COALINGA STATE HOSPITAL
NURSING POLICY AND PROCEDURE MANUAL
SECTION - Medications
POLICY NUMBER: 514

Effective Date: August 31, 2006

SUBJECT: NOTING PHYSICIAN’S ORDERS

1. GENERAL:
When physician’s orders have been noted it signifies that the orders have been:
1) transcribed onto the Medication Administration Record (MAR);
2) appropriate forms have been completed and/or processed;
3) new or revised modified diet orders have been faxed to the diet office;
4) labs, etc have been appropriately processed;
5) any needed equipment has been ordered (usually from pharmacy or central supply).

Physician’s orders returned to the unit from the Medical Clinic or written on the unit are noted as soon as possible but no more than one hour after they have been received by nursing staff.

Physician’s orders must be written and noted accurately, legibly, and in a manner, which minimizes the possibility of a medication error. Any order or set (series) not written in accordance with hospital policy, procedure, and protocol will not be noted until corrected. IndividualsDuring regular operating hours, unit staff are to contact the prescriber directly to have the orders corrected. After hours, weekends, and holidays unit staff are to contact the NOD.

Unless otherwise indicated by the physician’s order (e.g. stat orders), the time of first administration of a new medication(s) is the next scheduled HS dose. Medications ordered for pain, nausea/vomiting or diarrhea and antibiotics must have the first dose administered with two (2) hours from the time the order was written. MOC or PMOC orders written after normal hours of pharmacy operation may be administered without prior pharmacy approval. Pharmacy will review these MOC and PMOC orders when the pharmacy opens during regular business hours.

At the beginning of each shift, all Individual clinical records are to be reviewed to ensure that all orders are noted and medication related orders have been faxed to the Pharmacy.

The person assigned to medications on the P.M. shift will check the unit daybook as soon as he/she comes on duty to note charts checked out to the clinic. When these charts are returned to the unit, they should be checked for new orders and the orders noted as soon as possible.
2. **PURPOSE**
To standardize the noting of physician’s orders and to ensure the timely delivery of physician orders to the Pharmacy to allow pharmacist review of each order prior to the first dose being given. The goal of the process is to minimize risk to the individual, prevent drug-food interaction, drug-drug interaction, as well as to assure non-pharmacy orders are processed in a proper and timely manner.

3. **EQUIPMENT**
- Physician’s Orders
- Other forms as needed
- Medication Administration Records (MAR)
- Fax and Telephone/Verbal Order stamps

4. **TELEPHONE/VERBAL ORDERS:**
A. Telephone orders shall be accepted only by staff legally authorized to dispense or administer medication. The person receiving the order shall write it directly on the Physician’s Order form, read it back to the prescriber for verification, indicate that it is a telephone order of the prescriber, sign the order and indicate time and date of order, and place the Telephone/Verbal Order signature stamp on the appropriate area of the order where the prescriber will later sign the order.

B. The use of telephone orders should be limited to urgent situations when the prescriber is not readily available to be present. The prescriber must sign, date, and time the telephone order within 48 hours or the next business day.

C. Verbal orders are given by a physician in the physical presence of the staff legally authorized to dispense or administer medication. Verbal orders are given when the physician needs to give an order but is unable to write it down at that time (e.g., is called away to an emergency). The prescriber is to sign the order prior to the end of the prescriber’s shift. If necessary, nursing staff will contact the prescriber prior to the end of the prescriber’s shift to have the order signed. If the order remains unsigned after hours, nursing staff will contact the NOD and section E below will be followed for MOC/PMOC review.

D. Each night all unit records will be audited for unsigned verbal and telephone orders.

E. Any telephone order that remains unsigned after 48 hours or the next business day will be invalid. During business hours, unit staff will contact the prescriber prior to the expiration. If after hours, the MOC or PMOC (as appropriate) will be notified. The physician will review the individual’s status and will either discontinue the order or rewrite a new order with corresponding progress note.

5. **ORDERS TO WITHHOLD OR TO WITHDRAW LIFE-SUSTAINING SUPPORT (“DO NOT RESUSCITATE”)**
The above order will not be implemented until after review and approval by the Medical Director and Executive Director.

6. **MEDICAL CLINIC AND UNIT RESPONSIBILITIES**
   A. After receiving a medication related order(s) medical clinic nursing staff (if order originates in the Medical Clinic) or unit nursing staff (if order originates on the unit or through NOD) will immediately FAX the physician's order(s) to the Pharmacy at the appropriate designated FAX number for review and approval by a Pharmacist. Physician’s Orders do not need to be noted prior to faxing to the Pharmacy. Failure to fax the orders first can delay the ability of the Pharmacy to process and dispense the medication in a timely manner.
   B. Orders addressing modified diets and dietitian referrals are also immediately faxed to the Diet Office. This does not need to include renewals for regular diets.
   C. After order has been faxed, Medical Clinic or unit staff (as appropriate in A above) will utilize the “fax stamp” and date and initial to indicate that the order has been faxed to the Pharmacy and/or Diet Office Individual.
   D. The order(s) will then be noted, insuring completeness and correctness. Note: Unit staff is responsible to note orders. There will be instances in which the Medical Clinic staff will actually do the processing e.g. referrals to outside provider, ordered labs where the blood or other body fluid was obtained and processed through the Clinical Lab, etc. The Medical Clinic staff will write an ID Note indicating this was done. Unit staff noting the order will use this as a reference to assure the Physician’s Order was completed.
   E. Medications will not be administered until approval is received from the Pharmacy indicating that a pharmacist has reviewed and approved the order. Exceptions:
      1. The Monthly Medication Review is a compilation of all orders approved since the previous review. If no changes are made to any medication on the review, further Pharmacy approval is not required to continue administration of medications, however the newly signed orders must still be faxed to the Pharmacy.
      2. MOC or PMOC orders written after normal hours of pharmacy operation may be administered without prior pharmacy approval. Pharmacy will review the MOC and PMOC orders when the pharmacy opens during regular business hours.
      3. STAT or Now orders.
   F. In the event that an order is not approved a pharmacist will contact the physician and telephone the Unit with instructions/new orders.
   G. Unit nursing staff will maintain all Pharmacy approval notices/ faxes in the med room until the Individual’s next monthly medication review.
   H. Changes to medications on the review require prior approval before administration of the first dose

7. **PROCEDURE:**
NURSING ACTION

A. If a medication order is unclear, it will be clarified/rewritten immediately. No order will be noted if part of the order is “lined out” unless it is initialed by the prescriber. During regular operating hours, staff are to contact the prescriber directly to have the orders corrected. After hours, weekends, and holidays staff are to contact the NOD.

B. Carry out all STAT orders. Write after each order “given” or “done” and the time on the order. Also enter medication given on medication record on PRN-STAT notes of the Medication Administration Record.

C. Appropriate nursing staff (see V. A. above) shall fax physician orders to the Pharmacy, with the physician’s order clearly identifiable.

D. Orders addressing modified diets, including periodic renewals, and dietitian referrals are also faxed to the Diet Office.

E. A specific notation of action taken will be included and initialed for certain orders (e.g., if lab work is ordered, a notation by that order may read “done” with initials, or if a consult is ordered a notation may read “completed” or “sent” and initialed). If the action is to transcribe an ordered medication to the MAR, a check mark at the end of the ordered medication is sufficient.

F. A licensed nursing employee will “note” the physician’s orders, which denotes that the order(s) have been carried out and orders for medications/treatments have been transcribed exactly as written onto the MAR.

Transcribed orders must be “noted” by license nursing staff with date, time, signature and title directly below the physician’s orders verifying correctness.

RATIONALE/PRECAUTIONS

A. To ensure that orders and documentation is legible, complete, understood by staff, and conforms to accepted practices and requirements of legal documentation.

B. STAT orders take priority over all others and need to be carried out as soon as possible.

C. Allows for a systematic prompt mechanism for Pharmacy to review the orders and for entry into Individual profiles.

D. Assures the Individual will receive the appropriate diet.

E. To communicate that these particular orders have been completed, appropriate forms filled out, and/or processed.

F. Orders are “noted” only after they have been properly transcribed onto the MAR and/or any other procedure, protocol, etc. has been completed with the appropriate notation placed on the order.
G. To discontinue a medication or treatment prior to originally scheduled stop date:
   1. Place a diagonal line inside the brackets, which indicate the stop time of the medication on the MAR.
   2. Place initials and date on that diagonal line.
   3. Draw a diagonal line through the entire medication order.

H. For medication or treatments ordered daily (or more often), transcribe the order to the MAR:
   1. In choosing the time that medication is to be given consider individual drugs, as some are to be given with food and others on an empty stomach. The physician should specify when the medication is to be given. Specific times for daily, twice daily, etc., should be posted on the unit.
   2. Transcribe medication/treatment orders to Individual's MAR entering medication dosage, interval, route of administration, and form.
   3. For re-ordered monthly medication or treatments without changes it is not necessary to re-write the entire order onto another MAR. It is acceptable to change the start and stop dates by lining out the old dates and writing in the new dates. The new start date must conform to the date the order was renewed. The new stop date must be recalculated from the new start date (usually 45 days).

I. All orders written in the past 24 hours (since the last NOC audit) are audited by the NOC shift in conjunction with the MARs. At the end of the section audited the auditor dates and signs in red. It is the responsibility of the Unit Supervisor to assure correctable errors are properly

G. Properly discontinuing an entry on the MAR will help prevent charting errors.

H. Assists in assuring that all policies and procedures have been followed correctly.
corrected and to assure any additional required paperwork has been completed e.g. Medication Related Event form, Special Incident Report, etc.

8. **COMPUTERIZED MEDICATION ORDERS**

**NURSING ACTION**

A. When a unit receives the computerized physicians orders assigned staff will assure that these orders are current and correct by comparing them with all current orders in the Clinical Record. The person verifying that the orders are indeed correct will write “Transcribed by” then sign and date. This will be done directly below the last order on each page of the corrected Physician’s Orders.

B. Medication Administration Records (MAR) are printed approximately 3 days prior to the 1st of the month. Assigned staff will check the newly received computerized MAR of each Individual against the current physician’s orders in the Clinical Record by the 1st of each month. Upon completion of this review (and corrections made if needed) the person verifying that the MAR is indeed correct will initial the upper right hand corner of each MAR.

C. The Monthly Medication Review is a compilation of all orders approved since the previous review. If no changes are made to any medication on the review, further Pharmacy approval is not required to continue administration of medications. However, the order must still be faxed to the Pharmacy. Changes to medications on the review require prior approval from the Pharmacy before administration of the first dose.

**RATIONALE/PRECAUTIONS**

A. This will assure that all the current physician’s orders have been printed correctly and that all recent orders were included on the printouts.

B. This will assure that all the current physicians’ orders have been printed correctly on the MAR and that all recent orders were included on the printout.