



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: TELEPHONE ORDERS

POLICY NO. 322B

CATEGORY: Health Information Management	EFFECTIVE DATE: 6/98
POLICY CONTACT: Jennie Ung, PharmD	UPDATE/REVISION DATE: 4/22
REVIEWED BY COMMITTEE(S): Pharmacy and Therapeutics	

PURPOSE:

To define and describe procedures for issuing a telephone order.

POLICY:

A telephone order is an order transmitted via telephone to the Registered Nurse (RN) or Registered Pharmacist (RPh) by the physician or Mid-Level Provider. **No medical student is allowed to give telephone orders.**

DEFINITION:

- **Mid-Level Provider (MLP):** A Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse-Midwife (CNM), Physician's Assistant (PA), or Pharmacist (RPh).

PROCEDURE:

A. A telephone order is not accepted in the following patient care areas:


- Operating Room/Pre-Anesthesia Testing area
- Endoscopy/Interventional Radiology/Cath Lab (procedure areas)
- Ambulatory Care
- Outpatient Procedure Area
- Pediatrics (including Pediatric ED)
- Emergency Departments (Adult and Psychiatric) for non-admitted patients

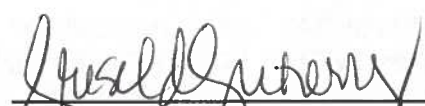
B. Telephone orders are to be accepted only in urgent/emergent situations where immediate communication is not feasible and where having to wait for a written order would impair the care of the patient.

1. When a telephone order is issued, the following must occur between the physician or MLP and the RN or RPh to ensure accurate conveyance of information.
 - a. The physician or MLP must make the RN or RPh aware that s/he is issuing a telephone order

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and provide his/her name and phone number, patient's name and MRUN, and specific order.

2. For written orders, if the physician or MLP issues multiple telephone orders, s/he must issue these orders in the clearest and most understandable manner. Telephone orders are limited to **three (3) orders**. For example, "Please execute the following telephone orders: 1) Give Tylenol 650 mg PO times one for pain, 2) Send urine for urinalysis, and 3) D/C Foley catheter."

While the physician or MLP is issuing the telephone order, the RN or RPh must enter the order directly into the electronic health record (EHR). During downtime, the RN or RPh must write the order directly onto the physician's orders, including the date and time the order was received.

3. Upon completion of the telephone order, the RN or RPh must read back the order to the physician or MLP to confirm accuracy. The read back shall include the following:
 - Specific order(s) given, including drug name, dose, route, and frequency;
 - Two (2) patient identifiers (Patient's name and account number (FIN #));
 - Allergies (if any);

The physician or MLP must then confirm that the read-back information was correct.

4. If the physician or MLP and RN or RPh agree on the order's accuracy, the order placed in EHR will be routed for a co-signature using communication type "Phone with Read Back". During downtime, the phrase "Telephone Order issued by" or the abbreviation "T.O. by" followed by the printed physician's or MLP's full name and provider ID number must follow the written order. Any confusion concerning orders between the physician or MLP and the RN or RPh must be resolved before any telephone order is executed.
5. The RN or RPh has the option to refuse the telephone order under the following conditions:
 - If in his/her professional judgement, the telephone order is inappropriate.
 - If s/he is unable to identify the physician or MLP.
6. For written orders, once the order is written with the issuing physician's or MLP's name, as stated above, the RN or RPh must sign, date, and time the order in the "noted by" section of the order sheet. A sticker identifying that the order requires a physician's or MLP's signature is to be placed on the outside edge of the "Physician Order Sheet" so that it is visible once the chart is closed.
7. For electronic orders, once the RN or RPh enters the telephone orders into the electronic chart, the orders entered will be routed to the issuing physician or MLP for co-signature.
8. The **PHYSICIAN OR MLP MUST CO-SIGN** the telephone order **AS SOON AS POSSIBLE** and, in all cases, **WITHIN FORTY-EIGHT (48) HOURS***. Unsigned orders by the time of the patient's discharge will be considered deficient and will be assigned to the ordering physician or MLP by Health Information Management. A physician or MLP on the primary team may sign the telephone orders given by another provider, as long as it is an order they would have been qualified to have written or placed themselves. The time of signature must be noted by the physician or MLP to ensure compliance within the 48-hour limit.



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Exception to the 48-hour requirement: Telephone orders obtained by the RN for restraints must be signed by the physician or MLP **within 1 hour. At the time of signing, the physician or MLP must also conduct an in-person evaluation of the patient.*

C. The following are not allowed to be ordered via telephone:

- Admissions, Discharges, Transfers
- Behavioral Restraints/Seclusion
- Research Drugs
- Transfusion (in non-consented patient)

D. Registered Nurses are not allowed to take telephone orders for the following therapies:

- I.V. Narcotics and Sedatives
- Methadone
- Transdermal fentanyl
- Neuromuscular blockers
- Heparin/anticoagulants/thrombolytics
- Vasopressors
- Chemotherapy
- Blood products (without consent)

E. The following may be ordered via telephone to RN with the specified limitation:

1. One dose only:
 - Insulin
 - Electrolytes including potassium, sodium-containing salts (includes parenteral preparations that may be given orally), and magnesium sulfate (in Obstetric areas only). Does not include potassium chloride up to 40 mEq/L in maintenance IV solutions.
2. Initiation of therapy only:
 - IV vasopressors

REFERENCES:

Title 22: Licensing and Certification of Health Facilities and Referral Agencies: #70705, Page 799.

Reviewed and approved by:
Medical Executive Committee 04/2022

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