Policy Name: Verbal/Telephone Order Policy

Effective Date: 01/31/14

Review History: 01/31/2014

Policy Primary: DUHS Director Accreditation and Regulatory Affairs

Status: Published

Final Approval: EMC

Glossary:
Term: 
Definition: 

Definitions:

**Authorized Practitioners:** Includes physicians and advanced practice professional (i.e., CRNA, nurse practitioner, physician assistant) acting within the scope of their privileges or job description.

**Telephone Order (TO):** Specific order(s) for a specific patient given over the telephone to an authorized staff to be carried out before the order(s) are countersigned by the ordering practitioner.

**Verbal Order (VO):** Specific order(s) for a specific patient given verbally to an authorized staff to be carried out before the order(s) are countersigned by the ordering practitioner.

**Level:**

**Personnel:**

**Competencies/Skills:**

**Required Resources:**

**Policy Statement:**

Verbal orders are to be used only to meet the care needs of the patient when the ordering practitioner is unable to write or enter the order himself/herself because he/she is not physically able to access the medical record. Telephone orders should be used only when the physician is not present. VO or TO may be accepted from a physician or advanced practice practitioner. Telephone orders may not be accepted from clerical or professional office personnel.
Verbal or telephone orders are not accepted for:

- Chemotherapy agents (oncology and non-oncology indications)
- Investigational drugs
- Systemic thrombolytic agents (Exception: Verbal orders may be given for Altepase (tPa) for the purpose of declotting a catheter)
- Initial insulin dose

The following positions are authorized by the medical staff of each DUHS entity to receive and record verbal or telephone orders, within their scope of practice, from Attending physicians and other authorized practitioners:

- Dietician
- Registered Nurse
- Echocardiogram Nurse
- Registered Radiology technologist
- Registered Neurodiagnostic Technologist (includes registered Electroencephalography, Polysomnography, Intraoperative Monitoring, Evoke Potentials, Electromyography and Ultrasonography techs)
- Medical Lab Tech
- Medical Technologist
- Nuclear Medicine Technologist
- Nurse Practitioner
- Registered Nurse
- Occupational Therapist
- Radiology Receptionist
- Registered Respiratory tech
- Pharmacist
- Phlebotomist
- Social Worker
- Speech/Language Pathologist
- Vascular Tech
- Physician Assistant

**PROCESS:**

Upon receipt of a verbal or telephone order, the person who receives the order must be authorized to do so and will confirm the order using the “read-back” process:

1. The person receiving the order shall transcribe, verbatim, the order(s).
2. The person receiving the order(s) will “read back” the order(s) to the ordering practitioner.
3. The ordering practitioner will acknowledge that the order is correct.
4. Documentation of verbal orders includes the date, time and the names of individuals, who gave, received, and recorded the order.
There may be circumstances when it is not feasible to do a “read-back”, for example during resuscitation. In these cases, “repeat-back” can be done and is acceptable.

When taking telephone or verbal medication orders, the name of the medication and dosage ordered should be clearly repeated and if warranted, the person receiving the order will request the correct spelling of the medication.

“Do Not Resuscitate” orders provided via telephone will be witnessed by another physician and a registered nurse. The order must be authenticated by the Attending Physician within 24 hours.

At Duke Raleigh Hospital the DNAR telephone order may be accepted by a registered nurse. Two RN’s must listen to the DNAR telephone order and both nurses must document in the EMR the order. The physician is to co-sign this order within 24 hours.

Authentication of Orders

The ordering practitioner should authenticate VO/TO as soon as possible, e.g. the next time the prescribing practitioner accesses CPOE (Computerized Physician Order Entry), provides care to the patient, assesses the patient or documents information in the patient record. Ordering practitioners are expected to authenticate verbal/telephone orders within 48 hours of issuing the order. The mechanism for authentication in Maestro Care is “co-sign”. Authentication requires the signature, time and date. If the authentication is completed using a signature stamp or electronic authentication, the individual identified is the only individual who uses it.

In some instances, the ordering physician/practitioner may not be able to authenticate his or her verbal order (for example, the ordering practitioner gives a verbal order and then he or she is “off duty” for the weekend) within the required 48 hours. It is acceptable for another practitioner who is responsible for the patient’s care to authenticate the verbal order of the ordering practitioner. The signature indicates that the covering physician assumes responsibility for the order as being complete, accurate and final.

An Advanced Practice Professional may not authenticate a verbal order given by a physician.