

## SAMPLE POLICY ON VERBAL/TELEPHONE ORDERS

This document is not meant to be used “as is” and is only being distributed as an example of the kind of policy you may wish to implement in your facility. Because different types of facilities have different requirements and staffing, there is no “one size fits all” policy statement related to verbal orders. We suggest that you consult with your legal counsel and clinical managers in developing this or any policy or procedure.

### Purpose

To reduce errors associated with misinterpreted verbal or telephone communications of medication orders or test results.

### Policy

1. Verbal communication of prescription or medication orders and test results is limited to urgent situations in which immediate written or electronic communication is not feasible.
2. Verbal orders and test results are not allowed when the prescriber is present and the patient’s chart is available, except during a sterile procedure or in an emergency situation, in which case a repeat-back is acceptable.
3. Verbal orders are not permitted for non-formulary drugs, except during a sterile procedure or in an emergency situation, in which case a repeat-back is acceptable.
4. Verbal orders are not permitted for chemotherapy.
5. Verbal orders and test results are not permitted via voice mail.
6. The following job categories are authorized to give verbal orders: *[include list]*
7. The following job categories are authorized to accept verbal orders: *[include list]*

### Procedures

1. Verbal orders and test results, when allowed, will be immediately written down by the recipient, read back by the recipient, and confirmed or corrected by the prescriber. The order must be written before it is read back.
2. Both parties will pronounce numerical digits separately—saying, for example, “one six” instead of “sixteen.”
3. For medication orders, the prescriber will spell the name of any unfamiliar medication, if either party feels this is necessary.
4. For medication orders, prescribers will include the purpose of the drug to ensure that the order makes sense in the context of the patient’s condition.



5. For medication orders, both parties will include the mg/kg dose along with the patient's specific dose for all verbal neonatal/pediatric medication orders.
6. For medication orders, both parties will express doses of medications by unit of weight (e.g., mg, g, mEq, mMol).
7. The recipient will record each verbal order directly onto an order sheet in the patient's chart and will include phone or pager numbers in case it is necessary for follow-up questions.
8. Recipients of verbal orders will sign, date, time, and note the order at the time it is written on the order sheet or entered into the computer system.
9. Prescribers will verify, sign, and date orders within \_\_\_ hours.
10. Pharmacy will disallow medication requests from nursing units to the pharmacy unless the verbal order has been transcribed onto an order form and simultaneously faxed or otherwise seen by a pharmacist before the medication is dispensed.
11. Verbal orders, when spoken and when transcribed, will use only approved abbreviations.
12. Verbal medication orders will include the following information:
  - 12.1. Date and time order is received
  - 12.2. Patient name
  - 12.3. Drug name (brand or generic)
  - 12.4. Dosage form (e.g., tablets, capsules, inhalants, etc.)
  - 12.5. Strength or concentration
  - 12.6. Dose
  - 12.7. Frequency
  - 12.8. Route
  - 12.9. Quantity and/or duration
  - 12.10. Name of prescriber
  - 12.11. Signature of order recipient

## Resources

Pennsylvania Patient Safety Reporting System (PA-PSRS). Improving the safety of telephone or verbal orders. PA-PSRS Patient Safety Advisory. Jun 2006;3(2):1-7. Available from Internet: <http://www.psa.state.pa.us>.

National Coordinating Council for Medication Error Reporting. Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions. Available from Internet: <http://www.nccmerp.org/council/council2001-02-20.html>