(A) Policy Statement

Medication orders must be clear, complete, and non-ambiguous.

(B) Purpose of Policy

To support safe medication prescription and ordering procedures.

(C) Procedure

1. Prior to prescribing, dispensing or administrating a medication the licensed practitioner responsible for Medication Management must have the following information available to them:
   a. Two patient identifiers as outlined by hospital policy
   b. Age
   c. Sex
   d. Diagnosis, Comorbidities or problem
   e. Allergies or sensitivities
   f. Laboratory Information
   g. If appropriate to patient: height, weight, pregnancy and lactation status

2. Medication Orders must contain the following information
   a. name of drug
   b. strength and dose
   c. directions for use
   d. route of administration
   e. dated and timed
   f. documented diagnosis or indication for use for prn medications
   g. Positive ID for the prescriber.
   h. Duration of therapy if applicable

3. Types of Medication Orders
   a. PRN- PRN order must include indication for use and if multiple drugs are written for one indication the order must indicate the criteria to use for each drug. Ex. Tylenol 325mg 1 tablet Q4h PRN mild pain.
   b. Standing Orders- No standing orders are allowed
   c. Hold Orders- Hold orders are not permitted.
d. Automatic Stop Order - All orders have an automatic stop date. The standard stop date is 99 days, however medication labeling, The Pharmacy and Therapeutics Committee, and hospital policy and procedures may restrict classes or drugs to shorter durations.

e. Resume Orders- Use of Resume orders or Resume Preop orders is a non-valid order and will not be acted upon.

f. Titrating Orders- Follow the same requirements as Medication Orders (#2 above) but must also include duration or criteria for titrating dose.

g. Taper Ordering- Follow the same requirements as Medication Orders (#2 above) but must also include duration.

h. Range Orders- Only one range is allowed. Criteria for dose must be included.

i. Compounded Orders- Orders must contain Ingredients to be compounded, quantity of each written in the metric system unless specifically approved by Pharmacy and Therapeutics as a standard University of Toledo Medical Center formulation. Appropriate literature must be available indicating compatibility and beyond use dating. A standard compounding formula will be maintained.

j. Devices (for example, Nebulizers and catheters)- Same as Medication Orders (#2 Above). Excluding drug, strength and dose as appropriate.

k. Investigation Drugs- Refer to Procedure IPP-03

l. Herbal Medication- Same as Medication Orders (#2 Above). Product must be on formulary

m. Discharge Medications- Discharge Medications will be written in a manner compliant with the Ohio Revised Code (ORC). The physician or designee will review list with patient prior to discharge.

n. Verbal Orders- Follow Verbal Order Policy

o. Unapproved Abbreviations- The use of an unapproved abbreviation will invalidate medication order. (Policy 3364-100-70-11)

p. Anti-Neoplastics- Follow Hospital Policy 3364-100-70-7

4. The Electronic Health Record is the preferred mechanism for ordering medications, exceptions are on a case by case scenario where approved by the Medical Records Committee.

5. When written orders are utilized, medication orders and physician signatures should be written legibly

6. All drug strengths and volumes should be written in the metric system.

7. Include leading zeroes in front of a decimal point (example: 0.5 mg)

8. Avoid trailing zeros after a decimal point (example: 10 mg).

9. Pediatric dose calculations will be weight based when clinically appropriate.

10. Recalled medications: when appropriate, physician will discuss with the patient the risk of having received a recalled medication.

Nurses:

1. The RN shall clarify any medication order that the nurse believes, or should have reason to believe, is:
   - Illegible
   - Harmful, or potentially harmful to a patient
   - Not current or valid
   - Inaccurate
   - Contraindicated by other information

2. The nurse shall adhere to Nursing Service Policy 3364-110-05-03 on Administration of Medications.

3. When a pain medication order includes a dose range the nurse will administer the appropriate dose within the range based on the pain assessment. When multiple medications are ordered for the same indication such as pain; qualifiers must be provide to indicate medication selection.
Pharmacists:

1. The pharmacist shall clarify any medication order that is not legible, clear, complete, and non-ambiguous. Pharmacists will adhere to pharmacy department policies, Policy 3364-133-17 (3-A), regarding safe medication dispensing.

2. Therapeutic duplication:
   a. All pharmacists may discontinue exact duplications of orders in the medical record:
   b. Pharmacists who are credentialed and privileged to do so may discontinue non-identical duplicate orders when clinically appropriate by documenting the action in the electronic medical record. Examples include 2 medication in the same pharmacologic mechanism of action or class.
   c. If the clinic picture is unclear or the pharmacist is not privileged to do so, the pharmacist will clarify therapeutic duplicate orders with the prescribing physician per policy.
   d. If both orders are intended for the same prn indication: designation of priority or directions to give both medications must be noted in the order

Approved by:

Daniel Barbee RN, BSN, MBA
Chief Executive Officer - UTMC

Samer Khouri, MD
Chief of Staff

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Policies Superseded by This Policy: