5.3. Orders

A. Orders may be entered by the attending practitioner, house staff or other qualified practitioner, including advanced practice nurse (APN) who may enter orders in accordance with their scope of practice, standard care arrangement, and job description. Medication orders may only be entered by practitioners with prescriptive authority.

B. Orders upon admission must be appropriate to the patient's condition.

C. All medications shall include: patient name, age and weight (or temporary estimation if necessary), medication, route of administration, dosage, frequency and date and time when recorded. An exception to this is the vaccines, aerosols and other medications where a standard dose and route of administration are implied by standard practice or by accepted protocol. When appropriate, the duration of the course of therapy should be included. Indication of the dosage calculation, when based upon either a weight, surface area, or age protocol is required (e.g., mg/kg).

D. In the interest of patient safety, verbal orders shall be limited to situations in which recorded orders are impractical, such as when the ordering practitioner is scrubbed for a procedure, when the patient's condition requires urgent intervention and it is impractical for the ordering practitioner to come to the patient care area in time to address the patient's care need or during the acute management of a life threatening emergency such that the benefits outweigh the risks of a verbally communicated order.

E. Verbal orders may be given by the responsible attending practitioner, house staff, or appropriately certified advanced practice nurse, only to those individuals specifically determined by the attending practitioner to be appropriate to take such orders in their respective area of expertise. The order is to be entered into an approved portion of the medical record and authenticated by the individual to whom the order is dictated as "verbal order by Dr. _____," giving the attending practitioner's, house staff's or advanced practice nurse's name followed by the signature of the individual to whom the order was dictated and the time of the order. All verbal orders must be authenticated within forty-eight (48) hours. The individual accepting the verbal order shall read the complete order back to the ordering practitioner for verification.

F. Under no circumstances is the above intended to permit any individual to initiate change, modify, or discontinue any clinical treatment or service without the expressed order to do so from the responsible attending practitioner, house staff, or advanced practice nurse.

G. **Verbal orders for DEA Schedule II Narcotics can only be for a single stat dose.** ~~unless given to an Advance Practice Nurse by their collaborating attending practitioner or to a pharmacist. Advance Practice Nurses and pharmacists may take verbal orders for DEA Schedule II Narcotics either prn or scheduled for a time frame up to 72 hours.~~

H. All written orders for treatment shall be legible and all orders, whether written or electronic, shall be complete, and authenticated by the responsible attending practitioner, house staff, or advance practice nurse of the department to which the patient is assigned.

I. The execution of all orders will be stopped upon transfer of service and/or transfer into or out of an intensive care unit. It is the responsibility of the receiving practitioner/service to review the computerized orders and electronically discontinue and/or write new orders as indicated. The receiving practitioner must enter an order stating that he/she is assuming care for the patient and responsibility for all active orders at that time.

~~J. Narcotic drugs will not be given for more than seventy-two (72) hours and must be reordered.~~

J. Unless specifically requested by the attending practitioner, consultants shall not enter orders on the patient, but shall record their recommendations on the consultation form. Exceptions to this rule apply to orders for preoperative and post-operative medications which are entered by the attending anesthesiologists and anesthesia house staff, pre and post procedure orders which are entered by the practitioner performing the procedure or appropriate qualified designee, and orders given in an emergency situation. Orders written by medical or dental students must be countersigned by a practitioner or house staff prior to implementation.

K. Drugs and medications ordered for administration to patients should be selected, distributed and administered in accordance with the approved policies for the Pharmacy Department.

L. When pre-printed patient orders are used, the responsible practitioner or house staff must sign the pre-printed form.

M. Restraints are initiated and evaluated according to the Hospital's restraint policy.

N. All orders must be signed or countersigned physically or electronically by the individual who created the orders or by the appropriate attending practitioner.

O. Licensed professionals, acting within the scope of their practice, may implement physician orders pursuant to a written and/or electronic protocol that has been approved by the department and/or section chief(s) (after consultation with Legal Services) and is set forth in the policy/procedure manual for the department and/or section only for the following categories:

a. Over the counter medications.
b. Plain radiographs.
c. Basic screening, lab tests and basic screening tests.

Medical Staff Office/ka

Action of the Bylaws Committee: Approved 1/10/13
Notification to General Staff:
Action of the Medical Executive Committee:
Action of the Board of Directors: