

SUBJECT: Prescribing/Ordering General

PURPOSE: To ensure the safe, clear and legal use of medications within Frances Mahon Deaconess Hospital

RESPONSIBILITY: Physicians, Pharmacists, Nurses

POLICY: FMDH will develop, implement and maintain policies and procedures to support the prescribing and ordering of medications that ensures the safe, clear and legal use. Orders for medications shall be entered in the computer electronically through CPOE (Computerized Physician Order Entry) or written on a Physician's Order Form or other authorized document.

PROCEDURE:

- 1) Maintenance of original orders
 - a. Original orders shall be a permanent part of the patient's medical record.
- 2) Orders for Non-legend Medications
 - a. Non-legend (over-the-counter) medications shall not be provided to or administered to patients unless they are dispensed by the pharmacy service. They shall be ordered by authorized prescribers in the same manner as legend medications. The pharmacy shall distribute non-legend medications and document their use in the same manner as legend medications.
- 3) Authentication of orders
 - a. Entries in medical records must be authenticated and dated by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service provided.
- 4) Persons who may make entries in the medical record
 - a. Entries in medical records shall be only by persons authorized in medical staff rules and regulations to make such entries.
- 5) Contents of a medication order
 - a. Each medication order shall include:
 - i. Patient name and location.
 - ii. Time and date of order.
 - iii. Medication name, strength (and dosage form, if necessary).
 - iv. Generic name is preferred but the trade name is acceptable.
 - v. Directions for use (including route of administration).
 - vi. Prescriber's signature or that of his or her authorized agent.
 - vii. Written medication orders shall be signed by the prescriber or prescribers responsible for the care of the patient.
 - viii. Indication for Use – Antibiotics – See PS-452 Antimicrobial Stewardship Policy-Ordering
- 6) Types of medication orders acceptable for use:
 - a. PRN (As needed) orders – PRN reason required within the order
 - i. See section 8) for multiple PRN pain medications
 - ii. See section 9) for therapeutic duplications
 - b. Standing orders – Standing orders must contain the contents of a medication order is stated in this policy and specific parameters for administration.
 - c. Automatic stop orders

- i. Ketorolac will automatically discontinue after 5 days of therapy. All other medications will stop after 30 days unless a stop date is specified by the provider within the medication order.
- d. Titration orders – Titration orders must include the following:
 - i. Starting Dose
 - ii. Goal Parameters
 - iii. Time interval for reassessment
 - iv. Dosing increment by which to adjust
 - v. Max dose if applicable
- e. Taper orders
- f. Range orders – See PS-115 Medication Range Order Interpretation
- g. Compounded medications not commercially available – any request for a compounded medication must be approved by the inpatient pharmacist. All efforts will be made to provide the medication needed.
- h. Investigational Medications – See PS-380 Investigational Drugs
- i. Herbal Products – See PS-390 Nutraceutical, Herbal, & Homeopathic Drugs

7) Unacceptable abbreviations and symbols

- a. To decrease the potential for misinterpretation of medication information, a list of unacceptable abbreviations and symbols has been developed. (See EOC-920).

8) PRN Pain Medications

- a. If a patient has more than one PRN (as needed) pain medication ordered, the medication orders must have a pain descriptor attached to each order specifying when each pain medication may be used. (i.e. morphine 2mg IV q2h prn severe pain and Norco 5/325 1 PO q4h prn moderate pain)
- b. The formal pain scale is based on a scale of 1-10 and is as follows:
 - Mild Pain (score of 1-3)
 - Moderate Pain (score of 4-6)
 - Severe Pain (score of 7-10)
- c. Multiple pain medications for the same pain descriptor will not be allowed. For example, two opiates for moderate pain.

9) Therapeutic Duplication

- a. Therapeutic duplication of PRN medication is discouraged. If multiple agents from a therapeutic class are ordered, they must contain a clarification as to the order of medication administration.
- b. For example, if the prescriber wishes to write orders for both ondansetron and promethazine PRN for nausea, the preferred order of dosing should be specified. (i.e. promethazine 12.5 mg IV q6h prn nausea unresponsive to ondansetron)

10) Generic Substitution

- a. For drug entities for which there are multiple sources and a competitive prices exist, the Pharmacy Department, will determine the source of medications. The Pharmacy and Therapeutics Committee may at its discretion determine the source for selected drugs and such information will be disclosed in the formulary. The physician may elect to not allow generic substitution by stating in writing on the initial order.

11) Renewal Orders

- a. The use of the terms "renew", "repeat" and "continue" in reference to previous orders are not acceptable.

12) Standard Administration Times

- a. All times will be expressed in military time
- b. Unless otherwise specified, doses will be administered at the following times.

Sig	Administration Times
DAILY	0800
Daily (warfarin)	1600
BID	0800, 2000
TID	0600, 1400, 2200
QID	0000, 0600, 1200, 1800
HS	2200

13) Therapeutic Substitution

- a. Based on approval of the Pharmacy and Therapeutics Committee, certain over-the-counter groups of drugs or products (Therapeutic/Formulary Class) 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.

14) Transfer Orders

- a. All existing orders for patients will be canceled when the patient is transferred from one level of nursing care or the operating room to another level of care. The physician must rewrite all patient orders prior to transfer.

15) Verbal Orders – see Administrative Policy on Verbal Orders

- a. Verbal (direct or Telephone) orders are discouraged, except where delay will have a negative effect on patient care and the physician is unable to come immediately to the chart. Verbal (direct or telephone) orders are to be entered in the computer electronically through CPOE, or written immediately and signed with the name of the prescriber and the name of the transcriber. Verbal orders for drugs may be taken by a LPN, RN, RPh, within the scope of their practice. Immediately upon transcription the transcriber will “read back” the order as written. Verbal orders must be cosigned by the physician within 24 hours.

16) Order Sets and Protocols

- a. Facility Wide order sets/protocols will be developed, reviewed and approved by the medical staff, nursing, and pharmacy leadership
- b. Order Sets/protocols shall be consistent with nationally recognized and evidence-based guidelines.
- c. Review of order sets/protocols will be on an annual basis to determine the continuing usefulness and safety of the orders and protocols by the medical staff, nursing, and pharmacy leadership.
- d. A paper copy of the order set shall be available in the event of a computer downtime.

REVIEW PROCESS:

This policy will be reviewed annually by the Director of Pharmacy, Director of Nursing, Medical Staff and CEO.