

Document Code:	DPOTMH-J-P05	
Effective Date:	12-31-2021	
Document Type:	Policy	
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Department/Section:	Pharmacy Division	
Document Title:	AUTOMATIC STOP ORDER	

#### **PURPOSE:**

- 1. To ensure the periodic review of physician's orders in order to assess the appropriateness and or effectiveness of patient care.
- 2. To enhance patient safety and provide for an opportunity for review to further continuation of higher risk drugs.
- 3. To reduce potential for medication errors and increase efficiency in the medication distribution system.

#### LEVEL:

Nurses, Pharmacists, Physicians and other Healthcare Professional

### **DEFINITION OF TERMS:**

Automatic Stop Order (ASO) applies to drugs in certain categories that are deemed to be potent drugs (i.e High Alert Medications, medications with low-therapeutic index) or drug that require regular review. Examples are anti-infective, anti-virals, antifungal, narcotics, controlled drugs and corticosteroids. Any drug specifically not covered in auto stop will have no stop date. An order by a physician to discontinue the administration of a medication or medical treatment procedure or if there is an error made as well.

#### POLICY:

1. Orders that are written as "hold" shall be interpreted as a discontinue order by the pharmacy and entered as such into the pharmacy computer. If the time frame or parameters are designated, the order shall be discontinued and new order shall be entered in the pharmacy computer to start at the time the physician has indicated. If the order has been put on "hold" without any time frame or parameters indicated, the order shall be discontinued. In this case, the physician shall need to write a new order to restart the medication.



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2. All medication orders shall be reviewed and renewed periodically by physicians as per the approved schedule. However, to facilitate completion of specific medication protocols, physicians may indicate a direction that exceeds or is shorter than the automatic stop order times by simply indicating the desired duration (i.e. "for 10 days", or "for 3 days"). While the pharmacist is doing the refill, he should inform and ask the nurse to mark and write on the Medication Administration Record (MAR) about the orders which are going to be stopped automatically to ensure that there will be no chance of medication errors like missed dose, so the nurse will inform the prescriber to renew and review the order, if needed. It is the physician's responsibility to see that orders are reviewed and rewritten. This policy encourages effective monitoring of therapy, and with proper communication, no medication regimen is interrupted.

The following Stop Order guidelines are in effect:

3.1 Narcotic and Controlled Medications	5 days
3.2 Intermittent Heparin Injection	7 days
3.3 Heparin Drip-Antibiotics Ordered Prophylactically (as per heparin order sheet)	24 hours
3.4 Primary IV Infusions	24 hours
3.5 Blood Products	24 hours
3.6 Antibiotics Ordered Empirically (as per antibiotic order)	4 days
3.7 All other medications (unless shorter time is specified)	7 days

## 4. Transfer of patient

4.1 All orders for medications shall be automatically discontinued when patients are transferred to or from an Intensive Care Unit, transferred to or from another medical service, and sent to the Surgical Complex or Delivery Room. An exception may be made if the physician so indicated in the pre-



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operative orders. All medications must be reordered post-op to continue therapy.

- 5. The pharmacy shall not dispense medications that are on hold.
- 6. No staff nurse shall administer a drug which the order has expired.



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### **DOCUMENTATION:**

**New Policy** 

#### **DISSEMINATION:**

- 1. Hospital Communicator
- 2. Policies and Procedure Manual
- 3. Conducting Hospital-Wide continuing education to all healthcare professionals.

## REFERENCE:

- Accreditation Canada Qmentum International Standards "Medication Management" 2013
- 2. CBAHI standards
- 3. JCAHO Standards for Medication Management
- 4. International Institute for Safe Medication Practices "High-Alert Medications in Acute Care Settings 2018"



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#### **PURPOSE:**

To discuss the processes in implementing automatic stop order.

### SCOPE:

Applies to all Pharmacy Division staff of Dr. Pablo O. Torre Memorial Hospital.

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Pharmacy Division

Standard Operating Procedure

AUTOMATIC STOP ORDER

05-01-2022

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## PERSON RESPONSIBLE:

Nurses, Pharmacists, Physicians

#### PROCEDURE:

- 1. Physicians are advised to provide a written order for holding a specific medication in the patient's chart.
- All medication orders written as "Hold" shall include the specific dates and the date to be restarted. Medication orders written as "Hold" without specific dates to be held and restart will NOT be accepted and need to be clarified with the physician prior to dispensing.
- 3. Medication orders that are on hold will be edited and remarked as "on Hold" from the patient's medical record. Pharmacy will discontinue the existing order, and the physician shall write a new order onto the physician's order sheet that includes the exact date to be held, the directions, and the date on which to restart. The medication shall automatically restart unless "stop" or discontinue" order has been received.
- 4. The nurse is responsible for transcribing and documenting the "Hold" orders onto the patient's Medication Administration Record (MAR). Pharmacy shall not dispense medications that are on hold. However, the nurse is responsible for removing the medication from the medication area if the medications have already been delivered and received at the unit.
- 5. Physicians are encouraged to request a follow-up phone call from the nursing department as part of the medication hold order (include date to be called and



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phone number to be contacted) refer to Verbal and Telephone Order and Prescribing/Ordering of Medication-General Practices policies and procedures.

### **REFERENCE:**

- 1. Accreditation Canada Qmentum International Standards "Medication Management" 2013
- 2. CBAHI standards
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- 4. International Institute for Safe Medication Practices "High-Alert Medications in Acute Care Settings 2018"

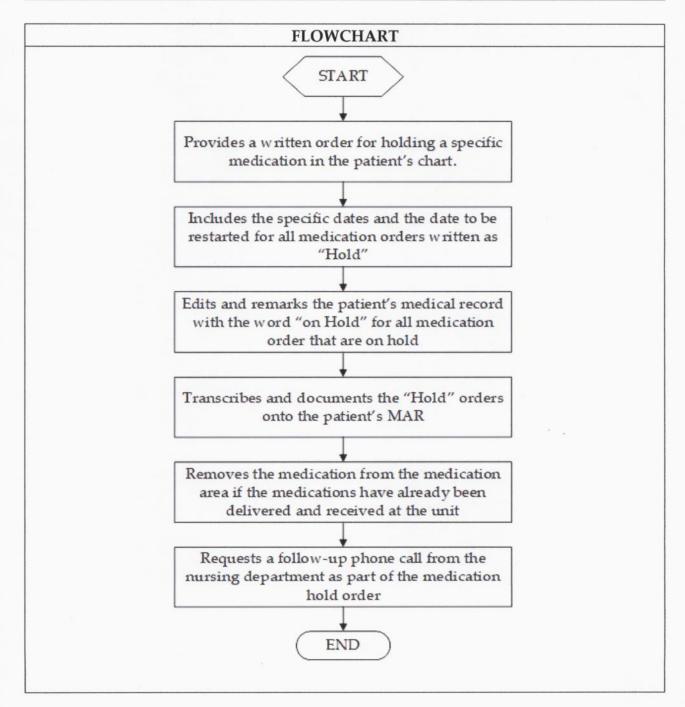


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	KEY TASKS	PERSON RESPONSIBLE	
1.	Provides a written order for holding a specific medication in the patient's chart.	Physician	
2.	Includes the specific dates and the date to be restarted for all medication orders written as "Hold".	Physician	
3.	Edits and remarks the patient's medical record with the word "on Hold" for all medication order that are on hold.	Inpatient Pharmacist	
4.	Transcribes and documents the "Hold" orders onto the patient's MAR.	Nurse	
5.	Removes the medication from the medication area if the medications have already been delivered and received at the unit.	Nurse	
6.	Requests a follow-up phone call from the nursing department as part of the medication hold order.	Physician	



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