Physicians Orders: Written, Verbal & Telephone

Purpose

To clarify and standardize the practice of accepting physician orders.

Audience

All licensed Respiratory Care Practitioners (RCP)

Policy

- It is the policy of the department of Respiratory Care Services to provide respiratory care as prescribed by physicians.
- All licensed respiratory care practitioners as outlined in this policy shall accept physician orders.
- All licensed and credentialed therapists shall read back verbal and/or telephone orders and document that the read back was done.

Guidelines

Written Orders:

Step	Action
1	All orders for treatment of the patient shall be in writing on the Physician's Order sheet and signed by the licensed physician or entered into the Respiratory Care Department (PCD) orders in the computer Patient Order Entry (POE) and verified by the ordering physician within 24 hours. Orders not verified will not be valid
2	All orders for mechanical ventilation must be written/signed by licensed physician. Orders written by non-licensed physician personnel, i.e., students, physician assistants, and acting interns shall not be recognized until countersigned by a licensed physician.
3	All orders for treatment of the patient shall be in the computer or in writing, in black ink, including the day, month, year, and military time of the day they are written and signed/verified by the physician.
4	Orders shall be concise and definite. Medication orders shall include the name of the drug, dosage (metric), route and frequency.
5	Only symbols and abbreviations that have been approved by the executive committee of the Medical staff shall be used (See Hospital Approved Abbreviation List).
6	All patients who are to be transferred within the UTMB hospital must have new orders written by the new physician team.

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Guidelines Continued

Written Orders Continued:

Step	Action
7	All patients who are transferred from one physician team to a different team, when a room transfer is not involved, must have orders written by the new physician team.
8	Extubated patients must have PCD orders rewritten
9	**For ISCU:** After extubation, whether planned or unplanned, the ISCU therapist will write an update of all current respiratory care orders and an M.D. or NNP must sign orders. Respiratory treatments that were ordered before any change in ventilation orders were made must be included in update unless specifically discontinued by M.D. or NNP.

Verbal and Telephone Orders:

Step	Action
1	The Respiratory Care Practitioner shall accept telephone orders only when the physician cannot come to the nursing unit, and when the patient's condition does not require the physician's presence in making a medical assessment.
2	The Respiratory Care Practitioner shall read the intended order or orders back to the prescribing physician. Enter the order on the physician’s order sheet or in the physician’s order entry on the computer. Indicate the type of order and that the order was read back to the physician. Include the date and time the order was received.
3	The order must be written as stated by the prescribing physician.
4	The initials "T.O." will precede the prescribing physician's name in areas where P.O.E. is not available.
5	The Respiratory Care Practitioners first name and full last name with credentials will follow the physician's name.

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Guidelines Continued

Verbal and Telephone Orders Continued:

Step	Action
6	The Respiratory Care Practitioner shall notify the patient's nurse of the order.
7	The prescribing physician must sign or initial the order within 24 hours.

Standing Orders:

Step	Action
1	Respiratory Care Services personnel shall not recognize standing orders.

Corresponding Policies

Institutional Handbook of Operating Procedures, Physician Orders, Policy # 7.11.5, http://www.utmb.edu/policy/ihop/search/09-11-05.pdf