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Health

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 Owner: *Linsey Weigt: Nurse Svc Mgr 2*
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 Reference Tags: *Lippincott*
 Applicability: *Ronald Reagan, Resnick, Santa Monica, Ambulatory Care*

Verbal and Telephone Orders, HS 1304

PURPOSE

- To reduce the potential for miscommunication/ misinterpretation and subsequent transcription errors of physician orders that are not initially documented to the electronic health record (EHR) by the provider.
- To specify when verbal and telephone orders may be used, how such orders are verified and the documentation of such orders.
- For the purpose of this policy, authorized providers include: members of the Medical Staff and House Staff; dentists, oral surgeons, podiatrists; nurse practitioners, physician assistants who have been authorized through standardized procedures and protocols/guidelines, respectively, as approved by the Medical Staff.

POLICY

I. Definitions

- A. Telephone Orders: are orders for medications, treatments, interventions or other patient care that are communicated as oral, spoken communications between senders and receivers face to face or by telephone
- B. Verbal Orders are **emergent** or **urgent** face-to-face orders only.

II. Conditions

- A. In general, orders must be written and signed by the authorized provider. Verbal and telephone orders should be used infrequently.
- B. Verbal orders may be given in emergencies. Emergencies are defined as time-critical situations in which the delay caused by obtaining a written order may be detrimental to the patient.
 1. Emergencies include, but are not limited to, the following:
 - a. Cardiac arrest
 - b. Cardiac Arrhythmias
 - c. Hemorrhage
 - d. Impending coma
 - e. Impending shock symptoms
 - f. Respiratory distress

- g. Seizures;
 - h. Shock
- C. Limited telephone orders to address a specific urgent issue may be accepted when the provider is:
- a. Not present in the hospital or physically caring for a patient in the Emergency Department
 - b. Directly responding to a telephone request from a staff member authorized to accept telephone orders (See IV)
- D. Verbal or telephone orders cannot be given:
- 1. For cytotoxic agents investigational drugs or blood transfusions except in an emergency.
 - 2. Routinely, in place of daily written orders.

III. Patient Identifications

This policy requires that all patients be identified by **two identifiers**. The patient's first and last name and the medical record identification number must be used. The patient's birth date may be used if the medical record number is not available at the time of verbal or telephone orders being communicated to the recipient.

IV. Receipt of Orders

Verbal and telephone orders from authorized providers will only be accepted with confirmation of patient identification using two identifiers. The order will then be entered into the Electronic Health Record, (EHR) while the prescriber remains on the phone..The order will be read back to the prescriber at which time pop up warnings will be reconciled . The health care professional receiving the verbal/telephone order will then accept the order.

Verbal and telephone orders shall be accepted by designated staff members within their scope of practice.

- A. Registered Nurses, Licensed Vocational Nurses, and Temporary Registered Nurses
- B. Pharmacists
- C. Respiratory Therapists
- D. Staff Registered Dietitians
- E. Physical Therapists
- F. Occupational Therapists
- G. Speech Therapists
- H. Perfusionists
- I. Transfusion Service staff may receive and record verbal and telephone orders related to blood products during emergency situations including Massive Transfusion Protocols (MTP)/Tiers,and uncrossmatched blood requests.

V. Documentation

- A. Verified verbal and telephone orders of authorized providers with confirmed patient identifications using two identifiers shall be promptly entered into the EHR. The documented order must include:
 - 1. date;
 - 2. time;

3. type of order, i.e., verbal or telephone;
 4. specific order;
 5. name of authorized provider giving the order; and
 6. name, title of staff member receiving the order
- B. Clerical personnel may file the computerized printout in the chart or transcribe verbal and telephone orders taken by an approved staff member.
 - C. All diagnostic and therapeutic verbal and telephone orders must be countersigned as soon as possible but no later than within 48 hours of the verbal or telephone order. Verbal orders for restraints must be countersigned as specified in the Medical Center Restraint Policy.
 - D. The countersignature must be that of the practitioner who gave the verbal or telephone order, except as in G below.
 - E. Verbal/Telephone orders may be countersigned from the in basket by employing the electronic cosign in the HER.
 - F. Verified verbal and telephone orders of authorized providers for outpatient medication shall be noted on a UCLA prescription blank by a licensed pharmacist in a manner consistent with current Board of Pharmacy regulations.
 - G. Infrequently, verbal orders may be signed (authenticated) by the Attending Physician or authorized provider on the patient care team. The circumstances under which this alternative to the requirement that the prescriber sign the verbal order should be exceptional. An example would be when the prescribing MD is off-service, on vacation, or otherwise unavailable. It is still required that verbal orders be signed (authenticated) within 48 hours.

REFERENCES:

Joint Commission on Accreditation of Healthcare Organizations, IM 6.50 and MM 3.20 Title 22 Section 70263(g). Pharmaceutical Service General Requirements.
 42 CFR 482.23 (c)(2) - Medicare Hospital Conditions of Participation
 California Business & Professions Code §4019
 RR UCLA Medical Center Policy 1300 - Prescription Writing - Legal Requirements UCLA HS 1321 - Restraint
 HS 1384 - Medication Management
 RNPH Policy 1402 - Medication Orders
 RNPH Policy 1611 - Behavioral Restraint/Seclusion
 RNPH Policy 6308 - Prescription, Medication, and Physician Orders
 HS1338 – Transfusion Policy
 SMH Policy 6307 - Processing of Orders
 SMH Policy 1361 – Medication Administration

REVISION HISTORY (Pre-PolicyStat)

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APPROVAL

Johnese Spisso, RN, MPA
President and CEO
UCLA Health System

Earl G. Freymiller, M.D., D.M.D.
Chief of Staff
Ronald Reagan UCLA Medical Center

Roger M. Lee, M.D.
Chief of Staff
Santa Monica UCLA Medical Center and Orthopaedic Hospital

Robert Suddath, M.D.
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

Attachments

No Attachments

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