


<b>Name of Policy:</b> Prescription Refills <b>Policy Number:</b> 3364-101-06-05 <b>Approving Officer:</b> Chief Medical Officer <b>Responsible Agent:</b> CAO, OP Clinic Operations <b>Scope:</b> Ambulatory Services		 <b>Effective date:</b> <b>Original effective date:</b> 6/2000	
Key words: Prescriptions, Medications, Orders, Documentation, Authorization			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

New prescription orders and all patient requests for prescription refills will be authorized by a prescriber prior to being placed to a pharmacy. Medications required to be phoned in will be done appropriately and documented in the medical record.

(B) Purpose of policy

To assure safe medication ordering practices.

(C) Scope

1. Prescribers shall document the number of refills provided for each medication prescribed ~~at the time of the clinic visit.~~
2. Prescriptions: RNs, LPNs, and Credentialed/Registered Medical Assistants may generate and pend a prescription electronically for the prescriber to review, and document action. The prescriber will electronically sign and send the prescription or refill request to the pharmacy or print and sign the prescription. ~~Prescriptions: RNs, LPNs, and Credentialed/Registered Medical Assistants may generate a prescription refill request electronically for the prescriber to review, document action and delegate action for the clinic staff. The prescriber will electronically send refills to the pharmacy or print and sign the prescription. When delegated by the prescriber, clinic staff will call in or send electronically the prescription appropriately in to the pharmacy and document in the medical record.~~
3. In emergent situations, RNs, LPNs, and MAs may generate and submit an electronic prescription when verbally directed by the prescriber. In these cases, the following conditions must be met.
  - a. The submitted prescription is a verbal order received directly from the prescriber.
  - b. The verbal order must be read back to the prescriber by the staff member.
  - c. The prescriber must state that the order as read to them is correct.

~~4. Electronic Prescription Reports will be signed by each prescriber and maintained for a period of no less than 3 years.~~

<p>Approved by:</p>   <hr/> <p>Marci Cancic-Frey PT DPT MBA Chief Administrative Officer</p>   <hr/> <p>Date</p>   <hr/> <p>Michael Ellis, MD Chief Medical Officer</p>   <hr/> <p>Date</p>   <hr/> <p><i>Review/Revision Completed by:</i> <i>Chief Administrative Officer</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"> <li>• 06-05</li> </ul>   <p>Initial effective date: 6/2000</p>   <p>Review/Revision Date:</p> <p>1/01</p> <p>12/04</p> <p>8/06</p> <p>11/17/2009</p> <p>8/11</p> <p>5/13</p> <p>5/1/2016</p> <p>5/1/2019</p> <p>5/14/2021</p>   <p>Next review date: 6/2028</p>
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