

**UNIVERSITY HEALTH CARE
HOSPITALS AND CLINICS**

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

VERBAL ORDER POLICY

Section 1 No. 5.2

Review Date: January 2007

Revision Date:

Chapter: Conditions for Employment

I. **PURPOSE:**

- A. This policy describes who may give and receive verbal orders. It also describes the circumstances in which verbal orders are appropriate. In general, verbal orders are discouraged and should only be used in situations that are potentially life threatening, emergencies, or other circumstances which may create discomfort or anxiety of the patient. Verbal orders are more problematic since there are more opportunities for miscommunication. Processes are used to help clarify the orders.

II. **DEFINITIONS:**

- A. Verbal order: an order given verbally by the prescriber either in person or via telephone.

III. **POLICY:**

- A. Verbal orders may be given by:
1. Attending or faculty physicians
 2. Residents I-V (Interns are Resident I)
 3. Physicians in fellowship training
 4. Advance practice nurses and physicians assistants according to protocol and set regulations with approval from Hospital Administration.
- B. Verbal orders may be received by:
1. Registered Nurses - all orders
 2. Registered or Certified Respiratory Therapists - respiratory therapy orders only
 3. Pharmacists - medication and fluid orders, lab test related to drug therapy monitoring
 4. Physical Therapists - physical therapy orders only
 5. Occupational Therapists - occupational therapy orders only
 6. Dietitians - nutrition care orders only

7. Polysomnography/Electroneurodiagnostic Technicians - sleep, EEG and EMG study orders only
 8. LPNs and non-licensed practitioners (including but not limited to medical assistants) in the outpatient/clinic areas according to policy specific to the area and scope of practice as approved by the Hospital Medical Director and under supervision/direction of a physician.
 9. Speech Therapists - speech therapy orders only
- C. Verbal orders may be issued by prescribers only under specified circumstances, as outlined in the procedure.
- D. All drug orders phoned to the Pharmacy must be checked with the written order by the nurse before administration

IV. **PROCEDURE:**

- A. Verbal orders are discouraged. However, verbal orders may be necessary in situations that are potentially life-threatening, emergencies, or which create discomfort or anxiety for the patient. These may include:
1. Changes in current therapy due to patient status changes, or changes in diagnostic values which may constitute a potential emergency
 2. Orders for the continuity of patient care, patient comfort, or well being, when the physician is in surgery or involved in an extensive procedure, or on call and outside the hospital
 3. Discharge orders in the event of an acute bed shortage
 4. Unscheduled surgical admissions from Post Anesthesia Care Unit and Ambulatory Surgery
 5. To clarify previous order
 6. Orders to transfer a patient to Observation from inpatient care or visa versa (only the actual order to make the transfer---verbal orders are not acceptable for the patient care orders.)
- B. Verbal orders are never acceptable for the following:
1. Initial admission orders
 2. Initial pre or post operation orders
 3. Orders when patient is transferred to a different service or different level of care (except the actual order to make the transfer from Observation to Inpatient care and visa versa).
 4. Chemotherapy orders.
 5. Discharge from the hospital other than acute bed shortage.
 6. Original DNR (Do not resuscitate) orders. (Verbal DNR reorders are discouraged, but will be accepted in emergency situations.)

- C. In order to verify that the order is correct, the receiver of the order should write down the complete order, then read it back to the prescriber, and then receive confirmations from the prescriber. The person taking the order will sign their name and title, and note date and time order was received and flag the order to be signed.
- D. All verbal orders must be signed by the prescriber as soon as possible after issuance but no later than 30 days. Electronic signatures may be used where available.
- E. Physicians within particular services may further restrict verbal orders at the direction of the unit's Medical Director. Service specific policies will be available on those units.
- F. A verbal order may be signed by the ordering prescriber or by another prescriber who is responsible for the patient (e.g. a "covering" physician), or a prescriber familiar with the care at the time the order needs to be signed.

Approval body: Pharmacy and Therapeutics Committee, Graduate Medical Education Committee

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Policy Owner: Graduate Medical Education

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