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Medication Orders Policy

Introduction

This policy describes the process for appropriate medication order writing and administration.

Scope

View the Applicability to see where this policy applies.

Responsible Oversight Committee

System Pharmacy and Therapeutics - Medication Safety Committee - Clinical Policy Advisory Group

Policy Details

A. Fundamentals for Writing Medication Orders

1. Healthcare providers should verify the medication is available on the region's formulary.
2. Electronic prescriptions are preferred when feasible.
3. The patient's medication profile and general health status (e.g., renal, hepatic function) should be reviewed prior to writing any medication order to minimize the likelihood of any drug-drug or drug-disease interaction and drug toxicity.
4. When feasible, healthcare providers should verify patient allergy information.
5. There shall be evidence of a diagnosis, condition, or indication for use on the electronic health record for each medication ordered. This information may be included in various areas of the chart such as the history & physical, procedure note, progress note, or the medication order itself.

6. No blanket orders such as "resume pre-operative meds" or "take own home meds" may be used.
7. Generic names should be used. Brand names may be included for medications that have the potential for look-alike and/or sound-alike confusion.
8. Look-alike and/or sound-alike medications can lead to error. To minimize prescribing errors, these medications are listed within the electronic ordering system with tall man/small man lettering. Smart alerts may also be generated for specific drugs within the ordering system and upon drug removal from automated dispensing machines. Refer to region specific documentation for drug list.
9. Medication orders are to include the following:
    a. Date and time order was written,
    b. Patient identification,
    c. Drug name and strength (if applicable),
    d. Dose to be administered,
    e. Route and frequency of administration,
    f. Signature of prescribing healthcare provider.

B. Instructions for Writing Different Types of Medication Orders

1. **PRN and Range Orders**
    a. PRN orders: The medication is ordered on an "as needed" basis. PRN orders are only administered if the symptom or indication is present or anticipated. PRN medication orders shall contain a time interval and indication for use.
    b. Range Orders: Range orders are permitted for the dosing of PRN medications, including PCA and continuous infusions that are titrated to defined parameters. The medication is ordered with a range from a minimum to maximum dose that the healthcare provider may choose according to the patient's condition. "Double ranges" may not be used (i.e., 1-2 every 4-6 hrs is unacceptable.) The dosing interval of a range order is interpreted at the shortest dosing interval. (i.e.: hydrocodone 5mg /acetaminophen 325 mg 2 by mouth every 4-6 hours PRN pain is interpreted as q4 hours PRN pain), except in cases where using the shortest interval could result in exceeding the medication's maximum recommended dosage. For example: "Acetaminophen (Tylenol) 650 mg orally every 3-4 hours as needed for pain" would be interpreted as every 4 hours to prevent the possibility of exceeding the maximum recommended daily dose of acetaminophen (4,000 mg/day).
    c. When administering PRN or range order medications, the healthcare professional should utilize clinical judgment and appropriate assessments to determine the drug and dose to administer as permitted by Colorado Revised Statutes scope of practice. Specific parameters for dose selection are not required. Clinical factors that should be considered include:
        i. Result of assessments specific to that medication (pain and sedation

assessments, blood pressure monitoring, etc.),

ii. Potential tolerance to the medication (example: if the patient is opioid naïve or tolerant),

iii. Patient's response to previous doses of the same or therapeutically similar medication,

iv. Medication pharmacodynamics (i.e., onset, peak, duration),

v. Dosing in anticipation of events that may increase or decrease the need for medication. Examples may include increasing pain medication for therapy, procedures, etc.; or holding doses for surgery, procedures, etc.,

vi. Other patient parameters that may affect the dosing of the ordered medication, such as age, clinical status, and organ function, etc.

d. After clinical assessment, if the healthcare professional determines that the initial dose in a range order is inadequate to treat the patient's condition, additional doses may be administered until the range order maximum dose is reached within the specified time interval (e.g., 6 mg in a 2-hour period for the order: Morphine 2-6mg IVP every 2 hours PRN pain). The total time interval (e.g., 2 hours) is established according to the time of the first dose administered. The healthcare professional shall continue to re-evaluate the need for medication, including decreasing the amount within the ordered range as patient's condition warrants.

Example #1: Morphine 2-6 mg IV push every 2 hours as needed for pain.
0130 morphine 4 mg IV Push given (first dose establishes time interval of every 2 hours).
0230 morphine 2 mg IV Push given (6 mg total).
0330 next permitted dose of 2 to 6 mg IV. Restarts the time interval of every 2 hours.

Example #2: Oxycodone IR 5mg, 1 to 2 tablets every 4 hours as needed for pain.
0800 oxycodone IR 5mg 1 tablet given (first dose establishes time interval of every 4 hours).
1000 oxycodone IR 5mg given (for a total of 2 tablets).
1200 Next permitted dose of 1 to 2 tablets. Restarts the time interval of every 4 hours.

2. Therapeutic duplication – More than one drug may be clinically needed for the same indication. The healthcare professional should utilize clinical judgment and assessment to determine which drug to administer as outlined in Section B.1.C. above. Drug potency (over the counter vs prescription medication) may also be considered.
3. Standing orders – Standing medication orders are only accepted if they have been approved by the region's Pharmacy and Therapeutics Committee.
4. Hold orders – When a provider holds a medication, all future scheduled due times are placed on "Auto Hold," until the Provider "unholds" the med. Non-Providers can also hold the administration of a scheduled medication when clinically appropriate and done in conjunction with provider communication. This is done one-at-a-time for each scheduled due time (and for each held med).

5. Automatic stop orders (ASO) – Orders may include desired stop or automatic stop dates when applicable. Medications with an ASO default to the specified stop date when ordered in the electronic health record.
6. Titrating orders –. For medication titration orders, required elements include the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes.
7. Taper orders – Orders shall contain specific times or specific number of doses for stopping one dose and for beginning another dose. Non-specific taper orders are not acceptable (e.g. prednisone taper).
8. Compounded medication orders – Orders for compounded drugs or drug mixtures not commercially available shall include the generic name of each drug, the ratio of each drug in the preparation, and a dose amount. Coined or slang names (e.g. banana bag, yellow bag, magic mouthwash) are not accepted.
9. Medication related device orders – Includes devices containing active medication(s) or those deemed medications by the Food and Drug Administration (FDA) (e.g., catheters, nebulizers, implanted pump) and shall have a complete order written by the healthcare provider.
10. Investigational medication orders – Orders shall include protocol Investigational Review Board (IRB) number, study title, and specific instructions for study drug.
11. Dietary supplement offers – Orders for non-formulary dietary supplements are discouraged.
12. Weight-based dosing orders – Orders for medications dosed on weight should include the weight.
13. Special populations – When writing chemotherapy or pediatric orders, weight-based dosing (e.g., dose/m^2, dose/kg) may be used. In addition, the patient's weight and the total calculated dose should be included on each order. Medications ordered for neonatal or pediatric patients are dosed by weight when indicated by the manufacturer's recommendation, evidence-based guidelines, or accepted standard of practice.
14. Herbal products – Orders for non-formulary herbal supplements are discouraged.
15. Transfer orders – Medication reconciliation occurs whenever a patient is transferred to another level of care, post-operative and post-procedure.
16. Discharge orders – Medication reconciliation with drugs taken at home and while hospitalized occurs at discharge. Blanket orders such as "continue all medications" are not acceptable.

C. Clarification of Written Medication Orders

1. If the order is written in an illegible, unclear or incomplete manner, the healthcare personnel receiving the order shall contact the healthcare provider for clarification prior to dispensing or administering any doses of the medication. A new order should be generated with correct specifications/needed information.
2. Hand written orders should not be altered after the ordering healthcare provider has given the orders to nursing and pharmacy for processing.

3. Clinical concerns with medication orders should first be discussed with the ordering provider. If unresolved, personnel may escalate to pharmacy and/or medical leadership if appropriate.

D. Abbreviations or Annotations that may NOT be used on any medication order or documentation

1. QD (daily)
2. QOD (every other day)
3. U (units)
4. IU (international units)
5. Trailing zeros (X.0 mg use X mg)
6. Lack of leading zero (.X mg use 0.X mg)
7. MS (morphine sulfate), MSO4 (morphine sulfate), MGSO4 (magnesium sulfate).

Related Policy(ies)

N/A

Definition(s)

Healthcare Professional: Any individual who is licensed and/or qualified to practice a health care profession (for example, physician, nurse, social worker, clinical psychologist, pharmacist, PT/OT/ST, or respiratory therapist) and is engaged in the provision of care, treatment, or services as defined by their job description.

Healthcare Provider: A credentialed or licensed practitioner who has ordering privileges and prescribing authority.

Standing order: A written document containing rules, policies, procedures, regulations, and orders for the conduct of patient care in various stipulated clinical situations. The standing orders are usually formulated collectively by the professional members of a department in a hospital or other health care facility. Standing orders usually name the condition and prescribe the action to be taken in caring for the patient, including the dosage and route of administration for a drug or the schedule for the administration of a therapeutic procedure.

Titrating order: Continuous infusions in which the medication dose is either progressively increased or decreased in response to the patient's status.

Reference(s)

Joint Commission E-dition® (2021). *Medication Management Standards*. Retrieved from Joint Commission Standards (LOE VII)

Center for Medicare and Medicaid Services Conditions of Participation (2015). *State Operations Manual*

– *Appendix A – Regulations & Interpretive Guidelines for Hospitals* (Rev. 149, 10-19-15). Retrieved from cms.gov (LOE VII).

Colorado Revised Statutes (CRS). Title 12 Article 255 - 104: Nurses and Nurse Aides Practice Act, Delegated Medical Function, Medication Selection (LOE VII).

Replaced Policy(ies)

N/A

Approval Signatures

Step Description	Approver	Date
	Jessica Bouwman: Mgr Compliance	07/2024

Standards

No standards are associated with this document