

**FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: Range Orders for Medications	Policy No.: PCS-06-008
Purpose: To establish guidelines for handling written medication orders when the ordered dose or frequency or administration is indicated as a range. Range Orders will not be allowed in CPOE orders or order sets.	Developed Date: 10/04 Review Date: 2/09, 12/10, 3/15 Revised Date: 5/06, 10/06, 1/10, 1/13, 3/18
Policy: All orders for medication in which the dose and/or frequency are expressed as a range are to be followed utilizing the lowest dosage at the most frequent administration schedule for initial administration.	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	

Procedure

ACTIONS	KEY POINTS
<ol style="list-style-type: none"> 1. Medications ordered for administration in which the frequency is expressed as a range (e.g., every 3 to 4 hours, 2 to 3 times a day, etc.) may be administered at the MOST frequent interval. The person responsible for transcribing or profiling medications will transcribe the MOST frequent dosage interval only. 2. Medications ordered for administration in which the dose is expressed as a range (e.g., a dose of one to two tablets) shall be administered as the lowest dose in the range (e.g., one tablet). If symptomatic relief is not obtained, an additional dose may be administered and subsequent doses may be increased within the ordered range. 3. If, upon a thorough clinical assessment, the greater dose is necessary to adequately manage the patient's condition, the medication may be administered accordingly. 	<ol style="list-style-type: none"> 1. For example, a medication ordered at a frequency of every 3 to 4 hours would be administered as frequently as every 3 hours. Transcribing and profiling refers to any documentation related to the medication process (i.e: MARs, Profiles, Physician Orders, Nurse's Notes, etc.) 2. Pain medications specifically tied to the Pain Scale are exceptions to this. 3. The rationale for the use of the higher dose must be documented in the patient's medical record, including patient complaints, vital signs, and observable symptoms.

ACTIONS	KEY POINTS
<p>4. Range orders for medications must be accompanied by an indication. Any range order without an indication documented must be clarified with the physician and a clarification order written.</p> <p>5. If a PRN medication or multiple PRN medication orders are written for varying routes of administration for the same indication, the nurse will select the route of administration based on the following priority depending on which routes were ordered:</p> <ul style="list-style-type: none">a. Oralb. Rectalc. IVd. IM	<p>4. Every medication used to treat a patient will have a documented diagnosis, condition or indication somewhere in the medical record. The indication may be “implied” when the use of the medication is so obvious that an indication is not necessary.</p> <p>5. If the patient is unable to receive the medication by one of the routes prescribed (i.e. NPO), the nurse will select the next route ordered by this priority.</p>