


**GUAM MEMORIAL HOSPITAL AUTHORITY  
PHARMACY DEPARTMENT**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
 FLORENTIO L. LIZOLA, MD. Interim Hospital Administrator/CEO	Pharmacy Medical Staff Nursing Respiratory	December 3, 2010	701	1 of 6
<b>TITLE: MEDICATION ORDERS</b>				
<b>LAST REVIEWED/REVISED: 04/28/2015</b>				
<b>ENDORSED: Pharmacy 04/28/2015, P&amp;T 04/28/2015</b>				

**PURPOSE:**

Complete medication orders reduce the likelihood of errors. The purpose of this policy is to develop and maintain processes for prescription ordering by the medical staff within Guam Memorial Hospital Authority (GMHA).

**POLICY:**

The hospital will develop, implement and maintain policies and procedures to support prescription ordering of drugs which ensure the safe, clear, and legal use of drugs. Best practice, external and internal data, and the risk of medication(s) are considered when developing medication orders policies and procedures.

The Pharmacy shall education the medical staff and other healthcare professionals regarding the organization's medication orders policies.

**DEFINITIONS:**

**Patient Care Orders:** The responsibility for medications to be administered to a patient is delegated by the physician or authorized prescriber by computer generation or in his/her written orders on the patient's order sheet. Order sheets are faxed to the Pharmacy to serve as a medication order. Only orders received and written by a legally authorized practitioner with clinical privileges will be processed.

**Prescribing Privileges:** Only an attending physician can issue a patient care order. Orders written by advanced practice registered nurses must be countersigned by an attending physician unless they are working within a collaborative practice agreement with a physician or group of physicians on GMHA's active medical staff. Only advanced practice nurses who are licensed by the DEA are authorized to write orders for controlled substances. *Practitioners that do not have medical staff privileges at GMHA are not authorized to write patient care orders.*

**PROCEDURE:**

**GENERAL INFORMATION**

- A. There must be evidence of a diagnosis, condition or indication for use on the medical record for each medication ordered by the physician.
- B. To be considered completed, all medication orders shall include:
  - 1. Name of drug

1. Name of drug
  2. Dosage and strength
  3. Quantity or duration (as appropriate)
  4. Route and frequency of administration
  5. Indication for usage (must be included with all PRN orders)
  6. Time, date, and physician signature
- C. If the patient's age, weight, and any known allergies or lack thereof is not documented in the medical record at the time the order is written, the prescriber shall obtain these facts and document these with the order.
- D. All orders for medication and treatment must be legible.
1. The prescribing practitioner will be contacted for clarification of any orders the staff members are not able to clearly read and understand.
  2. Any orders requiring clarification due to legibility will be referred to the Health Information Management Committee for performance improvement activities.

#### **INITIATION OF ORDERS**

- A. Physicians shall write all medication orders on an original approved GMHA physician's order form.
- B. Orders must be complete.
- C. Nursing staff shall check the completeness and clarify any ambiguous order before sending the order to the pharmacy.

#### **RENEWAL OF ORDERS**

Nursing staff shall inform the physician of expiring orders by placing a reminder sticker in the patient's medical record. If the physician wishes to continue the drug therapy he or she must write a new and complete medication order for this. Writing "Renew (drug)" or signing the reminder sticker is not an acceptable order.

#### **TRANSFER ORDERS**

All existing orders for patients shall be canceled when the patient is transferred to another level of nursing care or the operating room. The Physician must rewrite orders upon transferring the patient or after an operation/procedure.

#### **ORDERS FOR OFF-ISLAND TRANSFER**

All medication orders for either scheduled drugs or regular drugs should be written on a GMHA prescription pad. Physicians should refer to the Off-island Medication Policy and Procedure when writing off-island prescriptions.

#### **GENERIC NAMES AND SUBSTITUTION**

Generic names are preferred when ordering drugs; however, combination products containing two or more drugs within one formulation may be ordered by brand name. Consistent with this policy, the formulary lists drugs by generic names whenever possible. Commonly used proprietary names are listed parenthetically following a generic name in the hospital formulary. The listing of

several proprietary names following a generic name does not imply that all such brands are currently available from the Pharmacy. If a proprietary name is used when ordering a drug, it will be supplied by the Pharmacy Department with no comment, if that particular brand is currently stocked in the Pharmacy. If not available, a generic equivalent which has been approved by the Pharmacy and Therapeutics Committee will be substituted.

## **ABBREVIATIONS**

Use of unacceptable abbreviations within medication orders is to be avoided. If an abbreviation is used the prescriber will be either requested to rewrite the order or called to clarify the order.

## **METRIC SYSTEM**

In order to maintain a high degree of accuracy in ordering and administering drugs to patients, the metric system should be used exclusively in ordering drugs. The exact metric amounts when writing drug doses should be used. Prescribing only by "amps, tabs, or grains) is ambiguous and leads to dosing errors since most medications are available in more than one strength or concentration. The prescriber will be either requested to rewrite the order to called to clarify the order. A metric system conversion chart is available on all nursing units.

## **VERBAL ORDERS**

Verbal orders may be taken only when the life of a patient would be jeopardized by failure to take immediate action, and are applicable only to orders given by the physician in the presence of an authorized health care professional (i.e., registered nurse, pharmacist, or respiratory therapist). The order shall be recorded on a physician's order form in the patient's medical record. The health care professional receiving the order shall sign his/her name per the name of the physician and indicate the date and time at which the order was received. Such verbal orders shall be countersigned by the physician no later than 48 hours following the order and will include the date and time of the countersigning.

## **TELEPHONE ORDERS**

- A. It is expected that physicians will write, initial, or personally approve orders for the prescribed care of patients in the medical record. However, it is recognized that there may be circumstances where the patient's medical needs necessitate care, which are unanticipated by the physician and should not be delayed until the physician is available on the unit to write orders. If this situation should occur with a physician, an authorized health care professional may accept physician's orders by telephone within the following guidelines:
1. Telephone orders may be taken from a physician who is the patient's physician of record.
  2. A telephone order may be taken only by an authorized health care professional who has demonstrated competency.
  3. The practitioner receiving the telephone order will write the complete order in the patient's medical record including the time and date the order was taken, physician's name, and signature and title of the person receiving the order. Efforts should be made to ensure good communication of the telephone orders.

## **PRN MEDICATIONS**

For PRN medications, the same procedure as for scheduled medications is used. PRN medications may be obtained from floor stock or patient specific bin, according to established stocking patterns. The indication for use should be included in the PRN order.

## **ORDERS PLACED ON HOLD**

- A. An order to “hold” a specific medication is permissible and generally reflects the prescriber’s intent to have the patient temporarily cease receiving the medication for a period of time with the understanding that the medication will be reinstated. Any medication that is intended to be discontinued must be indicated within a physician’s order stating to discontinue a specific medication. An example of an acceptable reason to order a medication as a “hold” would be if serum levels of the medication were at an undesirable level or range. In this case the medication would be held until the patient’s serum levels returned to the desired range for that medication.
- B. To reinstate dispensing and administering of a medication that has been ordered on a hold status, the physician will need to rewrite the complete order. An order to “Resume...”, “Continue...” or “Reinstate” are considered blanket orders and will not be accepted. The physician will either be requested to rewrite the order or called to clarify the order.

## **TITRATING ORDERS**

Physicians may write titrating orders for certain medications. Titrating orders should include the amount of dose increase and decrease for each step in response to the patient’s status and the titrating interval or frequency. The order must also include an objective parameter (e.g., specific blood pressure, level on a pain scale or sedation scale).

## **TAPER ORDERS**

Physicians may write taper orders for certain medications. Taper orders should address the tapering steps, the amount of dose decrease for each step, and the tapering interval or frequency.

## **INTRAVENOUS FLUIDS**

Orders for intravenous fluids should specify: solution, additives with amount per volume. Solutions with additives are prepared, labeled, and distributed by Pharmacy. The only exception to this is during an emergency when a delay may jeopardize the life of a patient. In this case, the additives may be prepared by a registered nurse with documented competency as defined and determined by the Pharmacy.

## **RANGE ORDERS**

Physicians may write range orders for certain medications. Range orders should contain doses within therapeutic ranges; however, there must be a specified dosing time (i.e., dosing time cannot be varied). Refer to GMHA Nursing Services Manual Policy No. 6301-II C-33, *Range Orders* for information on range order administration.

## **HERBAL PRODUCT ORDERS**

GMHA does not include herbal products on its drug formulary. A physician may allow his/her patient to continue taking their own herbal product while admitted in the hospital. A complete order including the indication for use must be written on a physician's order form.

#### **ORDERS FOR MEDICATIONS AT DISCHARGE**

GMHA does not dispense out-patient prescriptions. Therefore, physicians should write out the discharged prescriptions on a GMHA prescription pad and give it to the patient upon discharge. Prescriptions will be filled by a pharmacy within the community. If requested, a hospital pharmacist will provide drug information and educate the patient or family on how to properly take or administer the discharge medication.

#### **ORDERS FOR INVESTIGATIONAL MEDICATIONS**

GMHA protects research subjects and respects their rights during research, investigation, and clinical trials involving human subjects. Physicians intending to engage in medication investigation shall refer to GMHA Pharmacy Policy No. 504, *Investigation Drugs* for more information.

#### **ORDERS FOR MEDICATION RELATED DEVICES**

A medication related device is a special device used to deliver medication to the patient (such as a nebulizer). The medication related device must be present to allow the patient to receive the medication in the manner intended. To further clarify, a medication related device is required to provide the medication in the manner the physician desires, as opposed to the ordering of medications where this does not apply, for example an IV pump for routine IV infusion as this can be manually calculated. All medication related devices must be specifically ordered by the physician.

#### **STANDING ORDERS**

Standing orders are written orders containing medical directives for the provision of patient care including the dispensing, administration, and monitoring of patient response of/to medications in selected stipulated situations. These must be approved by the Medical Executive Committee and the related Medical Staff Department for use in this facility. Standing orders may be revised in accordance with the necessity to individualize the specific patient to which the orders have been applied.

#### **THERAPEUTIC SUBSTITUTION**

In limited, low risk, high volume cases, certain over-the-counter groups of drugs or products may be substituted for different drugs or products. Examples of such items are enteral formulae, liquid antacids and multivitamins. The Pharmacy and Therapeutics Committee shall authorize such substitution and shall make the medical and nursing staff aware in the formulary and other publications.

#### **DISPENSING**

- A. A pharmacist is responsible for reviewing a copy of each prescription order for medication prior to preparation and administration. Every attempt should be made to dispense medications accordingly in unit dose packages with patient specific labels. Some over-the-counter and emergency medications are stocked in nursing units within their medication rooms and emergency code boxes. Upon the pharmacist's review of

medication orders and based on information in the patient's medication profile and new product availability, the pharmacist may choose to contact the physician to suggest modification.

- B. Only the quantity needed until the next 24 hour delivery of oral medications or 12 hour delivery of intravenous medications will be dispensed.

**RESCINDED:**

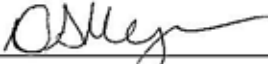
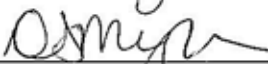
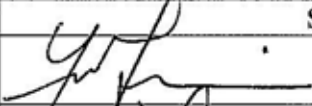
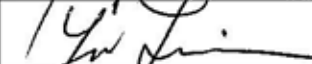

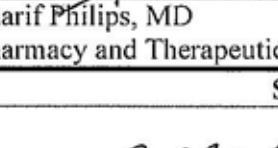
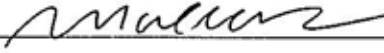
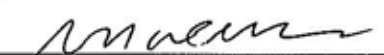
*GMHA Pharmacy Policy No. 701, Medication Orders, last revised 04/2009.*

**GUAM MEMORIAL HOSPITAL AUTHORITY**

**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws                                      Submitted by:                      Danielle Manglona/Compliance Officer
- Rules & Regulations                      Policy No./Title:                      701. Medication Orders
- Policies & Procedures

Reviewed	<b>Date</b>	<b>Signature</b>
	05/24/2010	
	05/24/2010	
Endorsed		
Title	Danielle Manglona JC Compliance Officer	
Reviewed	<b>Date</b>	<b>Signature</b>
	05/31/2010	
	05/31/2010	
Endorsed		
Title	Mike Lin, RPh Chief of Pharmacy	
Reviewed	<b>Date</b>	<b>Signature</b>
	07/07/2010	
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Endorsed		
Title	Sharif Philips, MD Pharmacy and Therapeutics, Chairperson	
Reviewed	<b>Date</b>	<b>Signature</b>
	07/22/2010	
	07/22/2010	
Endorsed		
Title	Vincent Duenas, MD Medical Executive Committee, Chairperson	

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**