Medical orders are written, entered electronically or given (by telephone or verbally) by Physicians, Nurse Practitioners (NP), and/or Midwives (regulations made under the midwife act). Authorized Regulated Health Care Providers (RHCP’s) initiate orders through written/electronic and medical directives. The purpose of this policy is to clarify for physicians and other RHCP’s their obligations when completing and receiving medical orders for patient care (see Appendix A - List of RHCP’s).

**POLICY:**

1. **All Orders**
   1.1 All orders will be entered electronically in the Electronic Medical Record (EMR) using Computerized Provider Order Entry (CPOE), or be written on a Physician’s order sheet or on other approved forms (e.g: approved order sets, code blue/pink adolescent/pink record). In circumstances where a physician/NP/midwife has not received training on the EMR (e.g. locums or external consultants), special accommodation will be granted for orders to be written on the paper Physician Order Sheet.
   1.2 All orders will be entered in the correct patient’s chart, identified with the following information: date & time of order, patient name, and Medical Record Number (MRN) visit number (FIN) and date of birth.
   1.3 All orders will be signed in writing or electronically by the physician or authorized RHCP with the name clearly legible within the order.
   1.4 Orders written or electronically entered by Medical students will require a signature/co-signature from their supervising physician before the order will be implemented.
   1.5 When using CPOE and a patient is being transferred from one service or level of care to another, all existing orders are to be reviewed and explicitly continued or discontinued prior to transfer. When using paper/written orders and a patient is being transferred from one service or level of care to another, all orders are to be discontinued prior to transfer. New orders will be written or entered in the EMR by the MRP or authorized RHCP accepting responsibilities for the patient.
   1.6 When using CPOE pre-operatively, all existing orders are to be reviewed and explicitly continued or discontinued by the MRP at the time of surgery. When using paper/written orders pre-operatively, all existing orders must be discontinued at the time of surgery. New post-operative orders will be written or entered in the EMR by the MRP or authorized RHCP accepting responsibilities for the patient.
   1.7 During a computer downtime, new orders will be written on paper Physician’s order sheets. (See Planned/Unplanned Downtime Policy ll-380).

2. **Medical Directives (see Appendix B for definition)**
   2.1 CPOE Nursing Units/Areas: The authorized RHCP who initiates the medical directive will enter the order in the EMR by selecting the order type of “Medical Directive” and enter the Medical Directive number.
   2.2 Non-CPOE Nursing Units/Areas: The authorized RHCP who initiates the medical directive will write the order on the physician’s order sheet in the paper chart, indicating the Medical Directive number and will enter any orders online if in scope.
3. **Telephone / Verbal Orders (see Appendix B for definition)**
   
   3.1 Read back process will be incorporated for all telephone and verbal orders.
   
   3.2 Telephone/verbal orders will be accepted and recorded by the RHCP as it pertains to their scope of practice. Third person order is not acceptable (i.e. Unit Clerk/Secretary)
   
   3.3 Verbal orders will only be accepted when the provider is in an emergent or procedural situation and is therefore unavailable to write the order, or enter the order in the EMR as applicable. The order will be identified as a "Verbal" order on the chart and will be signed physically or electronically, as applicable, by the ordering physician/NP/midwife immediately following the completion of the procedure, treatment or emergency.
   
   3.4 Telephone orders will only be accepted in situations where the ordering provider is not within the hospital, does not have computer access, or is being paged directly by an RHCP about a clinical situation which requires a new order. All telephone orders will be identified as a “Phone” order on the chart and will signed and dated (physically or electronically, as applicable) within 24 hours by the ordering provider or delegate.
   
   3.5 Only NYGH Nursing staff may initiate a PowerPlan in the “Planned State” with a telephone order from the MRP/NP/midwife. If the “Planned” PowerPlan was originally entered by the MRP/NP/midwife, the nurse should enter the order communication type of “Written”. If the “Planned” PowerPlan was originally entered by a physician other than the MRP, the nurse should enter the order communication type of “Phone” so that the orders will go to the MRP’s Message Center for review and co-signature.
   
   3.6 Students will not be allowed to accept verbal and/or telephone orders.

4. **STAT Orders (see Appendix B for Definition)**
   
   4.1 Physicians/NP’s/midwives who write or electronically enter a STAT order will immediately notify the most responsible nursing and/or support staff either verbally or by telephone, that a STAT order has been written or electronically entered.

5. **Suggested Orders & Consults**
   
   5.1 Suggested orders written or electronically entered by consulting physicians or RHCP’s will be signed, physically or electronically, as applicable, by the MRP before they are acted upon.
   
   5.2 Electronic suggested orders will remain in a “Planned State” until co-signed electronically by the MRP.
   
   5.3 Nurses may initiate a “Suggest Orders” PowerPlan as a telephone order from the MRP, once all orders and alerts have been reviewed. The nurse should enter the order communication type of “Phone” so that the orders will go to the MRP’s Message Center for review and co-signature.

6. **Disagreeing with an order**
   
   6.1 The order will be placed on hold until it is clarified by the physician or authorized RHCP. The ordering physician or authorized RHCP will be notified immediately of the orders on hold, and asked for clarification – See procedure number B3 (below) for procedures/guidelines.

**PROCEDURES/GUIDELINES FOR ORDERS:**

1. **Procedure for Reviewing New Orders**
   
   1.1 Non-CPOE Nursing Units/Areas: Nurses are expected to review the paper chart throughout their shift, for orders and consultations (see Clinical Documentation policy II-280)
   
   1.2 CPOE Nursing Unit/Area: Nurses are expected to review the electronic chart for new or pending orders minimally every two hours (see Clinical Documentation policy II-280)
   
   1.3 New CPOE orders are flagged by the *nurse review* icon (eye glass icon). By clearing the eye glass icon, the most responsible nurse has demonstrated that the orders have been viewed and that he/she is aware of the new electronic orders.
2. Procedure for Verbal or Telephone Orders
   2.1 Physicians/NP’s/midwives will identify themselves and specify patient name & a second patient
       identifier prior to communicating the order(s).
   2.2 Non-CPOE Nursing Units/Areas: at the earliest opportunity, the RHCP receiving the new order(s)
       will write the order(s) on the paper physician’s order sheet or form (e.g. code blue/pink adolescent/
       pink record).
       2.2.1 The receiving RHCP will identify the order as a verbal or telephone order.
       2.2.2 The receiving RHCP will read back the order verbatim for verification and accuracy.
       2.2.3 The physician/NP/midwife will review and sign the order within 24 hours.
   2.3 CPOE Nursing Units/Areas: RHCP’s receiving new order(s) must access the appropriate patient in
       the EMR and enter the order(s) as soon as possible.
       2.3.1 To enter verbal or telephone Medication orders, the RHCP will access the EMR and
           enter the medication order. If it is a one-time medication order the nurse can scan the
           medication using CareMobile device to create an adhoc one time order.
       2.3.2 When the RHCP is entering telephone order(s) electronically, the physician/NP/midwife
           is to remain on the telephone as the order is entered and read back, then reviews and
           addresses any alerts that appear prior to the order being enacted.
           In situations where the physician/NP/midwife is unable to remain on the telephone, the
           physician/NP/midwife will provide the RHCP with an extension number or telephone call
           back number. The physician/NP/midwife will be called back should any alert come up
           during the order entry process. Orders cannot be carried out until alerts are reviewed by
           the ordering physician/NP/midwife.

3. Procedure for RHCP’s disagreeing with order(s) (written or electronic)
   3.1 Assess the situation; consult with appropriate resources (e.g., pharmacist or other health care
       professionals).
   3.2 Inform the ordering physician/NP/midwife of the concern, and reason for the disagreement.
   3.3 If the disagreement is unresolved, discuss the concern with an educator/manager or immediate
       supervisor
   3.4 If the disagreement continues to be unresolved, communicate concerns to Chief/Program Directors
       and/or the Chair of Medical Advisory Committee.
   3.5 Non-CPOE Nursing Units/Areas: If orders have not been carried out as ordered, the RHCP will
       communicate with the ordering physician/NP/midwife and document the outcome in the clinical
       notes.
   3.6 Electronic Nursing Units/Areas: If a medical order has not been carried out as ordered, the
       RHCP will document communications which have occurred with the MRP, ordering
       physician/NP/midwife on the “Communication & Notification PowerForm”. The nurse will reschedule
       any upcoming patient care tasks that have not been administered or are coming due for
       administration. These tasks should be documented as “Chart Not Done” with an appropriate
       reason added. Once clarification has been received, orders should be resumed or cancelled as
       applicable.
REFERENCES:


College of Occupational Therapists of Ontario. (1999)


Ontario College of Pharmacists

Appendix A

Regulated Health Care Providers

List of Regulated Health Care providers approved to accept verbal or telephone medical orders within their scope of practice:

Medical Radiologist Technologist (MRT)
Midwife
Nurse Practitioner
Psychologist
Registered Dietitian (RD)
Registered Nurse, Registered Practical Nurse & Advanced Practice Nurse
Registered Occupational Therapist
Registered Pharmacist (RPh)
Registered Physiotherapist
Registered Respiratory Therapist
Registered Social Worker
Speech Language Pathologist
Appendix B

Definitions

Agency Nurse: Nurses’ hired from agencies to temporarily provide care when permanent staff members are on vacation or sick leave.

Authorized Regulated Health Care Provider (RHCP): A health care professional who is authorized through medical directives to initiate orders.

Computer Provider Order Entry: Computerized Provider Order Entry (CPOE) is a manner by which physicians and other health care providers enter patient orders into PowerChart. Orders will be entered into the system in real time increasing the pace of care and delivering evidence-based care from admission to discharge.

CareSets: are pre-built collections of orders that contain a number of individual orders grouped together for a specific purpose such as a protocol.

Electronic Areas: refers to Units utilizing Computer Provider Order Entry.

Medical Directives: Medical Directives are orders for a prescription, treatment, intervention or procedure that may be applied to a patient when specific conditions and circumstances exist. The physician effectively delegates the directive to a specific individual or group of individuals providing that the patient strictly satisfies the criteria set out in the directive.

Most Responsible Physician (MRP): is the physician who has final responsibility and is accountable for the medical care of a patient. College of Physicians and Surgeons of Ontario.  

Most Responsible Nurse: Nurse assigned to provide care for a specific patient.

Non-Electronic Areas: refers to Units not utilizing Computer Provider Order Entry.

PowerPlan: A PowerPlan is an electronic version of a paper order set. It is a standardized collection of orders for patient care that are used to treat a particular condition (e.g. pneumonia, hip fracture).

Read back: The process of reading back verbatim a verbal or telephone order that has been written or entered electronically, to verify accuracy.

Regulated Health Care Providers: Health care professionals whose profession is regulated by a college that acts as a governing body to set standards for knowledge, skills and behaviors, under the Regulated Health Profession Act.

Stat Orders: the aim of a stat order is to administer/implement the order immediately.

Telephone order: An order given during a telephone conversation between the person(s) authorized to give the order and the person(s) authorized to receive the order.

Verbal order: An order given during a face to face communication between the person(s) authorized to give the order and the person(s) authorized to receive the order.
Appendix C

Agency Nurses

Agency nurses are ultimately responsible for the care they provide and therefore, they are expected to use professional judgment related to their scope of practice.

NYGH nursing staff is expected to collaborate, consult and provide guidance to Agency nurses to facilitate optimal patient care.

Non Electronic units/departments: Agency nurses will review and complete all orders using the manual transcription and verification process.

Electronic Units: Agency Nurses will not initiate a PowerPlan in the planned status.

If an Agency nurse is unable to use the electronic system to view, review and or enter orders, the Charge Nurse/Unit Coordinator must delegate tasks. The Agency nurse will be required to obtain training prior to his/her next scheduled shift. see Guidelines for Agency Electronic Access in Cerner XVI-40.