Purpose

The purpose of this policy is to provide a foundation for safe communication of medication and nutritional orders in-scope, thereby reducing the potential for preventable medication errors or adverse events, and to establish consistency of prescribing. It is based on a common set of practice guidelines established for B.C. Health Authorities, and applies to inpatient, residential and ambulatory services alike.

Policy Scope

In-Scope

All medication or nutritional prescriptions, including, but not limited to:
- Order sets (Pre-printed orders).
- Patient transfer, discharge or procedural prescriptions.
- Parenteral fluids
- Parenteral nutrition orders.
- Vitamin and mineral supplements
- Complementary and alternative medicines orders (e.g. herbal, nutraceuticals).
- Any written, faxed or otherwise transmitted or printed prescriptions including, but not limited to, patient medication labels or medication administration records from any source.

Out-of-Scope

- Authority to prescribe medications.
- Laboratory orders.
- Non-parenteral nutritional feeding orders (please refer to Nutrition Orders by Dietitians Policy, PTN.01.012)

Policy Statements

This policy contains thirteen (13) component policy statements.

Policy Statement 1.2.1 Medication Order Writing

All medication orders will be written by a physician, dentist, nurse practitioner, midwife or otherwise authorised prescriber, under terms compatible with the Medical Staff Rules and Regulations. All such medication orders will be signed by the prescriber who assumes responsibility for the accuracy and validity of the order, that it allows for safety validation by other healthcare practitioners, and that it meets the requirements of this policy, and other applicable provincial and federal requirements.

No medication or treatment will be administered to a patient by any care-giver without a pre-existing medication order, unless in an approved circumstance approved by the Pharmacy, Therapeutics and Nutrition (PT&N) committee.

Policy Statement 1.2.2 Medication Order Legibility

Medication orders will be written in a manner that provides a clearly legible prescription.

Policy Statement 1.2.3 Medication Order Forms

All medication orders, treatments or discharge of the patient shall be recorded in writing on the C&W Prescriber’s Order form, unless otherwise approved by PT&N, including, but not limited to, an Anaesthetic Record, or a radiological instruction sheet.

Order sets (Pre-printed orders) are encouraged as a best practice for prescriptions whenever possible. Such order forms require approval by the PT&N committee, and must be developed utilising appropriate detailed safety double-checks. (Refer also to medication policy PTN.01.002)
Policy Statement 1.2.4 Core Medication Order Components
A medication order must minimally contain the following components:
- Patient Name and Medical Record Number.
- Date and Time the medication order was written.
- Generic Drug Name (unless the product is a combination product).
- Dosage (correctly formatted with appropriate pharmaceutical dosage units).
- Route of Administration.
- Frequency of Dosing.
- Prescriber signature, printed name and College Identification number.

If a medication order is intended as an “as required” or “PRN” dosing, the order must also contain the following additional information:
- Dosing Frequency and, if applicable, maximum daily dosage.
- Clinical criterion for administering a dose (e.g. “for severe pain”).

Where medically indicated, for either clarity or specialized orders, the medication order should also contain the following information:
- Therapeutic indication if several markedly different indications are possible for a drug.
- Duration of therapy, or stop date, if different than the current site policy.
- Clearly written Range Order or Sliding Scale Order, using dosage increments aligned with clear objective clinical parameters.
- Dosage form if unusual, or several options exist.
- Detailed instruction on holding or delaying therapy, or conditions under which such an action should be taken by a caregiver.
- Dosage formula (See 1.2.8).

Policy Statement 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.

Policy Statement 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.
Policy Statement 1.2.7 Medication Order Dosage formats
All medication orders will be written using SI (also known as, International System of Units, or metric) units and measures.

Policy Statement 1.2.8 Medication Order Dosage formula
Wherever possible, the Prescriber should include, in brackets, the formula used to calculate the dosage; to allow for subsequent independent double-checks of the dose appropriateness.
  e.g. ceftazidime 200 milligrams intravenously q8h (120 mg/kg/24 hr).
       hydrocortisone 10 milligrams orally q8h (8 mg/m\(^2\)/24 hr).

Required:
- Chemotherapy.
- When a medication has a broad dosing range and/or multiple indications.
- When the medication dosage is known to be above or below the usual approved dosage range for that medication.

Policy Statement 1.2.9 Medication Order Disallowed (Unsafe) Abbreviations
No abbreviation listed in Appendix A of this policy may be used within a medication order under any circumstances.

Policy Statement 1.2.10 Suggested Medication Orders
Suggested medication orders are not permissible on a medication order form of any type. If a consulting physician writes medication orders in the patient chart, they must indicate “Order must be countersigned by the most responsible prescriber”.

Policy Statement 1.2.11 Standing Medication Orders
Standing orders are not approved in Children’s & Women's Health Centre

Policy Statement 1.2.12 Safety Validation of Medication Orders: Practitioner responsibilities
If a medication order is unclear or uses an element that is specifically deemed unacceptable, or is unsafe in any other manner, the execution of that medication order should be delayed until the order is clarified.

If an unsuitable delay occurs, the practitioner will report the incident immediately to his/her supervisor, and inform other care providers, as necessary.

This statement applies equally to any practitioner who dispenses a dose, including nurses, pharmacists, or other physicians; unless, in the professional discretion of that practitioner such a delay may have significant adverse clinical consequences.

A summary of required safety actions, related to the medication order components listed herein, is provided in Appendix B of this policy.

Policy Statement 1.2.13 Prescriber or Practitioner Compliance Reviews
A Prescriber, or any other practitioner whose responsibilities include the dispensing or interpreting a medication order (such as transcribing), will be required to be compliant with these medication order policies.

Should an individual be found to be consistently non-compliant with these policies, the practice privileges of that individual will be reviewed by their professional practice discipline leader, who will determine and enforce the appropriate remedial action.
Definitions
The following italicized bolded terms whether used in either singular or plural forms denote the same meaning.

“Clearly legible prescription” means any prescription that is written or transmitted in a clear readable fashion to other healthcare workers. Legibility may be subjective in nature, but if a healthcare professional requires interpretation/confirmation from a second individual, the order is considered illegible.

“Dispensing” means the act of selecting, verifying, providing and documenting a medication or nutritional agent, by any health discipline, pursuant to a prescription.

“Emergent Care” means a life-threatening situation wherein the patient could suffer significant harm without rapid or immediate therapeutic and/or diagnostic intervention.

“Medication Order” means an order for any medication, nutritional agent in scope of this policy or compound defined by the institutional policy as requiring an order from a prescriber.

“Minimum-accepted practice” means the minimum requirement for all prescription elements or related abbreviations or practices for a prescription to be deemed safe, as defined by this document.

Order Set (also referred to as a “Pre-printed order”, or abbreviated as PPOs) means one or more orders provided as a set of medication and/or medication-related orders which is/are provided as pre-printed (or electronic set of orders), and designed to simultaneously promote therapeutic and safety consistency of orders (for a given patient condition or circumstance), reduce potential for preventable medication error, and potentially improve system efficiency. Such order sets must involve the following activities by the prescriber;
- individual patient assessment
- patient-specific therapeutic review and acceptance or modification of the order set
- prescriber signature indicating acceptance of order set and any noted changes

“Prescription” has the same meaning as medication order. (See “Medication Order”)

“Range order” means any medication or nutritional order in scope of this policy where the dosage varies with a patient clinical status or response. (See also “Sliding scale”.)

“Sliding scale” means any medication or nutritional order in scope of this policy where the dosage varies with a patient clinical status or response. (See also “Range order”.)

“Standing order” means an order or set of orders, including order sets or PPOs, which is/are designed to be given as a complete set of orders without individual patient assessment or individual patient-specific order review. Standing orders are not permitted at C&W.

“Suggested Medication Orders: (also referred to as “Recommended Medication Order(s)”, or other similar phrases) means any medication order that is recommended as a medication order for consideration by the prescriber or service requesting the patient consult, but not intended as a legal prescription which can be dispensed or administered.

“Telephone order” means a verbal (oral) prescription communicated by telephone when the prescriber cannot reasonably attend the patient point of care to write (or enter) a medication order, and which is conveyed to a healthcare professional that is authorized to receive a medication order.

“Verbal order” means a prescription verbally communicated by a prescriber who is in attendance at the patient point of care, or in an area reasonably close to that place.
“Write, written, or writing” means the act of printing or hand-writing a prescription, and may include the entry into a technology such as a computer or similar documentation device, but specifically excludes a verbal order or telephone order.

References
Appendices

Appendix A: List of Disallowed Dangerous Abbreviations
- The following abbreviations or symbols are not allowed within medication orders.

<table>
<thead>
<tr>
<th>Unacceptable Abbreviations: ISMP Canada and Accreditation Canada</th>
<th>Correct Term or Method ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Name Abbreviations</td>
<td>- Print drug name fully.</td>
</tr>
<tr>
<td></td>
<td>- Abbreviations are acceptable only if used in a Health Canada approved drug monograph (CPS), or in an approved site policy.</td>
</tr>
<tr>
<td>U or IU</td>
<td>Unit</td>
</tr>
<tr>
<td>QD or QOD or OD</td>
<td>Daily or every other day</td>
</tr>
<tr>
<td>OS, OD, OU</td>
<td>Left eye, Right Eye, Both Eyes</td>
</tr>
<tr>
<td>D/C when intended for patient discharge</td>
<td>- Write &quot;Discharge Patient&quot; instead of D/C</td>
</tr>
<tr>
<td></td>
<td>- D/C for Discontinuation of a medication order is acceptable.</td>
</tr>
<tr>
<td>cc</td>
<td>mL or millilitre or milliliter</td>
</tr>
<tr>
<td>µg</td>
<td>Microgram or mcg</td>
</tr>
<tr>
<td>@</td>
<td>At</td>
</tr>
<tr>
<td>&gt; or &lt;</td>
<td>Greater than, Less than</td>
</tr>
<tr>
<td>Trailing Zero (X.0 mg)</td>
<td>X mg</td>
</tr>
<tr>
<td>Lack of Leading Zero (.X mg)</td>
<td>0.X mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Unacceptable Abbreviations: for C&amp;W Site</th>
<th>Correct Terminology ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>No abbreviations for parenteral solutions are acceptable, except correct terminology.</td>
<td>NS or NaCl 0.9%, NaCl 0.45%, D5W, D10W, D50W, D5 RL, D5-NaCl 0.45%, D5-NaCl 0.9%, D5NS</td>
</tr>
<tr>
<td>Dosage fractions such as ½ or ¼</td>
<td>Use 0.5 or 0.25 to designate part units</td>
</tr>
<tr>
<td>IT</td>
<td>intrathecal</td>
</tr>
</tbody>
</table>
Appendix B: List of Minimally-required Medication Order Clarifications: Designated Actions when Dispensing *

* The responsibility to confirm an unclear Prescription is largely under professional discretion. Also, where a clarification is a Minimum-accepted practice (required), by the table below, if a delay may have a significant adverse impact on the patient’s health outcome, the clarification should be completed at the earliest opportunity that does not impact patient care.

<table>
<thead>
<tr>
<th>Element</th>
<th>Required Practitioner and/or Dispensing Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legibility</td>
<td></td>
</tr>
<tr>
<td>All prescriptions are written in a clearly legible fashion.</td>
<td>Clarify if not a clearly legible prescription</td>
</tr>
<tr>
<td>Core Medication Order (Prescription) Elements: If missing, unclear or illegible</td>
<td></td>
</tr>
<tr>
<td>Key</td>
<td>Patient Name and Medical Record Number</td>
</tr>
<tr>
<td>Key</td>
<td>Date and Time</td>
</tr>
<tr>
<td>Key</td>
<td>Drug Name</td>
</tr>
<tr>
<td>Key</td>
<td>Dose</td>
</tr>
<tr>
<td>Key</td>
<td>Route of Administration</td>
</tr>
<tr>
<td>Key</td>
<td>Frequency of Dosing</td>
</tr>
<tr>
<td></td>
<td>If a PRN prescription, the words “PRN” or “As Required” are unacceptable alone.</td>
</tr>
<tr>
<td>Key</td>
<td>Prescriber Identification: - Signature, and - College ID number, and - Printed Surname</td>
</tr>
<tr>
<td>Dosage</td>
<td>range orders or sliding scales.</td>
</tr>
<tr>
<td>Specify stop date, if required</td>
<td>Discretional</td>
</tr>
<tr>
<td>If an infusion order, the dose is specified in a manner that allows fluid rate determination.</td>
<td>Discretional Note: RN may determine this after the prescription is written, if the physician has not specified, but must document the concentration and solution used.</td>
</tr>
<tr>
<td>Do not include prescription variables such as, “Suggest...”, or “If acceptable to ...”</td>
<td>Discretional</td>
</tr>
<tr>
<td>If a “hold” prescription is written, specify the number of doses or duration.</td>
<td>Discretional</td>
</tr>
</tbody>
</table>
### Element | Required Practitioner and/or Dispensing Actions
--- | ---
Dosage form | Discretion

### Dosage Formula:
In specialized therapeutic areas of practice, such as pediatric, neonatal or chemotherapy, include the dosage formula based on weight or Body Surface Area (BSA).

<table>
<thead>
<tr>
<th>Dosage Formula</th>
<th>Discretion, except for the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- all Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>- neonatal</td>
<td></td>
</tr>
<tr>
<td>- a medication used in an unique indications or using an unique dosage ranges</td>
<td></td>
</tr>
</tbody>
</table>

### Verbal orders

<table>
<thead>
<tr>
<th>Exceptions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Emergent Care</td>
</tr>
<tr>
<td>o Life-threatening Emergency</td>
</tr>
</tbody>
</table>

Clarify During Prescription verbal Process. Countersign by second RN, when possible.

### Telephone orders

Allowable if the Prescriber cannot reasonably attend the patient care area to write (or enter using an offsite electronic method) the order.

Clarify During Prescription verbal Process. Countersign by second RN, when possible.

### Unacceptable Abbreviations: ISMP Canada and Accreditation Canada

Any Listed Disallowed Abbreviation (Appendix A) Clarify Any disallowed abbreviations, and re-write the medication order on the approved “medication order form”, or an approved hospital “Change Order” form.

### Numerical and Metric Format

SI (Metric) units are used. Discretion

### Version History

<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCUMENT NUMBER and TITLE</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-May-2019</td>
<td>C-0506-11-60283 Medication Order Requirements</td>
<td>Approved at: Pharmacy, Therapeutics &amp; Nutrition Committee</td>
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### Disclaimer

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