be considered as medication orders.
8. **"PRN" or "as needed"** orders must have a defined frequency of administration.	8. Any order written with "PRN" as the frequency will be clarified with the prescriber.

ACTIONS	KEY POINTS
9. **"Standing Orders"** must comply with the conditions of all other medication orders.	9. Standing Orders are defined as, "pre-written medication orders and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances." Controlled substances are not allowed as "standing orders".
10. Orders to be placed **"on hold",** will be managed by the **"Suspend"** function in CPOE.	10. "Suspend" orders will remain in the suspended status until the prescriber resumes or discontinues them.
11. **"Planned Orders, Signed and Held Orders".** New prewritten (held) medication orders and specific instructions from a LIP to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on specific date (s) and time(s).	11. Example: Admission orders may be placed in a planned state until the patient arrives on the floor and then they are activated. Nursing will not have the meds on the MAR until activated.
12. "**Resume all Orders"** are not recognized as medication orders. All medication orders are to be addressed individually if they have been suspended or discontinued for any reason.	12. Blanket reinstatement orders for medications previously prescribed are not acceptable and will not be considered as medication orders.
13. **"Titrating Orders"** will be originated at facility approved start rates unless other starting doses have been prescribed. Adjustments to titrating orders will be made based on institutional guidelines or current standards of practice that have been approved by the Medical Executive Committee. Titration orders will contain the following elements: ♦ Medication Name and Route of Administration ♦ Initial starting rate of infusion ♦ Incremental units the rate can be increased or decreased ♦ Frequency for incremental doses ♦ Maximum rate(dose) of infusion ♦ Assessment parameters and final end point	13. Facility approved start rates will be prepopulated in the normalized dose field at order entry. Any time there is an order that does not agree with the established protocol, the nurse should call the provider to clarify the order. The protocols are in the medical record as part of the medication order.

ACTIONS	KEY POINTS
14. "Taper Orders" must be clearly prescribed in a manner that defines the drug, strength, frequency, and when to change any of the latter.	
15. **"Compound Drugs or Drug Mixtures"** must be clearly prescribed in a manner that defines exactly what the ingredients are and must contain the dosage of each ingredient and route and frequency of administration.	15. Use of terms such as "Magic Mouthwash", etc. will not be acceptable orders for medications unless the medication is listed in the Pharmacy Recipe book or the Pharmacist contacts the Physician for the exact ingredients of the compound.
16. Orders for medications to be administered with a medication related device must be prescribed with the medication, strength, route, and frequency as with any other medication order.	
17. Orders for "Herbal" medications must be clearly prescribed with dosage when applicable, route, and frequency of administration.	
18. **Orders to "Continue Home Medications"** will not be accepted as blanket orders. Each medication from home will be addressed individually with the medication reconciliation process.	
19. Physicians will be encouraged to prescribe medication orders for Pediatric patients 12 years and younger in a weight based format (i.e.: mg/kg) when applicable or as the physician deems necessary.	19. Nurses and Pharmacists will verify all dosages for Pediatric patients according to weight based and non-weight based literature guidelines. Any medication order that is felt to not be within these guidelines will be questioned with the prescriber.

Order Sets

An "Order Set" is a list of individually selectable interventions or orders that the practitioner may choos from. (Example: AMI, CHF, Pneumonia). Two definitions of order sets are "collections of pre-formed orders" and "groups of orders to manage a disease state or for a procedure". It is recognized that a major portion of patient care planning occurs during the process of writing orders. Computerized order entry can present collections of predefined orders to the user during the ordering process for their selection and use, thus speeding up the process while also reducing the opportunity for errors in creating the orders. These order sets are also useful for promoting standards of care and provide one element of structured clinical knowledge to be used by Computerized Provider Order Entry, or CPOE systems at the point of care.

Protocol

A protocol requires the patient to meet certain criteria, but there must be an order to initiate the protocol and a copy of the protocol in the medical record. (Example: Heparn Protocol)

Standing Orders

A Standing Order is an order that may be initiated without an initial order by the physicans or LIP by the nurse if the patient meets certain criteria. (Example: ACLS, RRT)

Order Sets, Protocols and Standing Orders will be reviewed at least every three years or as necessary based on current evidence and best practice. Physicians can request Order Sets as needed. The Order Sets will be made available at the appropriate nursing stations.