

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 1599
VERSION: 4**

SUBJECT/TITLE: GUIDELINE FOR MEDICATION ORDERS

POLICY: Medication orders are clear and complete to ensure their accurate transcription and the correct administration and dispensing of medications.

PURPOSE: To reduce the potential for errors or misinterpretation when orders are written.

DEPARTMENTS: All

PROCEDURE:

1. The following information will be accessible in the electronic health record to all staff who participate in the management of the patient’s medications
 - a. Age
 - b. Gender
 - c. Diagnoses
 - d. Allergies
 - e. Sensitivities
 - f. Current medications
 - g. Height and Weight (documented in kilograms), when necessary
 - h. Pregnancy and Lactation information, when necessary
 - i. Laboratory results, when necessary

2. Who may prescribe medications
 - a. Orders may be placed by a member of the medical staff, an authorized member of the housestaff, or another individual who has been granted clinical privileges to write such orders.
 - b. Nurse practitioner may prescribe according to hospital protocol only.
 - c. Pharmacists may prescribe according to a Pharmacy and Therapeutics approved protocol.

3. Essential elements of a medication order are:
 - a. Patient’s name and medical record number
 - b. Medication name (generic is preferred, but brand name is permitted)
 - c. Dose of medication
 - d. Route of administration
 - e. Frequency of administration
 - f. Directions for use, when applicable
 - g. Duration of therapy, when applicable
 - h. Patient’s height & weight (documented in kilograms) when

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medications are ordered based on weight, ideal body weight or body surface area (e.g. Neonatal, Pediatrics, Chemotherapy, etc.)

- i. Indication
 - i. All PRN orders.
 - ii. Systemic antimicrobial agents
 - j. Date and time order is written
 - k. Prescriber name/signature
4. **Standing order:** A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
- a. Standing orders are not accepted.
 - b. Pre-checked medication orders, which are allowed on P&T approved order forms, are not “standing orders”. They must be signed by a licensed provider or can be deleted by crossing out the order with the provider’s initials and date.
5. **Hold orders**
- a. Open-ended hold orders are considered discontinued orders and must be reentered or rewritten to be instituted. Hold orders with defined and limited parameters will be accepted (e.g. hold AM insulin dose today)
6. **Automatic Stop Orders**
- a. All medications will automatically expire within 60 days with the exception of the following:
 - i. Propofol: 1 day
 - ii. NICU TPN: 1 day
 - iii. Adult TPN: 3 days
 - iv. Ketorolac: 5 days
 - v. Controlled Substances, including PCA: 7 days
 - vi. Intravenous and oral anti-infective agents: 14 days
 - b. Medications that have expired must be reentered or renewed to be continued.
7. **Titrating orders:** Orders in which the dose is either progressively increased or decreased in response to the patient’s status
- a. Orders for titrating medication must include parameters for dose adjustment. (e.g. Dopamine: Titrate by 2mcg/kg/min q10min to goal MAP 65mmHg)
8. **Taper orders:** Orders in which the dose is decreased by a particular amount with each dosing interval
- a. Taper orders must include the medication, dose, route, interval and

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number of doses or days a dose is to be given.

9. **Range orders:** Orders in which the dose of dosing interval varies over a prescribed range, depending on the situation or patient's status
 - a. Range orders are not accepted
10. Orders for compounded drugs or drug mixtures not commercially available
 - a. Orders for non-commercially available products will be prepared from protocols and references available in the Pharmacy formulation book.
 - b. Refer to Pharmacy Policy – “Pharmaceutical Compounding – Non-sterile Preparations”
 - c. Pharmacy will not compound non-sterile to sterile preparations for IV administration.
11. Orders for medication-related devices (e.g. nebulizers)
 - a. Medication-related devices must be ordered by an authorized prescriber.
12. Orders for herbal products and nutritional supplements
 - a. *All herbal products and nutritional supplements brought into the hospital at the time of admission will be returned to the family members. If family members are not available to take herbal products or supplements, the products shall be stored with patient's belongings.*
13. Preprinted order sheets
 - a. Existing preprinted order sheets will be reviewed annually by Pharmacy & Therapeutics Committee
14. Blanket orders
 - a. Blanket reinstatement of previous orders for medications (e.g. resume previous orders) is not acceptable
15. Pediatric Orders
 - a. All medication orders for patients in the pediatric and neonatal service require weight based dosing.
 - i. Patient's weight must be documented in kilograms
 - b. The order must include the medication name, weight based dosing parameter used and the final dose. (e.g. Drug Y 10mg/kg = 50mg).
 - c. Exceptions include orders for medications that are not usually dosed based on the patient's weight (e.g. topical products).
16. A pharmacist reviews all medication orders for appropriateness prior to

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dispensing or removing medications from floor stock or automated dispensing cabinet, unless a licensed independent practitioner controls the ordering, preparation and administration of the medication or when a delay would harm the patient in an urgent situation (including sudden changes in a patient’s clinical status)

- a. Medication name
- b. Medication dose
- c. Route of administration
- d. Frequency of administration
- e. Patient’s allergies and sensitivities
- f. Current or potential impact as indicated by laboratory values
- g. Existing or potential interactions between the medications ordered and medications the patient is currently taking
- h. Therapeutic duplication
- i. Other contraindications
- j. Formulary restrictions

17. Incomplete, illegible or unclear medication orders

- a. The pharmacist shall notify the prescriber immediately to discuss any concerns pertaining to the medication order prior to verifying and dispensing the medication.
- b. The pharmacist will document actions as a pharmacy intervention

References: Medication Management Standards, Joint Commission E-dition, 2017	
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