

**UNIVERSITY HEALTH CARE**  
**HOSPITALS AND CLINICS**

**GRADUATE MEDICAL EDUCATION**

**HOUSESTAFF POLICIES AND PROCEDURES**

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**ORDER WRITING POLICY**

Section 1 No. 5.5 Rev. 1

Review Date: January 2007

Revision Date: December 2006

Chapter: Conditions for Employment

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I. **PURPOSE**

This policy defines the required elements of practitioners' orders.

II. **POLICY**

- A. Practitioners' orders may be written by physicians, interns, residents, physician assistants, medical students, sub-interns, nurse practitioners and anyone privileged to do so as approved by Hospital and Medical Staff Guidelines. Medical students may write orders, but they must be countersigned by Housestaff or Attending physician prior to being carried out. Sub-Interns may write orders for inpatients, and only for the specified pre-authorization period as requested by the Department/Division.
- B. Practitioners are responsible for writing and clarifying their orders. They may not write orders asking others (i.e. other staff, patient, family members) to clarify the order.
- C. When pharmacists, nurses or other health professionals contact the prescriber to clarify an order, prescribers should work in a collaborative manner to clarify the order. Everyone is working together to provide the best patient care and prevent unsafe care (i.e. medication, treatment, and procedural events).
- D. Verbal orders are specifically addressed in the Verbal Order Policy.
- E. Issues specific to medication orders are addressed in the Ordering Medications, Medication Administration, and Controlled Substances Policies.
- F. To ensure the safety of a patient while in-house, the Admitting Department will only change a patient name (to correct misspelling, correct a registration error, or update to the correct legal name) upon receipt of documentation from a practitioner requesting the name change. The Attending physician will document that the patient is stable and no longer requires emergent blood products on the practitioner's order sheet and a copy will be faxed to the Admitting office. (Note: this is important for the blood bank because if the patient has had blood bank testing, a new sample will need to be sent to the blood bank for testing.

### III. **PROCEDURES**

- A. Orders shall be legible and complete.
- B. All orders will be dated and signed and written in dark ink.
- C. Prescribers shall sign orders and are encouraged to include pager number.
- D. If an error is made, draw a single line through the mistake and write "error," date and initial it, and write new order.
- E. No patient can be admitted or discharged without orders. Orders must be written for transfer of patient.
- F. Orders for respiratory care treatments including oxygen delivery, aerosolized medication, chest physical therapy, incentive spirometry and monitors, must be in writing. Mechanical ventilation can be written either on the practitioner order or the mechanical ventilation form.

**Approval body:** Medical Record Committee, Graduate Medical Education Committee

**Approval date:**

**Policy Owner:** Graduate Medical Education

**Historical Information:**

Review dates: 1/07

Revision dates 12/06

Approval dates: 5/99