

**PROCEDURE FOR: Medical Order Writing**

- PURPOSE:**
1. To identify personnel authorized to write or enter electronic medical orders.
  2. To identify personnel authorized to write or enter electronic medical orders with the appropriate co-signature.
  3. To outline the appropriate format for and components of medical orders.
  4. To describe appropriate procedure for telephone and verbal medical orders.

- POLICY:**
1. Medical orders including: medication orders, treatment orders, laboratory test orders and orders for diagnostic tests may be written by licensed dentists and physicians.
  2.
    - a. Certified Nurse Practitioners who have been credentialed as Advanced Practice Registered Nurses (APRNs) by the State of Connecticut and similarly credentialed Physician's Assistant (PAs) may write or enter electronically, medical orders including medication orders as outlined in UCHC and JDH Guidelines. APRNs and PAs may practice in accordance with written protocols under the direction of a licensed physician. APRNs and PAs may order and/or administer schedule IV or V controlled substances within the limitations of Federal and State Legislation regarding these substances.
    - b. Clinical Nurse Specialists without APRN licensure must have all orders co-signed before they can be carried out by the registered nurse.
  3. All medical orders will be written on an approved order sheet format or entered in CPOE.

**EQUIPMENT:** Order Sheet - HCH-121 or other approved order sheet format

**PROCEDURE:**

**ACTION**

**POINTS OF EMPHASIS**

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| <ol style="list-style-type: none"><li>1. Medication orders must include:<ol style="list-style-type: none"><li>a. The generic name of the prescribed medication.</li><li>b. The exact dosage of the medication to be administered.</li><li>c. The route of administration.</li><li>d. The frequency of administration.</li></ol></li><li>2. Medication orders must be dated, timed and signed legibly with credentials. In CPOE, the prescriber's credentials will</li></ol> | <ol style="list-style-type: none"><li>1. Generic names are preferred by the JDH Pharmacy Department.</li><li>d. Orders for intravenous solutions should be consecutively numbered and include: the name of the solution, the volume to be infused and the infusion rate.</li></ol> |
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be provided with their electronic signature based upon their role.

3. After the medication order is written, the authorized person writing the order appropriately flags the chart. In CPOE, Order summaries will print at the end of the order writing session when the physician signs the orders. The HUC will retrieve the paper order summary and place it in the chart.
4. "Stat" orders indicate that the order must be carried out immediately after receiving the written or verbal order. In CPOE, STAT orders appears on screen in the color red and print on gold color paper.
5. All orders should be rewritten or in CPOE, reactivated, following surgery and/or upon transfer of a patient from one service to another.
6. Treatment orders must include necessary equipment and a description sufficient to appropriately carry out treatment.
7. Laboratory testing and other testing orders must include date and time test is to occur, when appropriate.
8. Authorized nursing staff receiving verbal or telephone orders must read back the verbal/telephone order to confirm order, and document the order on the medical order sheet or in CPOE. Date, time, medication, route, amount and frequency must be documented. "V.O." or "T.O." must be used to signify verbal order or telephone order with the names and credentials of the personnel giving the verbal or telephone order. The nurse receiving the order signs with his/her full name and credentials.
3. Charts must be appropriately flagged to communicate that a new order has been written.
4. Stat orders are for one time only.
5. Orders will be placed in CPOE by the transferring party and placed on hold. All orders will automatically be place on hold when a patient is transferring in and out of the ICU and when going to the OR.
8. The physician, APRN or PA giving the verbal or telephone order is responsible to sign, date and time the order within 24 hours.  
  
In CPOE, RN's will only be allowed to write a one time, one dose medication order. The practitioner must remain on the phone during the entire telephone order session as the nurse must record the practitioners response to any alert that might accompany the order, such as duplicate therapies, and allergy alerts. The practitioner can subsequently access his/her orders that are pending countersignature from the navigation bar when he/she signs into Net Access. This will allow the LIP a quick way to find and co-sign their counter signature census orders.

**APPROVAL:** Nursing Administrative Council

**CREDENTIALS:** MD, APRN, RN, PA

**EFFECTIVE DATE:** 2/92

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REVISION DATES: 12/93, 11/94, 11/97, 10/00, 10/03, 7/06, 7/08

REVIEWED DATES: 1/09