 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	<p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-J-P08
		Effective Date:	12-31-2021
		Document Type:	Policy
		Page Number:	1 of 6
		Department/Section:	Pharmacy Division
		Document Title:	MEDICATION ORDER

PURPOSE:

1. To have an agreed, consistent, safe and professional standard of prescribing and prescription writing across Riverside Medical Center Inc.
2. To serve as a procedural guide and minimize the risk of errors occurring in the prescribing of medications.
3. To develop and maintain processes for prescription ordering by the physician within Dr. Pablo O. Torre Memorial Hospital.
4. To establish standards for all physicians to write medication orders in either Electronic Medical Record (EMR), physician's order form and orders requiring pre-printed forms.


LEVEL:

All Nurse, Pharmacist, Physician and other Healthcare Professional

DEFINITION OF TERMS:

Medication- includes prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, over-the-counter drugs, vaccines, medical gases other than oxygen, diagnostics and contrast agents used on or administered to persons to diagnose, treat or prevent disease or other abnormal conditions, radioactive medications, respiratory therapy treatments, parenteral nutrition, blood derivatives, intravenous solutions (plain, with electrolytes and/or drugs) and any product designated by the Food and Drug Administration (FDA) as a drug. The definition of medication does not include enteral nutrition solutions which are considered food products.

Medication Order- any hand written, typed, pre-printed or electronic order for a drug, vaccine, intravenous fluid therapy, or any such similar therapies ordered by a physician for administration to or by a patient under the care of the physician.

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		Page Number:	2 of 6
		Department/Section:	Pharmacy Division
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Prescription (Rx)- is a health care program that governs the plan of care for an individual patient and is implemented by a qualified practitioner. Prescription may include orders to be performed by a nurse, pharmacist, patient, care giver, physicians, and therapist or by automated equipment such as infusion pump. It is also including detailed instructions regarding compounding of medications. Prescriptions may be entered into an electronic medical record system and transmitted electronically in the pharmacy. Alternatively, a prescription may be handwritten on pre-printed prescription forms.

Pre-printed Form- an established set of pre-printed interventions develop in accordance with DPOTMH policies and procedures and communicated by an authorized physician to a qualified nurse or other health care professional to treat a patient who is a part of a group of patients with similar clinical problems.

POLICY:

- 1 There shall be a documented patient profile, which includes, Medical Record Number (MRN), full name, weight, height, age, sex, diagnosis and co-morbidities, condition, allergy, current medications, indication, laboratory values and pregnancy and lactation status.
 - 1.1 All units/patient care areas with EMR shall use this system in ordering medications for their patients.
 - 1.2 For units/patient care areas without EMR shall use the physician order sheets or pre-printed forms in ordering medications through encoding and scanning of the prescription.

- 2 The hospital shall develop, implement and maintain policies and procedures to support prescribing and ordering of medications, which ensure, clear and legal use of medications.

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		Document Type:	Policy
		Page Number:	3 of 6
		Department/Section:	Pharmacy Division
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- 3 The hospital in coordination with the Inpatient Pharmacy department shall educate the medical staff and other healthcare provider regarding the organization's ordering or prescribing of medication policies and procedures.
- 4 All physicians shall follow RMC policy and procedure when he/she calls for or enter orders for treatment. Only qualified, registered and privileged physicians and residents shall enter electronically or write orders and provide telephone orders.
- 5 Medication orders shall contain only abbreviations, symbols, acronyms that have been approved by the Pharmacy and Therapeutics Committee (PTC) and Medical Records Committee. Refer to APP-Prohibited Abbreviation policy and procedures.
- 6 The "X" and Roman Numerals (e.g. I,II,III) shall not be used to indicate quantity or dose of medications rather complete instructions shall be written to avoid medication errors and for patient safety purposes. Example: 1 x 2 x 7 or I x II x III, rather, 1 tablet orally twice daily for 7 days.
 - 6.1 The words micrograms, nanograms or units shall not be abbreviated.
 - 6.2 Quantities less than one (1) gram shall be written in milligrams (e.g. 500 mg not 0.5 gm).
 - 6.3 For liquid oral medications, the dose shall be prescribing by weight (e.g. milligrams) whenever possible, with some medications e.g. magnesium hydroxide, there is no mg/mcg dose and "ml" is acceptable.
- 7 To be considered complete, all medication orders shall be written legibly or computer generated which include the name of the medication (generic or brand name; in proper format), the dose and strength, the quantity or duration, the route and frequency of administration, the diagnosis or the reason the medication is ordered/indications for usage (as appropriate), allergies, weight, age, and the time and date the order is written or written on the pre-printed form.





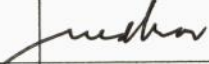


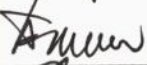

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Effective Date:	12-31-2021
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Page Number:	4 of 6
Department/Section:	Pharmacy Division
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- 7.1 Physicians signature shall be recognizable and the physician identifiable (either the stamp or ID number) for either physicians order sheet or pre-printed forms.
- 8 Controlled and Narcotic Drugs.
- 8.1 Only one narcotic, controlled and psychotropic medication shall be prescribed per prescription blank with complete required details. It shall include the quantity to be dispensed for that patient.
- 9 When a dose, route, frequency or time of administration of a particular medication shall be changed, the prescription for the medication concerned shall be cancelled or rejected and re-written to avoid misinterpretation. Amendments to existing prescription are not accepted.
- 9.1 Rewriting prescription will only be done by the attending physician or his/her designee.
- 10 Antibiotics
- 10.1 There shall be duration of treatment. Physicians wishing to continue antibiotics for 5-7 days or more may state their intention on the prescription.
- 10.2 Prescribing of antibiotics shall adhere to the Antimicrobial Stewardship policy and procedure.

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	MA. MADELYN N. LACSON, RPh., RN Inpatient Pharmacy Supervisor		1/7/22
Verified:	STEPHANIE CAMILLE O. SAMONTE, RPh. Inpatient Clinical Pharmacist		01/07/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager		01/7/22
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		01/7/2022
Recommending Approval:	PRINCESS M. ABELLON, MBA Pharmacy Division Officer		1/7/2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		1/11/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		2/12/22

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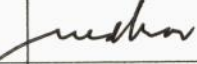




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Verified:	STEPHANIE CAMILLE O. SAMONTE, RPh. Inpatient Clinical Pharmacist		01/07/22
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Recommending Approval:	PRINCESS M. ABELLON, MBA Pharmacy Division Officer		1/7/2022
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	Page Number:	6 of 6
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DOCUMENTATION:

New Policy

DISSEMINATION:

1. Hospital Communicator
2. Policies and Procedure Manual

REFERENCE:

1. Accreditation Canada Qmentum International Standards "Medication Management" 2016.
2. JCAHO Standards for Medication Management.
3. Institute for Safe medication Practices
4. ASHP Pharmacy and Procedure