

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
TELEPHONE/VERBAL PHYSICIAN ORDERS IN THE COMPUTERIZED
PHYSICIAN ORDER ENTRY SYSTEM**

Effective Date: 11/2004
Cross Referenced: PC11, PC07
Reviewed Date: 11/20012
Revised Date: 7/2014

Procedure No: PC25
Origin: PC
Authority: Chief Nurse Executive
Page: 1 of 5

SCOPE

Applies to all inpatient and outpatient services of Hackettstown Regional Medical Center

ROLES AND RESPONSIBILITIES

Within the scope of their practice, only Registered Nurses may accept verbal orders in emergency situations, including codes and/or other life-threatening situations. Licensed Practical Nurses may not accept verbal orders. Registered Nurses, Pharmacists and Respiratory Therapists, and Dietitians may accept verbal/telephone orders from appropriately credentialed practitioners, including Physicians, Nurse Practitioners, Physician Assistants, and Midwives.

PURPOSE

To provide guidelines for the communication, recording, follow through and processing of verbal and telephone physicians' orders when using the Computerized Physician Order Entry (CPOE) system, to ensure accuracy of the information being conveyed and to describe situations in which orders may be communicated verbally.

DEFINITIONS

Verbal Orders are orders for medications, treatments, interventions or other patient care activities that are communicated as oral, spoken communications between senders and receivers, face to. (*Source: CMS*)
Note: Verbal orders are those orders given verbally in a face-to-face situation versus orders given via the telephone.

Telephone Orders are orders given via telephone when the provider does not have access or the ability to enter orders electronically.

Emergency means that the immediate execution of the order is necessary for proper treatment, that no alternative which is as clinically effective is either available or acceptable.

POLICY

- It is the policy of HRMC that practitioners evaluate patients upon admission and regularly thereafter. Only physicians or other licensed professionals granted such privileges by the Medical Staff By-Laws may communicate orders for the medical record at Hackettstown Regional Medical Center.
- Physicians and other licensed professionals must enter all orders into the Computerized Order Entry System. Only in emergent situations, when there is no computer access available to the Prescriber, will a Telephone order be allowed. In the attempt to limit the need for verbal/telephone orders, any medications that the patient may require, such as sedatives, hypnotics, analgesics, antipyretics and laxatives, are ordered on an as-needed basis.
- All clinical staff, including physicians, will use a structured read back-confirm process whenever communicating orders verbally.

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Page: 2 of 5

PROCEDURE

A. ORDER COMMUNICATION:

1. Physicians or authorized prescribers will enter orders into the Computerized Physician Order Entry System (CPOE). All orders will contain the name of the physician or authorized prescriber, date and time the order is communicated.
2. When the physician or Licensed Independent Practitioner (LIP) is physically in the clinical area, orders should be directly recorded in the CPOE system by the physician or LIP. Resuscitations in progress or procedures in progress are situations that are an exception to this policy.

B. VERBAL AND TELEPHONE ORDERS:

1. Telephone orders will be limited to emergent/urgent situations wherein the practitioner does not have access to electronic order entry and any delay in executing the order would compromise patient care.
2. Telephone orders should not be accepted for admission orders and/or other routine orders.
3. Verbal/telephone orders may NOT be accepted for antineoplastic (chemotherapy) agents.
4. All verbal/telephone orders are written down or electronically entered and read back to the ordering practitioner, who verbally verifies the correctness of the order before the order is carried out. In certain situations during the performance of a procedure such as a code or in the OR, where it is not feasible to do a formal "read back", "repeat-back" is acceptable.
5. Documentation requirements of a verbal/telephone order include the same elements as those required for a written or electronic order by the practitioner, including drug name, dose, frequency, route, name of practitioner, as well as signature of the individual transcribing the order. PRN orders must include indication for use (ie. Severe pain).
6. Confirm two patient identifiers when verbally communicating orders.
7. If a non-physician, such as an Advanced Nurse Practitioner or physician Assistant, has been credentialed by the Medical Staff Credentialing Committee the orders may be carried out prior to countersignature.
8. A Physician Assistant must have all orders including telephone orders cosigned in 24 hours.
9. The staff member who takes a face to face verbal order is responsible for obtaining the appropriate physician signature.

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Page: 3 of 5

10. Orders requiring signature in the Computerized Physician Order Entry System will be automatically communicated via the inbox when the Physician logs on to the computer.
11. The Registered Nurse, Pharmacist or Respiratory Therapist may decline to accept a verbal/telephone order if unfamiliar with the practitioner giving the order, or unable to validate the practitioner's identity or if the order is medically questionable or inconsistent with the treatment plan.
12. If the RN, Pharmacist, Respiratory Therapist declines to accept a verbal/telephone order, the attending physician and Nurse Manager, Charge Nurse or Administrative Supervisor should be notified promptly.
13. The Registered Nurse taking a verbal/telephone order must be the recorder of the order and cannot delegate this activity to any other staff member.
14. Telephone and verbal orders are strongly encouraged to be authenticated in a 48 hour timeline or no later than 30 days by the original person who dictated the order, by an associate, or by a cross-covering physician.
15. If it is not possible for the ordering physician to authenticate his or her verbal order due to being off duty for the weekend or an extended period of time, it is acceptable for a covering physician to co-sign the verbal order of the ordering physician. The signature indicates that the covering physician assumes responsibility for his/her colleague's order as being complete, accurate and final. This process should not be common practice.

C. RECEIVING VERBAL/TELEPHONE ORDERS

1. Verbal/telephone orders are to be communicated to the Registered Nurse. The Registered Nurse, while keeping the physician on the telephone, will enter all non-medication orders into the Computerized Physician Order Entry System.
2. For all medication orders the Registered Nurse will write down the medication orders on the Nurse/ Pharmacy Communication Form and scan the form to Pharmacy. The Pharmacist will enter all Medication orders into the Computerized Physician Order Entry System.
3. For Pharmacists and Respiratory Therapists in a situation where the physician does not have access to a computer:
 - a. The Pharmacist will enter the order directly into the computer
 - b. The Respiratory Therapist will follow the same process as the Registered Nurse.
4. These orders will be sent to the Physician's order queue and must be co-signed by the responsible physician as soon as possible.

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Page: 4 of 5

5. Elements of a verbal or telephone medication order should include the patient name, drug name, dose, concentration (if applicable), route, and frequency. For medication orders, inclusion of the purpose or indication is encouraged. PRN orders must include indication for use (ie. Severe pain).
6. The entire verbal/telephone order should be entered into the computer and read back to the prescriber.
7. All verbal or telephone orders are to be dated and identified by the names and credentials of the individuals who gave and received them.
8. When a pharmacist initiates a call to the prescribing physician regarding a questionable order and they determine the order needs to be corrected the Pharmacist will accept the verbal order and enter it directly into the computer system. Then these orders will be sent to the Physician's order queue and must be co-signed by the responsible physician as soon as possible.

D. AUTHORIZED PRACTITIONERS AND SITUATIONS:

1. Telephone orders may be accepted by a Registered Nurse for the following:
 - a. in response to a call initiated by a nurse requesting a medication;
 - b. in response to a call requesting clarification of an order;
 - c. in response to a change in a patient's condition requiring a change in orders;
 - d. in emergency or life-threatening situations.
2. In emergency situations, telephone or verbal orders from a provider for respiratory procedures can be accepted and communicated by a respiratory therapist.
3. Telephone/verbal orders for medications may be accepted by a Registered Nurse, Pharmacist and a Respiratory Therapist. A Respiratory Therapist can accept medication orders for respiratory medications only.

E. CLARIFICATION OF ORDERS:

1. The nurse has the right and responsibility to clarify a questionable physician order. The chain of command to follow for advice involves medical staff, nursing, and hospital administration. In the event an order cannot be clarified between the nurse and ordering physician, the nurse should follow the policy for Chain of Command.
2. The nurse should consult with appropriate resources to review the questioned order and decide if the next higher physician should be contacted.
3. If a resolution is not reached, the nurse should then call the Attending Physician and, if necessary, the nursing house supervisor.

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Page: 5 of 5

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REFERENCES

CMS Condition of Participation & Interpretive Guidelines 482.23 (c) (2)

Joint Commission Standards PC.02.01.03 and RC.02.01.01

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