

**DEPARTMENT:** Pharmacy

**POLICY & PROCEDURE:** PS-370

**SUBJECT:** Order Clarification

**PURPOSE:**

To describe a process to clarify orders in a manner that is consistent and effective.

**RESPONSIBILITY:** Pharmacy

**POLICY:**

The pharmacy will prepare an order clarification document to address insufficiencies in medication orders or questions that need a physician response. Orders that warrant an urgent answer will be handled through direct communication with the physician

**PROCEDURE:**

- 1) Orders requiring clarification include, but are not limited to:
  - a) Drugs not in formulary
  - b) Dosage form unclear
  - c) Dose unclear
  - d) Directions for use unclear
  - e) Incomplete orders
  - f) Duplicate therapy
  - g) Allergies not indicated on admission order
  - h) Possible drug and food interactions
  
- 2) Order clarification sheets (Page 2) will become part of the permanent chart. Each clarification will be addressed by the physician or, if appropriate, the nurse.

Frances Mahon Deaconess Hospital

621 3<sup>rd</sup> St. South  
Glasgow, MT 59230

Patient Name Label

**DOCTOR'S ORDER SHEET**

Ht \_\_\_\_\_ Wt: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Order Clarification — requested by PHARMACY DEPT.**

Date: Click here to enter a date.  
Time:  
Initials: Click here to enter text.  
Room #: Click here to enter text.

Order in Question:

Thanks!

**Alternative Order/New Instructions:**

**RN/Physician signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_