

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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Subject: HEALTH CARE PROVIDER ORDERS		Original Issue Date: 08/91	Policy # 942
		Supersedes: 04/17	Effective Date: 07/21
Departments Consulted: Pharmacy	Reviewed & Approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To provide guidelines for orders given by health care providers in the management of patient care.

POLICY

Orders provide direction to the nursing staff regarding the medical plan of care and comply with the standards defined in the Attending Staff Manual and unit/service standards manual.

PROCEDURE

- Orders may be accepted from assigned house staff (also known as post-graduate physicians: interns, residents and/or fellows) and attending staff (physicians, dentists or podiatrists)
- Orders written by Certified Nurse Anesthetists, Certified Midwives, Nurse Practitioners, and Physician Assistants shall be accepted and implemented. These providers must be credentialed by their facility and be approved for specific privileges.
- In all areas except where medical protocols are being followed, orders written by medical students will be implemented after they have been dated, timed, and signed by a house staff or attending staff member.
- Orders written by consultants will be accepted. Orders will be communicated to the primary provider prior to implementation unless an emergency exists.
- Orders remain in place upon transfer from unit to unit until the receiving team completes a reconciliation of the orders. (Exception: If a treatment and/or medication order from a higher level of care unit is not allowed under the level of care for the receiving unit, the order will be held until receiving physician discontinues it.)
- Initial orders for the newly admitted patient will include the preliminary diagnosis, patient condition, existence of any known allergies, diet, activities of daily living, vital signs frequency, and specific medications and treatments.

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- Certain orders in ambulatory care (services from outside vendors) may be ordered on paper instead of through the electronic health record (EHR).

VERBAL/TELEPHONE ORDERS

Verbal/Telephone Orders may only be given to a Registered Nurse in an emergency or when the provider is immediately unavailable to write the order and a delay in obtaining orders is detrimental to the patient's well being. The RN taking the verbal order shall note in the order that "readback" of order for accuracy was done with the provider. The provider confirms the order is correct or clarifies any inaccuracy. The verbal order/telephone order must be dated, timed, and signed within 24 hours. Implementation of the verbal order shall be documented in the EHR.

EXCEPTION regarding verbal/telephone orders:

Verbal/ telephone orders are not accepted for patients on patient-controlled analgesia infusions (PCA).

EXCEPTION regarding order to withhold or withdraw care:

Refer to Medical Center Policy #222 "*Forgoing Life-Sustaining Treatment*".

- Initial orders for the newly admitted patient will include the preliminary diagnosis, patient condition, existence of any known allergies, diet, activities of daily living, vital signs frequency, and specific medications and treatments.

Note: If an order is unable to be implemented, notify the health care provider.

MEDICATION ORDERS

Medication orders must include date, generic name of drug, dosage (metric system only), frequency, route, specific duration of order and approved abbreviations. PRN orders must include specific dose, route and frequency. Order must include indicator or parameter if titration of dose or frequency is written. Orders for medications, including hold, resume or discontinuations orders, may not be ordered via **communication orders**. I.V. orders must include solution, amount, additives, and rate of administration.

The provider may specify:

- Single dose: Only one dose to be given
- STAT: Administered within 15 minutes of being ordered
- Now: Administer within 60 minutes
- A specific time: Administered at time specified
- Preop: Administered as per order
- Multiple dose orders: More than one dose at a specified time
- Routine orders: Administered at established times
- Medication before, with, or after meals

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PRN orders: Include specific dose, route, and frequency. Order must include indication or parameter

Hold orders: Hold medications will be processed as discontinued unless parameters are specified by the physician

Resume orders: A blanket reinstatement of previous orders for medications is not acceptable

Standing orders: There are NO approved standing orders at the Medical Center.

Taper orders: Must have specific instructions for tapering

Titrating orders: Must have specific parameters

Range orders: Are **NOT** acceptable

I.V. orders: Must include solution, amount, additives, and rate of administration

UNAPPROVED ABBREVIATIONS

The following abbreviations may not be used:

- U or u, **write "unit"**
- IU (international unit), **write "international unit"**
- QD (once daily), **write "daily"**
- Q.O.D., **write "every other day"**
- MS, MSO₄, or MgSO₄. These abbreviations are confused for one another. **Write "Morphine Sulfate" or "Magnesium Sulfate"**
- Trailing zeros, example, 5.0 mg, **write as 5mg**
- Decimals without a preceding zero (if less than a whole unit, example .2mg, **write 0.2mg**)
- Apothecary symbols for dram and minim, **write metric equivalents**
- Qn (nightly or bedtime), **write bedtime**
- BT (bedtime), **write bedtime**

CLARIFICATION OF ORDERS

If a nurse has reason to question an order (including those of legibility, clarity, completeness, efficacy, safety, relationship to treatment plan, etc.), it is the nurse's responsibility to have the order clarified by the provider in charge prior to implementation of the orders.

The nurse follows the appropriate chain of command (intern, resident, attending staff) to achieve resolution. The Nurse Manager/Supervisor should be notified if resolution cannot be achieved. Pharmacy is available for consultation on request.

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VERIFICATIONS OF ORDERS (Ambulatory Care)

- R.N. must sign medication order prior to faxing order to Pharmacy.
- The medication order is noted by the RN/LVN administering the medication.

STANDARDIZED PROCEDURES

Standardized procedures are Medical Center approved procedures that allow nursing staff to perform a task that would otherwise require a provider’s order. Standardized procedures have clearly outlined steps to follow and require that staff performing these procedures be trained in the process.

REFERENCE

California Code of Regulations, Title 22, Section 70213
LAC+USC Nursing Policy “General Medication Policy”
Medical Center Policy #222” *Forgoing Life-Sustaining Treatment* “

REVISION DATES

1992, 1993, 1995, 1996, 1997, 05/98, 01/05, 01/07, 03/09,10/15, 04/17, 07/21