



NORTHUMBERLAND HILLS

HOSPITAL

INTERDISCIPLINARY MANUAL

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MEDICAL ORDERS

NOTE: This is a Central East regional policy. Modifications to this policy may only be made using the approved Central East regional process.

INTRODUCTION:

Medical orders are instructions for interventions in direct patient care, such as medications, bloodwork, diagnostic tests, and treatments. The Public Hospitals Act and the Regulated Health Professions Act govern the authority to write medical orders. The purpose of this policy is to clarify the obligations of health care professionals when completing or receiving medical orders for patient care.

POLICY:

1. All Orders

- All orders must be entered electronically into the Computer Information System (CIS) using Computerized Provider Order Entry (CPOE).
- During computer downtime, the CIS Downtime policy will be followed.
- Orders will be signed electronically by the ordering provider, or in writing during CIS downtime with the name, designation, and license/registration number clearly legible.
- Orders will be entered in the correct patient's chart, identified with the date and time of the order, patient's name, Medical Record Number (MRN), admission or registration number, and date of birth.
- Orders may only be authorized by a licensed authorized prescriber (physician, nurse practitioner, dentist, midwife) with privileges in the organization. NOTE: Orders for interprofessional assessment/consult or orders that drive an action in EPIC may be entered by any healthcare provider as they are not medical orders.
- Orders entered by medical students must be cosigned by their supervising physician before the order will be implemented. Orders entered by authorized prescriber students (e.g., nurse practitioner, dental, or midwife students) must be countersigned by the direct supervising authorized prescriber (e.g., nurse practitioner, dentist, or midwife) before the order will be implemented. Students are not permitted to give verbal or telephone orders.
- Ordering Providers who enter a STAT order will immediately notify the most responsible nurse or other authorized health care provider verbally (i.e., in person or by telephone) that the order has been entered to prevent delays in care.

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- When a patient is transferred from one service or level of care to another or when a patient undergoes a procedure that will substantially change the plan of care (e.g., surgery), the most responsible physician or other ordering provider must review the orders and determine the new plan of care. New orders for the patient must be entered or reconciled by the physician or ordering provider.
- Phased orders (e.g., transfer and post-operative orders) may be entered in advance of the transfer/procedure if they are clearly indicated with the applicable phase of care (e.g., preop, postop, transfer) orders. The receiving nurse may activate a new set of phased orders in the CPOE when the previous phase has been completed.

2. Verbal Orders / Telephone Orders

- Verbal orders will only be accepted when an authorized prescriber is involved in an emergency situation or performing a procedure and is therefore unavailable to enter the order in CPOE (e.g., in the operating room). The order must be identified as “verbal order with readback” and must be signed by the original prescriber as soon as possible following completion of the procedure or emergency.
- Telephone orders will only be accepted in situations when the authorized prescriber is not present on the unit and does not have CPOE access reasonably available (e.g., while driving). The issue of reasonability will be locally governed. The order must be identified as “telephone order with readback” and must be signed at the first possible opportunity.
- When an authorized health care provider enters a telephone order electronically, the physician or other ordering provider will:
 - Remain on the phone to review and address any alerts that appear, or
 - Provide a call-back number if they are unable to remain on the phone.Alerts must be addressed by the ordering provider before the order can be implemented.
- Telephone or verbal orders may only be accepted by an authorized health care provider. A verbal or telephone order cannot be communicated to a third person (e.g., unit clerk) for documentation or order entry. Students may not accept verbal or telephone orders.
- Telephone and verbal orders for chemotherapy will only be accepted if the order is to hold or discontinue the medication. Telephone and verbal orders related to chemotherapy dose changes or new medications will not be accepted.

3. Suggested Orders (Pended Orders)

- Suggested/pended orders require the authorized prescriber to review and electronically sign the order before it can be implemented.
- Suggested/pended orders will be used by medical students or allied health providers who require an authorizing signature before the order can be implemented.
- Suggested/pended orders should be used by a consultant only when the consultant is seeking approval for the order from the most responsible physician before the order is implemented. Suggested/pended orders should not be used for urgent orders that require immediate implementation.

4. Transcribed Orders

- Transcribed orders will only be accepted in exceptional circumstances when an external prescriber does not have access to the organization's CIS. In exceptional situations, medical orders that have been written and signed by the ordering provider will be transcribed into the CIS by the appropriate authorized health care provider in order to act on them. The signed paper version of the order will be scanned into the CIS.

5. Medical Directives

- Medical directives will be managed at the local organizational level. Local organizational policy will be followed for medical directive workflow.
- Authorized health care providers who enter an order in the CIS based on a medical directive will select "Per Medical Directive" as the order mode from the drop-down menu.

6. Acting on Orders

6.1 Reviewing Orders

- At the start of each shift and every four hours at minimum on an inpatient unit the nurse is responsible to review the patient's active orders to ensure they reflect the current plan of care and that orders have been acted upon appropriately.
- Other authorized healthcare providers are responsible to review applicable active orders as they relate to the treatment plan prior to providing care.
- At the beginning of each outpatient visit the authorized healthcare provider is responsible to review the patient's active orders.

6.2 Entering Orders

- When entering an electronic order, the authorized health care provider will select the appropriate order mode from the drop-down menu. See "Use of Order Modes" (Appendix A) for information on when to use each order mode.

6.3 Completing Orders

- Authorized healthcare providers are expected to manage and complete orders throughout their shift. Anyone completing an order must have the knowledge, skill, and judgement to confirm that the action was completed and that the order is no longer required.
- Authorized health care providers must clarify with the ordering provider any orders that are conflicting or if there is confusion about whether the order is still required.

6.4 Releasing Signed and Held Orders

- The ordering provider may place orders into the patient's electronic health record as "Sign and Hold" if the orders are not to be acted on at this specific time. "Sign and Hold" shall NOT be used for orders that the health care provider can act on now.
- Nurses have the ability to release Signed and Held orders once the patient has been transferred and/or has received communication from the ordering provider that it is clinically appropriate to release the Signed and Held order(s).
- With their knowledge, skill, and judgement the nurse will review the orders to confirm they reflect the patient's current plan of care. The nurse will consult with the ordering provider to verify any orders that appear not to reflect the current plan of care.

DEFINITIONS:

Authorized Health Care Provider: A health care professional who is authorized to perform a treatment through legislated scope of practice or delegation of a controlled act, and an order/medical directive.

Authorized Prescriber: Health care professionals (physician, nurse practitioner, dentist, midwife) authorized under the Regulated Health Professions Act with the controlled act of "prescribing, dispensing, selling or compounding a drug."

Completed Order: An order that is no longer required must be removed from the chart so it cannot be acted upon. This removal process renders the order "completed".

Computerized Provider Order Entry (CPOE): A term used to describe a computerized system for entering orders into an electronic medical record.

Ordering Provider: Term used in Epic for any health care provider actively caring for the patient who has the authority to place an active order on the patient, either because they are an authorized prescriber or because they have been provided with an authorizing mechanism to activate an order (e.g., through a protocol, or medical directive).

Phased Orders: An ordering mechanism used to ensure orders are implemented at the appropriate time without asking the ordering provider to wait until the patient moves to the destination unit to place the orders. An example is an anesthetist placing orders after surgery, with a subset of orders to be acted on during PACU Phase 1 and the remaining orders to be released and implemented when the patient reaches the surgical floor.

Read Back: The process of reading back a verbal order or telephone order that has been written down to verify accuracy and prevent error. There are three points of interaction: 1. Sender communicates information; 2. Receiver records the information and reads it back; and 3. Sender confirms with "That's correct" or clarifies the information.

Repeat Back: The process of repeating back a verbal order that has not been written down to verify accuracy and prevent error. There are three points of interaction: 1. Sender

communicates information; 2. Receiver repeats back the order to clarify and confirm the intended order; and 3. Sender confirms with “That’s correct” or clarifies the information.

Suggested Orders/Pended Orders: Orders entered into the system that require an authorizing signature before becoming active.

Telephone Order: An order given via a telephone conversation between an authorized prescriber and a person authorized to receive the order.

Transcribed Order: An order received in writing from an authorized prescriber and entered into the patient's electronic health record.

Verbal Order: An order given during face-to-face communication between an authorized prescriber and a person authorized to receive the order.

AUTHOR: Central East Regional Policy Taskforce

REFERENCES:

Public Hospitals Act R.S.O. 1990, c.P. 40
Regulated Health Professions Act, 1991
Accreditation Canada (2020), Required Organization Practices Handbook
Medical Orders Policy, Sick Kids Hospital, 2020-02-20
Orders Management Policy, North York General Hospital, July 2016

SEARCH TERMS:

REVIEWED(r) or REVISED(R):

APPENDIX A: Use of Order Modes

Order Mode	Definition	Authorized Prescriber Cosign Required
Telephone with readback	<ul style="list-style-type: none"> A verbal order given over the telephone, repeated back The ordering provider should not hang up until you click 'Accept' and the order is active—it is possible more warnings will appear. 	Yes
Verbal with readback	<ul style="list-style-type: none"> A verbal order given in person, repeated back The ordering provider should not leave until you click 'Accept' and the order is active—it is possible more warnings will appear. 	Yes
Per protocol	<ul style="list-style-type: none"> A protocol has already been ordered by a physician for your patient. You place an order based on a conditional parameter of this protocol being met. Ex: Your patient has an ordered IV Heparin infusion protocol. You order a PTT to be collected 6 hours following a dose adjustment, per protocol. 	No
Per Medical Directive	<ul style="list-style-type: none"> The order was entered because the patient meets the specific criteria of the medical directive and you meet the specific criteria of an implementer. Medical directives are pre-approved & mandated by local organizational and physician leadership. 	No
No cosign required (order is not from an authorized prescriber)	<ul style="list-style-type: none"> A consult request or intervention that does not require an order from an authorized prescriber (physician, nurse practitioner, dentist, or midwife) An Epic 'order' that drives an action in the system, but not an order/ prescription in the legal sense of the term 	No

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	<ul style="list-style-type: none">• Ex: a consult to an Allied Health team member for an assessment, a consult to CCRT, etc.	
Transcribed from paper	<ul style="list-style-type: none">• This option is available for the exceptional circumstance when an order is accepted on paper from an external provider with no access to the system.• Very rarely used	No
Ordered during downtime	<ul style="list-style-type: none">• An order was placed during Epic Hyperspace downtime and you are now updating orders in the system.	No