Section 9 Subject 9.11	Clinical Policies Personnel Issues	10/24/97 - Originated 04/05/12 - Reviewed w/ changes 03/02/09 - Reviewed w/o changes 05/05/12 -Effective
Policy 9.11.5	**Physician Orders**	UTMB Health System -Author

Physician Orders

Definitions

The Board of Nursing for the State of Texas (BON) and the Texas State Board of Medical Examiners (TSBME) both expressly specify regulatory meanings for the terms **standing delegation orders**, **standing medical orders**, and **protocols**. As defined below, *standing delegation orders* provide direction to RNs in managing patients prior to the patient being seen by a physician; *standing medical orders* are for patients who have been seen by a physician but who require standard treatment relative to planned medical or surgical interventions; and *protocols* authorize Advanced Practice Nurses (APN) and non-physician providers to carry out delegated medical tasks (the term protocol is used exclusively to refer to APN and Physician Assistant (PA) delegations).

Standing delegation order: Written instructions, orders, rules, regulations, or procedures prepared by a physician and designed for a patient population with specific diseases, disorders, health problems, or sets of symptoms. Such written instructions, orders, rules, regulations or procedures shall delineate under what set of conditions and circumstances action should be instituted. These instructions, orders, rules, regulations, or procedures are to provide authority for and a plan **for use with patients presenting themselves prior to being examined or evaluated by a physician to ensure that such acts are carried out correctly** and are distinct from specific orders written for a particular patient, and shall be limited in scope of authority delegated. Standing delegation orders do not refer to treatment programs ordered by a physician following examination or evaluation by a physician, nor to established procedures for the provision of care by personnel under direct, personal supervision of a physician who is directly supervising or overseeing the delivery of medical or health care. Standing delegation orders should be developed and approved by the physician who is responsible for the delivery of medical care covered by the orders. Twelve (12) stipulations are delineated in the BON Position Statement 15.5, Nurses with Responsibility for Initiating Physician Standing Orders and the standing delegated orders.

Standing medical orders: Orders, rules, regulations or procedures prepared by a physician or approved by a physician or the medical staff of an institution **for patients which have been examined or evaluated by a physician and which are used as a guide in preparation for and carrying out medical and/or surgical procedures.** These orders, rules, regulations or procedures are authority and direction for the performance of certain prescribed acts for patients by authorized persons, as

Definitions, continued

distinguished from specific orders written for a particular patient.

Protocols: This term is defined narrowly by the TSBME and applies to Advanced Practice Nurses (APN) by the BON or to Physician Assistants as defined by TSBME. elegated written authorization to initiate medical aspects of patient care, including authorizing a PA or APN to carry out or sign prescription drug orders pursuant to the Medical Practice Act (Texas Occupations Code §§157.051-157.060 and §193.6 (relating to the Delegation of the Carrying Out or Signing of Prescription Drug Orders to PAs and APNs). Protocols must be agreed upon and signed by the physician and the PA and/or APN, reviewed and signed at least annually, maintained onsite, and must contain a list of the types or categories of dangerous drugs available for prescription, limitations on the number of dosage units and refills permitted, and instructions to be given to the patient for follow-up monitoring or contain a list of the types or categories of dangerous drugs that may not be prescribed. Protocols shall be defined to promote the exercise of professional judgment by the PA or APN commensurate with their education and experience. Protocols used by a reasonable and prudent physician exercising sound medical judgment need not describe the exact steps that a PA or APN must take with respect to each specific condition, disease, or symptom.

Policy

All orders for treatment shall be entered by the physician, dentist, APN, or PA, with the exception of emergency situations that may require the provider to issue an order verbally or by telephone so that patient treatment can begin immediately.

Verbal and telephone orders may only be given by a physician, APN or PA (additional guidelines listed below). Standing orders may be used on a limited basis in situations where treatment initiatives are an essential part of effective medical management.

In order to carry out a standing order, standing orders must be congruent with the requirements specified by the BON and BME.
In addition, standing orders for a specific population must be approved by the clinical department chair for that service.

Order Categories

The following terms and definitions are to be used when creating and implementing orders. The processing timeframes for these orders shall be specified in approved departmental policies for turnaround times.

CODE* This request applies to a “code” situation. The process of obtaining the requested tests, studies, or procedures will be initiated immediately without delay. These requests will often be verbal orders.

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Order Categories

STAT* This request applies to an emergent situation. The process of obtaining the requested tests, studies, or procedures will be initiated and completed within one hour of the request unless expedited technical processing cannot be done in less than an hour. The process is initiated by the ordering physician handing the written orders to a nurse or notifying the nurse of the order in the Electronic Health Record (EHR).

URGENT/ASAP* This request applies to an urgent situation. The process of obtaining the requested tests, studies or procedures will be initiated and completed within four hours of the request unless expedited technical processing cannot be done in less than four hours. The process is initiated by the ordering physician handing the written orders to a nurse or notifying the nurse of the order in the EHR.

ROUTINE* This request applies to a routine situation. The process of obtaining the requested tests, studies, or procedures will be initiated and completed within twenty-four hours unless expedited technical processing cannot be done in twenty-four hours. The process is initiated by the ordering provider moving the order sheet up one notch in the chart folder and placing it in the chart rack.

*Completion of these processes includes communication of results in these categories.

Written/ Electronic Orders

1. All orders must be entered into the EHR or written on a *Physician Order Sheet*. **At no time may orders be sent via text messaging.**
2. All written orders for treatment made on the *Physician Order Sheet* must be signed by a licensed physician, dentist, APN, or PA.
3. Orders written by non-licensed personnel (e.g., medical students) shall not be acted on until countersigned by a licensed physician, dentist, APN, or PA.
4. All orders shall include the month, day, year, and time of day the orders are written. Military time will be used.
5. The medication dose shall be expressed in metric (not apothecary) units of weight (g, mg, mcg) if possible. Unless the product is a combination product, the use of “tab, cap, and ml” are discouraged because of the possibility of confusion created by the presence of multiple products of the same dosage form with different strengths (e.g., diphenhydramine 25 mg and 50 mg caps orders should be clear and concise). Medication orders shall include the name of the medication, dose (expressed in metric units of weight), route, and frequency. Generic terminology (e.g., "furosemide" rather than "Lasix") should be used for medication doses. A decimal and a zero should not be placed after a whole

Written/ Electronic Orders (cont'd)

number, but should be placed before a decimal point for numbers less than one (e.g., **"2 mg" is correct; "2.0 mg" is not correct**). If the decimal point is not seen because it falls on a line or because individuals are working from copies where the decimal point is not readily visible, this would cause a tenfold overdose. Just the opposite is true for numbers less than one. Accordingly, *ALWAYS* place a zero before a naked decimal ("0.5 ml" is correct; ".5 ml" is incorrect).

6. Medications should be written as listed in the formulary. There are times when it is preferred or when practice mandates that medication orders include the basis of the dose in mg/kg (e.g., for pre-printed orders, orders for pediatric patients, and orders for anti-neoplastic chemotherapy, immunosuppressives, and pressor drips).
7. Only symbols and abbreviations found in the UTMB Abbreviations Guide are recommended for use. The List of Prohibited Abbreviations shall be adhered to when documenting.
8. The Medical Staff Executive Committee has mandated that all orders for antimicrobials be entered into the EHR or be written on the *Physician Antimicrobial Order Sheet* to include indication for use and anticipated duration of therapy.
9. Pharmacy will contact the ordering physician before dispensing if the antibiotic order indication is not provided.
10. All patients who are to be transferred within UTMB hospitals must have the transfer orders pathway completed in the EHR. If paper orders are used, new orders must be written (downtime process). Either process will result in new orders written and/or approved by the receiving physician or designee**.** This is required for the following situations:
    a. When a patient is transferred from one physician team to another, even when a room transfer is not involved;
    b. When a patient returns from the Operating Room or Post Anesthesia Care Unit; and
    c. When a patient is transferred into or out of an intensive care or special care unit.
11. Language such as "resume pre-op orders" and "continue orders" are prohibited.
12. New orders are not required for patients who leave a nursing unit for minor procedures, such as line placement, etc.
13. The physician shall indicate the patient's diagnosis and allergies on all written (paper) admission and transfer orders.
14. All orders written by PAs and APNs (nurse midwives, nurse anesthetists, and nurse practitioners) may be accepted if they are based on written protocols.

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Verbal and Telephone Orders

1. Verbal and telephone orders may only be given by a physician, APN and PAs.
2. When verbal and telephone orders are issued, they must be entered into the EHR and read back to the physician. For areas not using the EHR, orders are written on the *Physician Order Sheet* and read back to the physician. The physician then becomes responsible for the order that is to be treated as any other physician order and carried out by the appropriate hospital personnel.
3. The health care worker documenting the verbal or telephone order must document their name and title, as well as the name of the physician giving the order.
4. All verbal and telephone orders must be signed/authenticated in the EHR, dated, and timed by the ordering physician within forty-eight hours of being given.
5. In the absence of the ordering provider, the inpatient attending physician or another physician in the same service can sign/authenticate the order.
6. In the absence of the above, the appropriate clinical department chair (or clinical division chief in his/her absence) may authenticate the order.
7. No practitioner will be required to sign/authenticate an order he/she feels is inappropriate. If there is a difference of opinion and the ordering physician is unavailable, the order will be referred to the appropriate clinical department chair (or clinical division chief in his/her absence) for final resolution. If the order is determined to be incorrect but has already been given, the order must be immediately discontinued and an occurrence report completed to document the incident

Special Instructions Regarding Verbal & Telephone Orders

Verbal and telephone orders may only be accepted by:

1. Registered Nurses
2. Registered Pharmacists
3. Physician Assistants
4. Nurse Practitioners
5. Licensed Vocational Nurses (in the clinics only)
6. Extra Corporeal Perfusion Technologists
7. Respiratory Therapists (for orders relating to respiratory therapy)
8. Registered Licensed Dietitians (for orders relating to diet or enteral nutritional therapy)
9. Certified Nutrition Support Dietitians (as part of the nutrition support team on orders relating to parenteral nutritional therapy)
10. Physical and Occupational Therapists (for orders relating to physical and occupational therapies and related equipment; PT/OT

Special Instructions Regarding Verbal & Telephone Orders, continued

11. students cannot take verbal orders in training)
12. Clinical Psychologists

Verbal and telephone orders may not be given for:

1. Cytotoxic chemotherapeutic agents
2. Biological response modifiers
3. Do Not Resuscitate orders
4. Investigational drugs

Advanced Practice Nurses, Physician Assistants, Nurse Anesthetists and Registered Nurse Practitioners

- Orders for the administration of treatment or medications are acceptable when the order is: (1) within the scope of an approved written protocol, or (2) a verbal/telephone order relayed from the supervising (or alternate/delegate) physician.
- Supervision must be continuous, but does not require the physical presence of a supervising physician at the place where the extender's services are performed, provided a supervising physician is readily available by telecommunications.
- The protocol must be signed by the delegating physician and must be on file and available to the nursing staff. If the tasks or functions ordered fall outside the scope of the protocol, the extender must consult with the physician to obtain a verbal order before the RN may carry out the order.
- The RN or Pharmacist must seek clarification if he/she believes the order/treatment is inaccurate, non-efficacious, or contraindicated by consulting with the extender and/or physician as appropriate.

(Note: This information taken from the *Position Statement on RN's Accepting Orders Relayed by Physician Assistants*, issued by the Texas Board of Nurse Examiners, 1994, and the Position Statement on RN's Carrying Out Orders from Advanced Practice Nurses, Texas Board of Nurse Examiners, 2001.

Prescription Refills

To ensure that patient requests for prescription refills are completed expeditiously with attention to patient care and safety, each clinical service has established guidelines for prescription refills. These guidelines should be reviewed, revised, and approved by the Department Chair/Vice Chair or Division Chief, the Chief Nursing Officer, and Ambulatory Service regularly.

Pre-Printed Order Forms

Pre-printed order forms may be developed and used by individual physicians or physician teams. Such requests for printing or reprinting are forwarded to the Director of Pharmacy for approval by the Pharmacy and Therapeutic Committee.

Pre-printed order forms must be individualized for each patient and signed by the physician with the date and time.

Transcription of Orders

Licensed nurses and Medical Assistants as authorized by the area medical director are responsible for the correct transcription of physician orders onto the appropriate form or into the EHR. All transcriptions must be signed/authenticated (signature, date, and time) by the person transcribing.

Medical, PA, and NP students may assist the licensed nurse with the transcription of physician orders in outpatient clinic areas.

If orders are illegible, unclear, or appear erroneous, the licensed nurse or pharmacist shall, in an expedient manner and before filling the prescription, consult the provider who wrote the order for clarification.

The licensed nurse or pharmacist shall verify the drugs and dosages based on recommended references.

Challenging or Disputing a Physician Order

When an order is being disputed, the health care team member shall expeditiously contact the provider who wrote the order, seeking further clarification and supporting documentation, if necessary.

Reasonableness of time taken to resolve a questionable order shall be determined by the standards generally practiced by the members of the health care profession in the community.

Use the following chain of command when questioning or clarifying provider orders for medication or treatment of patients:

1. Physician/Provider/Author
2. Clinical Department Supervisor
3. Supervising Faculty (residents only)
4. Division Chief
5. Department Chair

6. Chief of Staff

References

Medical Staff Bylaws and *Rules and Regulations of the Medical Staff*

Board of Nurse Examiners for the State of Texas, Position Statement #15.18 Nurses Carrying Out Orders From Advanced Practice Registered Nurses

Texas State Board of Medical Examiners Scope of Standing Delegation Orders (22 Tex. Admin. Code §193.4)

Prescription Refills in UTMB Access Center and Clinics