BEST PRACTICES VERBAL & TELEPHONE ORDERS

April 28, 2022

OVERVIEW

The shared desired outcome for all health care providers (HCPs) is to achieve safe, timely care for patients. All order entry needs to be safe, consistent and timely to support this. Respectful conversations amongst colleagues to reach agreement about reasonable ways to use verbal and telephone orders to achieve safe timely care is key. The information below may help with those conversations and reaching a shared best outcome.

WHAT IS THE BEST PRACTICE?

Verbal or phone patient care, medication or nutrition orders are appropriate under the following circumstances:

- Emergent care situation
- Life-threatening situation
- Provider is unable to access a computer reasonably and no delegate is available
  Note: mobile device order entry is NOT an option currently.
  Examples:
  - en route to hospital/on the road
  - scrubbed for a procedure, unable to find delegate

  Medical staff on call or out of hospital: there are situations that may not warrant immediate on site presence or access to computer, but timely patient orders are needed.

Nurses and non-medical staff need to have a basic understanding of order entry to enter safely and accurately verbal or telephone orders.

Nurses and non-medical staff will accept and enter verbal or telephone orders from medical staff/providers for immediate patient care to facilitate timely care. Note: for nurses order entry is expected for other autonomous practices including Nurse Independent Activities or Nurse Initiated Protocols

Nurses and non-medical staff will follow the **Read Back** process for all verbal and telephone orders. For telephone orders, a second HCP verification is encouraged to ensure accurate order entry.

Verbal Orders, used in emergent/urgent situations, will be co-signed by the medical staff before leaving the patient care area.

Telephone Orders will be co-signed by the medical staff as soon as computer access is possible (no later than 24 hours); these orders are active and must be confirmed promptly by the ordering medical staff/providers.

Medical staff/providers will perform any needed **Orders Reconciliation** when co-signing orders and when adding/modifying/discontinuing appropriate PowerPlans and ad hoc orders to avoid any similar or duplicate orders and potential confusion.

RECOMMENDATIONS & NEXT STEPS

Medical staff/providers enter orders directly whenever possible. When verbal or telephone orders are necessary, limit the complexity when possible – use ad hoc orders to support immediate patient needs and avoid complex PowerPlans requiring decision making. Tip: remain on the line while the order is being entered and talk through the process to support the nurse(s) with safe order entry.

Nurses and non-medical staff practice entering orders to ensure competency with this. At the unit/area level, work with leaders and educators to identify best methods to achieve this competency. Tip: liaise with Clinical Informatics Specialists and utilize CST Cerner Help for support with effective order entry.

Leaders are recommended to track/trend verbal and telephone orders use by area and service for focused education needs, workflow reviews and team communication.

WHO DO I CONTACT FOR FURTHER INFORMATION?

Contact your unit/area leaders to discuss specific situations and needs.

Contact Professional Practice for support as needed.

POLICIES & SUPPORTING RESOURCES

Note: the BCCH/BCW policy is specific only to medication orders. The CST policy includes all orders.

BC Children's and Women's Hospital - Medication Order Requirements Policy, see section 1.2.5 and 1.2.6

Excerpt:

1.2.5 **Verbal** (Medication) Orders

No verbal orders for medications are acceptable, except under the following circumstances:

- Emergent care.
- Life-threatening situation.

Where such orders are necessary, the registered nurse, or other qualified practitioner, must repeat the verbal order back to the prescriber for verification. Whenever reasonably possible, a second RN or other qualified practitioner should also receive the verbal order and countersign the medication order. The prescribing physician will countersign the medication order before leaving the patient care area.

1.2.6 **Telephone** (Medication) Orders

Telephone orders for medications are allowable if the Prescriber cannot reasonably attend the patient care area to write (or enter using an offsite electronic method) the order within an appropriate time frame for care.

Where such orders are necessary, the registered nurse, or other qualified practitioner, must repeat the medication order back to the prescriber for verification, unless the situation urgency does not allow for such verification. Whenever reasonably possible, a second RN or other qualified practitioner should also receive the verbal order and countersign the medication order.

The prescribing physician, or designated replacement physician, will sign the telephone order as soon as possible, and in all circumstances within 24 hours of the order time.

CST Orders Management Policy

Excerpt:
2.4.1 **Verbal Orders**

a. **Verbal orders** will only be accepted by a DHCP when the ordering Provider is in an **emergent or procedural situation** and is therefore unable to write the order.

b. **Read back process** must be used for all verbal orders.

c. The accepting DHCP must transcribe the verbal order in the patient's health care record at the earliest possible time.

d. EHR Alerts (e.g. for allergy status) generated for the given verbal order shall be managed in consultation with the ordering DHCP.

e. All orders must be co-signed by the ordering Provider at the earliest possible time in alignment with HO Medical Staff Rules. In the community setting without an EHR, if the Provider is not available to sign the order, a new faxed order should be provided by the Provider to confirm the verbal order.

Excerpt:
2.4.2 **Telephone Orders**

a. **Telephone orders** will be accepted by a DHCP in situations where the order is urgently needed and the ordering Provider is not able to write or electronically enter the order directly into the patient's health record.

b. The accepting DHCP must transcribe the telephone order in the patient's health care record at the earliest possible time.

c. Read back process must be used for all telephone orders.

d. Telephone orders must be received directly by a DHCP and cannot be relayed through a third party or left on voice mail or with answering services or sent by text message.

e. EHR Alerts (e.g. for allergy status) generated for the given telephone order shall be managed in consultation with the ordering Provider.

f. All orders must be co-signed at the earliest possible time in alignment with HO Medical Staff Rules. In the community setting without EHR, if the Provider is not available to sign the order, a new faxed order should be provided by the Provider to confirm the telephone order.

The BC College of Nurses and Midwives Scope of Practice for verbal and telephone orders states**:**

Registered nurses (RNs) and registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs) … accept a verbal or telephone client-specific order only when there is no reasonable alternative, according to organizational/employer policies and processes, and when doing so is in the best interest

of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.

Note: the same language applies in each nurse designation's Scope of Practice document. See below for links.

Scope of Practice for RNs: https://www.bccnm.ca/RN/ScopePractice/Pages/Default.aspx

Scope of Practice for RPNs: https://www.bccnm.ca/RPN/ScopePractice/Pages/Default.aspx

Scope of Practice for LPNs: https://www.bccnm.ca/LPN/ScopePractice/Pages/Default.aspx