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### **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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**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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- 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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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



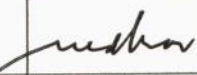



10.1 There shall be duration of treatment. Physicians wishing to continue antibiotics for 5-7 days or more may state their intention on the prescription.


10.2 Prescribing of antibiotics shall adhere to the Antimicrobial Stewardship policy and procedure.



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**APPROVAL:**

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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

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### **PURPOSE:**

To discuss the proper execution of medication orders.

### **SCOPE:**

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

### **PERSON RESPONSIBLE:**


Attending Physician, Pharmacist, Staff Nurse

### **GENERAL GUIDELINES:**

#### **Types of Medication Orders:**


1. PRN (as needed) Orders shall include the frequency and indication for use (e.g. mild pain, moderate pain or severe pain, fever). This is mandatory field when ordering medications in the electronic medical record.
2. Standing Orders means a group of orders that commonly apply to all or almost all patients of a like category and reflect generally accepted medical therapies. Standing orders are written documents containing medical directives for the provision of patient care in selected stipulated clinical situations. Standing orders may be revised in accordance with the necessity to individualize the orders to the needs of the specific patient to which the orders have been applied. As standing orders related to this policy and procedure, standing orders may contain orders for the dispensing, administration and monitoring of patient effects of medication. The standing order must include:
  - 2.1. The medicines (by generic name rather than the brand name)
  - 2.2. The indications for which the medication is to be administered
  - 2.3. The recommended dose or dose range for those indications
  - 2.4. The contra-indications/exceptions for the medicines
  - 2.5. The method of administration



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- 2.6. The period for which the standing order applies. If not appropriate to state a period, then the standing order must state either that:
  - 2.6.1. It is to apply until replaced by a new standing order covering the same subject matter, or
  - 2.6.2. Until it is cancelled in writing by the issuer.
3. Automatic Stop Orders (ASO) are orders that are automatically stopped when the patient undergoes a surgical procedure in the OR, delivers a baby, receive a general anesthetic or is transferred to a different level of care (e.g. from an ICU to general care area or vice versa). Medication orders are not required to be reordered when patients are transferred from one general unit to another general care unit (e.g. station 1 to station 5).
4. Titrating Orders shall specify the end point (e.g. titrate to systolic blood pressure; titrate until patient is pain free). If necessary, the physician may reassess the patient's response to the medication and modify the upper and/or may reassess patient response to the medication and modify the upper and/or lower dose limits.  
Example:
  - 4.1. Acceptable Titrated Order: Start Dopamine at 5mcg/kg/min. Titrate infusion rate every 15 minutes to minutes to maintain mean arterial pressure (MAP) of 60-80 mmHg.
  - 4.2. Unacceptable Titrated Order: Start Norepinephrine infusion titrated to a MAP greater than 65.
  - 4.3. Tapering Order. This shall include the starting dose, the entire taper, the medication amount for each step of the taper and the frequency of taper.
  - 4.4. Acceptable Taper Order: Give Prednisolone 20mg oral for 2 days, then taper dose on successive days to give 15 mg for 1 day, then 10 mg for 1 day, 5 mg for 1 day then discontinue.
  - 4.5. Unacceptable Taper Order: Continue Prednisolone 20 mg oral for 2 days. Taper over 4 days then discontinue.
5. Range Order shall be avoided when possible. Range orders may have ranges in either the dose or the interval. Orders with ranges in both the dose and interval will be changed to eliminate the range interval. The interval will be changed to the minimum interval or the initial dose of a range order should be the smallest dose




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- within the range, unless the patient's history or condition warrants a higher dose. Example Phenergan 12.5- 25 mg IV every 6 hours shall be changed to Phenergan 12.5 mg IV every 4 hours.
6. Weight-Based Order uses the body weight for calculating the appropriate dosage of a medication for those whose weight exceeds the usual average. Weight-based dosing is used to correct for different drug distributions and pharmacodynamics in overweight or obese patients. Examples are low molecular weight heparin medication (LMWH), antibiotics, IV mixing and etc.
  7. Body Surface Area-Based order is the measured or calculated surface area of a human body. For many clinical purposes BSA is a better indicator of metabolic mass than body weight because it is less affected by abnormal adipose mass. Nevertheless, there have been several important critiques of the use of BSA in determining the dosage of medications with a narrow therapeutic index, such as chemotherapy.
  8. Discharge Order shall be requested at the time the patient will be discharged. The pharmacy does not routinely fill discharge medication prescription. Incomplete prescription shall not be dispensed.
  9. Transfer Orders
    - 9.1. All existing orders for patients shall be cancelled when the patient is transferred to a higher level of nursing care, physician, another setting/services within or outside the hospital. The physician shall write all his/her medication orders 2 hours of transfer.
  10. Pre-printed Orders shall require a physician order to initiate or signature on the order set prior to implementation of the order set. The Physician shall indicate orders to be implemented.
  11. Hold Orders mean discontinue a medication for a period/certain time. An order to "hold" a medication is permissible and generally reflects the physician's intent to have the patient cease receiving the medication for certain time with the understanding that the medication has a high likelihood of being reinstated pursuant to the original order. However, any medication ordered as the physician may formally discontinue a "hold" thus if the physician wishes to permanently




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stop the patient from receiving this medication, the order would be written as “discontinue”.

- 11.1. Hold orders for medications without parameters (open-ended holds e.g. hold digoxin) shall be considered as discontinued orders.
- 11.2. An example of an acceptable reason to order a medication as “hold” would be if serum levels of the medication were at an undesirably elevated or toxic range, the medication would be held until the patient’s serum levels returned to the desired range for that medication. In this instance the medication would be then reinstated.
- 11.3. Hold orders with parameters (e.g. hold if systolic blood pressure less than 100; hold after 10 am tomorrow) shall be continued or discontinued based on the parameter. When appropriate, the decision to administer each individual dose shall be compared to the parameter.
12. Stat Orders shall be given priority within **30 minutes**. In some cases within 10 minutes medications are ready, depends on the availability of medication in the inpatient pharmacy.
13. Non-Stat Orders shall be processed within the time frame established. The processing of such medications is **2 hours**. Example is Home Medication Order that depends on the availability of medications. In most cases, within 15 minutes, medications are ready for dispensing.
14. Blanket Orders (e.g. resume, pre-op medications)
  - 14.1. A blanket reinstatement of previous orders for medications shall not be accepted. Example: resume home medications; resume pre-op medications, etc. Medication orders must be re-written and the approved medication reconciliation form shall be used.
15. “Now” Order means within **30 minutes**. Most of the time, medications are ready within 15 minutes depending on the availability of medications in the inpatient pharmacy.
16. Orders for Compounded Drugs or Drug Mixtures Not Commercially Available—unless defined by the Pharmacy and Therapeutics Committee (PTC), these orders must contain specified amounts of the drugs required and sufficient information for compounding by the Pharmacy. This does not apply to IV admixtures.




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17. Orders for medication-related devices (example: nebulizers and catheters) – adequate information shall be provided so that the correct device is chosen (e.g. catheter size if appropriate, method of deliver, etc).
  - 17.1. All medication related to devices must be specifically ordered by the physician.
18. Orders for investigational medications- these orders shall be written in accordance with policies and procedures stated by the Pharmacy and Therapeutics Committee.
19. Orders for Herbal Medications – herbal medications or supplements are not in the formulary and shall not be dispensed. Individual herbal and/or homeopathic medications shall be evaluated for inclusions in the Formulary at the request of the medical staff.
20. Orders for Patient's Own Medication – the physician will indicate "patients may use their own medication while hospitalized indicating the name, strength, dose, duration of the medication".
21. Orders for Controlled and Narcotic Medications – the physician requesting the medication will use the controlled and narcotic prescription. All blanks shall be filled by the prescribing physician.
22. Chemotherapy, Total Parenteral Nutrition (TPN), IV mixing, Potassium Chloride, Heparin Infusion orders shall only be accepted if it is written in a pre-printed form or in doctor's order form and updated.

### **PROCEDURE:**


1. Checks for the completeness of the medication order. Order shall include:
  - 1.1. Drug name – the brand name with the generic name should be used. The use of the generic name is preferred in single component drugs. The generic name shall be stated and whenever a certain brand is prescribed, these shall be enclosed in parenthesis after the generic name.
  - 1.2. Dose
    - 1.2.1. It shall be specified in exact dosage strengths (e.g. milligrams) rather than dosage form units (e.g. tablet). An exception would be

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combination drug products, for which the numbers of dosage form units, should be specified (e.g. 5ml Robitussin DM or 3 tablets of Adol Extra).

- 1.2.2. For medication such as topical creams or ointments which have no specific numeric dose, a concentration or strength shall be specified if the medication is manufactured in more than one strength (e.g. hydrocortisone 1% or pilocarpine 2% ophthalmic drops).
- 1.2.3. Weight-Based dosing shall be required for neonates when the recommended dosing for the drug is weight-based (e.g. ampicillin, gentamicin, etc).
- 1.2.4. Within the NICU, gestational age shall be provided on all antimicrobial orders.
- 1.3. Route shall be specified. Example oral, IV, IM, SC among others.
- 1.4. Dosage form shall be specified if medication ordered is commercially available in more than dosage form.
- 1.5. Frequency and Duration
- 1.6. Weight and Age
- 1.7. Physician's signature, stamp and I.D Number/License Number and or complete name (EMR).
- 1.8. Other elements shall be required to prevent ambiguity in medication administration, depending on the type of medication order:
  - 1.8.1. Site (for some topical medication orders)
  - 1.8.2. Administration rate (for some IV medications)
  - 1.8.3. Special administration instructions
  - 1.8.4. Indication for use
2. Follows the procedure for Verbal and Telephone Orders.
  - 2.1. Verbal (direct or telephone) orders are to be written immediately and signed with the name of the physician and the name of the transcriber. Verbal orders for drugs may be taken by pharmacist or nurse or physicians, as well as radiology technician and physical therapist within the scope of their practice and as approved by the hospital. Refer to Verbal and Telephone Orders policy and procedures.




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- 2.2. Verbal/telephone orders will not be accepted for all high alert medications, TPN, extemporaneous preparation, control and narcotic medications and antibiotic preparation.
3. Specifies the type of Medication Orders.
4. Allows Generic Substitution
  - 4.1. For drug entities for which there are multiple sources and competitive bid opportunities exist, the Pharmacy Division, in collaboration with the hospital's purchasing group, will determine the source of medications. The PTC may at its discretion determine the source for selected drugs and such information will be disclosed in the formulary. The physician may select to not allow generic substitution by so stating in the writing on the initial order.
5. Does not accept the use of orders with terms referring to renewal.
  - 5.1. The use of terms "renew", "repeat" and "continue" in reference to previous orders are not acceptable.
6. Follows Standard Administration Times
  - 6.1. Unless otherwise specified, doses will be administered according to the standard medication administration times.
7. Allows Therapeutic Substitution
  - 7.1. In limited, low risk, high volume cases certain over-the-counter groups of drugs or products may be substituted for different drugs or products. Example of such items is enteral formulary, liquid antacids and multivitamins. The PTC will authorize such substitution and will make the medical and nursing staff aware in the formulary and other publications.
8. Checks for validity of medication orders. Refer to Automatic Stop Order policy and procedure.
  - 8.1. The physician writes an order to discontinue the medication.
  - 8.2. The physician indicates a specific length of therapy at the time the order is written
  - 8.3. Total Parenteral Nutrition (TPN) orders are valid for 24 hours.

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- 8.4. Potassium Chloride, IV Mixing, Heparin infusion orders are valid for 24 hours, unless the physician changes the rate, diluent and the concentration of the medication order.
- 8.5. Chemotherapy Orders are valid until:
  - 8.5.1. Admission or session of therapy is cancelled
  - 8.5.2. Delayed admission (after 2 days at least)
  - 8.5.3. Every cycle of therapy is updated or renewed
- 8.6. In a monthly basis, the physicians will write all the medications of each patient.
- 8.7. The nurse who requested the said medication shall follow up all medication orders. It shall be after the time frame of every medication orders.
- 8.8. Any change of the status of medication order shall be communicated immediately by the nurse to the pharmacy.
9. Clarifies the order.
  - 9.1. When clarification of medication orders is necessary due to unavailability of medication or incompleteness/ inappropriateness of the order, the pharmacist/nurse contacts the physician either in writing (in non-urgent cases) or via telephone or in person to explain the problem.
  - 9.2. If a physician verbally authorizes a change in an order and is unable to chart the clarification in time to avoid undue delay in dispensing and/or administration of the order, the pharmacist/nurse records the drug order clarification.
  - 9.3. The pharmacist/nurse clearly identifies the order as an order clarification, with specific reference to the order clarified. The order clarification is treated as any other telephone order.
  - 9.4. All clarification via telephone in the pharmacy will be documented in the system under "notes" in each patient medication profile.
10. Monitors for compliance.
  - 10.1. The Inpatient Pharmacy together with the Medication Management Team linked with PTC will jointly monitor compliance with this policy and procedure through regular review and reports of prescriptions.





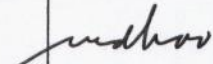




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#### **REFERENCE:**


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

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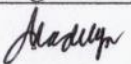








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	Effective Date:	06-01-2022
	Document Type:	Work Instruction
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	Department/Section:	Pharmacy Division
	Document Title:	<b>MEDICATION ORDER</b>

KEY TASKS	PERSON RESPONSIBLE
1. Writes all elements in prescribing medications such as drug name, dosage, route, frequency and duration, weight and age, other elements including site, administration rate, special instructions and indication.	Attending Physician
2. Checks for the completeness of the medication order.	Staff Nurse / Clinical Pharmacist
3. Writes verbal or telephone orders immediately with the complete name of the physician.	Staff Nurse / Clinical Pharmacist
4. Does not accept verbal or telephone orders for all high alert medications, TPN, extemporaneous preparation, control and narcotic medications and antibiotic preparation.	Staff Nurse / Clinical Pharmacist
5. Allows generic substitution	Clinical Pharmacist
6. Follows standard administration times	Staff Nurse
7. Checks for the validity of medication orders	Clinical Pharmacist
8. Administers medications according to the standard medication administration times	Staff Nurse
9. Clarifies the order if necessary	Staff Nurse / Clinical Pharmacist
10. Monitors compliance with the policy through regular review and reports of prescriptions.	Pharmacy Division

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MA. MADELYN N. LACSON, RPh., RN</b> Inpatient Pharmacy Supervisor		6/16/22
Verified:	<b>STEPHANIE CAMILLE O. SAMONTE, RPh.</b> Inpatient Clinical Pharmacist		6/16/22
	<b>MIRIAM HOPE D. BRAVO, RPh.</b> Inpatient Pharmacy Manager		6/16/22
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		6/16/2022
Recommending Approval:	<b>PRINCESS M. ABELLON, MBA</b> Pharmacy Division Officer		6/16/22
	<b>FREDERIC IVAN L. TING, MD</b> OIC-Total Quality Division		6/21/22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		7/1/22



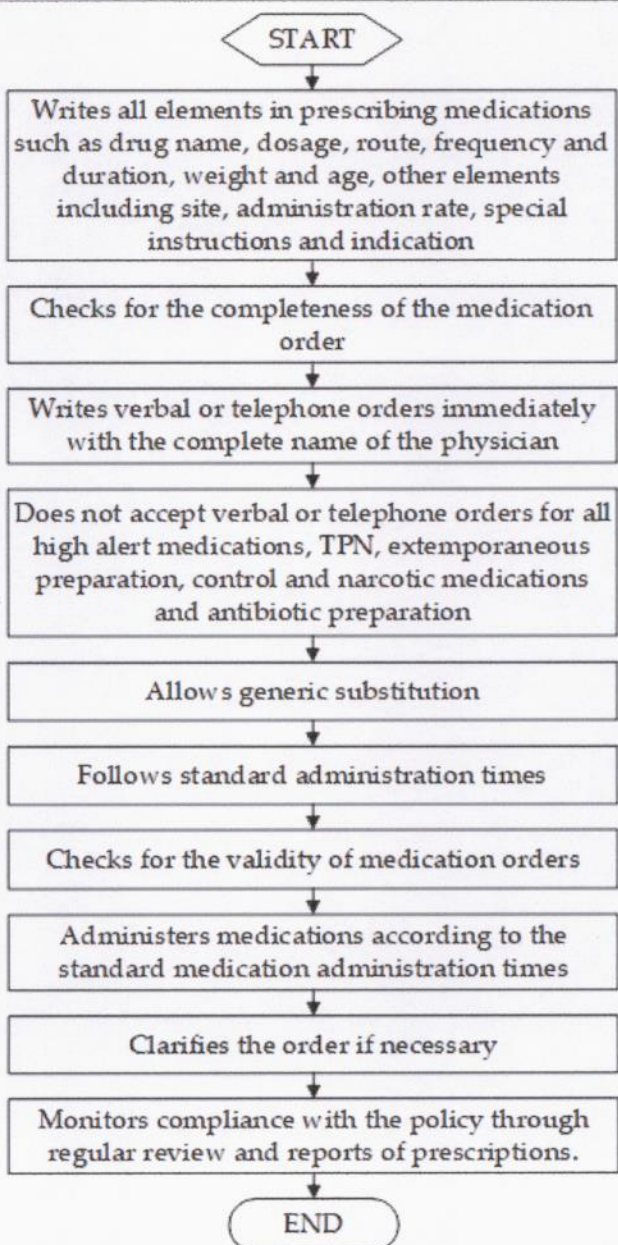



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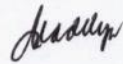

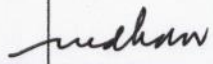




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## FLOWCHART



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**APPROVAL:**

	Name/Title	Signature	Date
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