

SAFE MEDICATION ORDER WRITING

- Double-check you have the correct patient chart
- For newly admitted or transferred patients, complete or consult the “*Medication Reconciliation Form*” prior to prescribing
- Review the hospital approved patient allergy and adverse reaction form
- **Print or legibly write** medication orders using blue or black ballpoint pen
- Write only one medication or laboratory order per line

| Unacceptable Abbreviations and Symbols | Correct Term or Method |
|---|---|
| Drug Name Abbreviations | Print generic drug name fully |
| U or IU | unit |
| QD or OD or QOD | daily or every other day |
| OS, OD, OU | left eye, right eye, both eyes |
| D/C when intended for patient discharge | Write “discharge patient” (D/C for discontinuation of a medication order is acceptable) |
| cc | mL or milliliter or millilitre |
| µg | microgram or mcg |
| @ | at |
| > or < | greater than, less than |
| Trailing Zero (X.0 mg) | X mg |
| Lack of Leading Zero (.X mg) | 0.X mg |
| Dosage fractions ½ or ¼ to designate part units | 0.5 or 0.25 |
| IT | intrathecal |
| No abbreviations for parenteral solutions, except correct terminology | NS or NaCl 0.9%, NaCl 0.45%, D5W, D10W, D50W, D5 RL, D5-NaCl 0.45%, D5-NaCl 0.9%, D5NS |

| Key Required Medication Order Elements | Notes |
|--|---|
| Patient Name and Medical Record Number | |
| Date and Time | |
| Generic Drug Name | Except combination products |
| Dose with Correct SI units | Use SI units and measures Provide increments and clinical dosing criteria for range orders |
| Route of Administration | |
| Frequency of Dosing | |
| Prescriber Signature, Printed Last Name, College ID | Add pager or phone number whenever possible |
| Example of a complete medication order: ibuprofen 200 mg PO q6h (10 mg/kg/dose) | |

No Verbal or Telephone medication orders, except in emergent care:

- Repeat back orders to prescriber, attempt to have a second RN or pharmacist overhear
- Prescriber to counter-sign all such orders as soon as possible (maximum 24 hours)