



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Quality Management And Patient Safety		
Document:	Multidisciplinary Policy and Procedure		
Title:	Verbal And Telephone Orders		
Applies To:	All Healthcare Providers		
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1. PURPOSE:

- 1.1 To reduce errors associated with misinterpreted verbal or telephone communications of medication orders or test results.
- 1.2 Ensure patient safety.

2. DEFINITIONS:

- 2.1 Verbal orders: Those orders for medications, treatment, interventions or other patient care that are communicated as oral, spoken communication between an authorized prescriber and authorized recipient.
- 2.2 Telephone orders: Subset of verbal orders that are communicated through the telephone.
- 2.3 Emergency: constitutes a situation where there is immediate threat to life or endangers function of limb or organ and requires immediate management.
- 2.4 Resuscitation: Conditions that threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.
- 2.5 Emergent: Conditions that are potential threat to life, limb or function, requiring rapid medical intervention or delegated acts. Emergency situations include code red and code yellow.
- 2.6 Urgent: Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.

3. POLICY:

- 3.1 Verbal and telephone orders are limited to emergent and urgent situation where immediate written or electronic medication order is not feasible.
- 3.2 Verbal orders are not allowed when the prescriber is present and the patient's chart is available, except during a sterile procedure, in an emergent situation, or during resuscitation, in which case a repeat-back is acceptable.
- 3.3 Authentication of verbal orders must be done as soon as the emergency is over.
- 3.4 Authentication of telephone orders must be done within 24 hours.
- 3.5 Avoid abbreviations.
- 3.6 MINIMIZE use of verbal and telephone orders for look-alike sound alike (LASA) medications and other high alert medications e.g. anticoagulants, use both the brand and generic names and ensure writing the diagnosis/ indication of the medication in the Physician order sheet.
 - 3.6.1 Controlled and narcotic drugs.
 - 3.6.2 Chemotherapy
 - 3.6.3 Parenteral skeletal muscle relaxants
 - 3.6.4 High alert medications:
 - 3.6.4.1 Verbal orders are only allowed during emergency situation.
- 3.7 Verbal/ telephone orders is not permitted for the following medications:
 - 3.7.1 Non-formulary drugs
- 3.8 Authorized prescribers for verbal and telephone orders are the attending physician or his/her designee.

3.9 Authorized recipient for verbal and telephone orders are as follows:

3.9.1 Staff nurses

3.9.2 Pharmacists

4. PROCEDURE:

4.1 For telephone orders when allowed:

4.1.1 Telephone must be in the speaker mode.

4.1.2 Two registered staff must be present while taking an order.

4.1.3 The authorized prescriber/ receiver identify self, specify the patient's name and give a brief summary of the patient's situation, background and current assessment.

4.1.4 The receiver will immediately write down the order on the physician order sheet and read it back.

4.1.5 The prescriber will confirm or correct the order.

4.1.6 The recipient will verify the correct receiving and writing of the order by a second recipient.

4.2 Verbal orders are restricted to situations in which it is difficult or impossible for writing the order or electronic order transmission, such as during a sterile procedure or in an emergency situation (e.g. CPR, code red, code yellow etc.).

4.2.1 The order must be verified by the recipient by 'Repeat Back' of the entire order.

4.2.2 Reaffirmed by physician before implementation.

4.3 Both parties will pronounce numerical digits separately, saying for example, 'one six' instead of 'sixteen'.

4.4 Verbal and telephone orders when spoken and when transcribed will not use abbreviations.

4.5 The authorized recipient will transcribe, date and time, sign and stamp each verbal/ telephone order in the physician order sheet in the patient's medical record.

4.6 The ordering physician will authenticate the verbal order in the patient's medical record as soon as the emergency or operation is finished.

4.7 Physician will countersign, date and time telephone orders within a maximum of 24 hours from the time the order was given.

4.8 Verbal medication orders:

4.8.1 The content of verbal medication orders is clearly communicated:

4.8.1.1 The prescriber will spell the name of sound alike medications and any unfamiliar medication if either party feels this is necessary e.g. erythromycin and azithromycin sound alike.

4.8.1.2 In order to avoid confusion with spoken numbers, a dose such as 50mg is dictated as 'fifty milligrams...five zero milligrams' to distinguish from what could be heard as 'fifteen milligrams'.

4.8.1.3 Route and frequency are provided without abbreviations (i.e. do not say tab TID) verbally communicate as take/ give one tablet orally three times daily.

4.8.1.4 Prescriber will include the purpose of the drug to ensure that the order makes sense in the context of the patient condition.

4.8.1.5 Both parties will include the mg/kg dose along with the patient specific dose for all verbal neonatal/ pediatric medication orders.

4.8.1.6 Both parties will express doses of medication by unit of weight (for example mg, gm, mEq, mmol)

4.8.2 Telephone medication orders can only be accepted in the following manners:

4.8.2.1 Write the name of the authorized prescriber

4.8.2.2 Written

4.8.2.3 Read back by the recipient receiving the order

4.8.2.4 Verified for correctness if possible (two nurses must verify order for safety purposes).

4.8.3 The recipient who verified the order will also sign on the Physician order sheet.

4.8.4 The physician must sign the completed telephone medication order at the earliest possible time, but no later than (24) twenty four hours.

4.8.5 Upon completion of telephone/ verbal order sheet, medication can be dispensed from ward floor stock if available or request can be sent to the pharmacy to obtain the medication.

- 4.8.6 For a medication dispensed from the floor stock, the complete signed medication order sheet will be placed in the patient's medical record.
- 4.8.7 For medications dispensed from the pharmacy, the original copy of the prescription sheet will be retained by the pharmacy and a copy will be placed in the patient's medical record.
- 4.8.8 The following elements should be included in verbal medication orders:
 - 4.8.8.1 Patient name, medical record number, department and unit
 - 4.8.8.2 Date and time order is received
 - 4.8.8.3 Drug name (brand or generic)
 - 4.8.8.4 Dosage form (e.g. tablets, capsules, inhalants etc.)
 - 4.8.8.5 Strength or concentration
 - 4.8.8.6 Dose, frequency and route
 - 4.8.8.7 Quantity and/or duration
 - 4.8.8.8 Name of prescriber
 - 4.8.8.9 Name, title and signature of the individual who received the order
- 4.8.9 The recipient can question the authorised prescriber if there is any uncertainty regarding the order.

4.9 The responsible physician, on receiving critical laboratory or radiology results will:

- 4.9.1 Document in the multidisciplinary progress note/ panic value logsheet with the following:
 - 4.9.1.1 The patient name and medical record number
 - 4.9.1.2 The complete received test result
 - 4.9.1.3 Read back the complete test result as written
 - 4.9.1.4 Receive confirmation of what is read back by the individual giving the result and double check with another nurse
 - 4.9.1.5 Document the name of the notifying party
 - 4.9.1.6 Date and time of receiving the notification of the result.
 - 4.9.1.7 Date and time of notifying the assigned physician and physician name
 - 4.9.1.8 Name and signature of the recipient

5. MATERIAL AND EQUIPMENT:

- 5.1 Physician order sheet
- 5.2 Multidisciplinary progress note
- 5.3 Nurses progress note
- 5.4 Medication prescription slip

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nursing staff
- 6.3 Pharmacist
- 6.4 Laboratory staff
- 6.5 Radiology staff

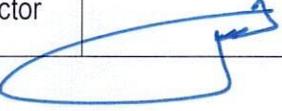
7. APPENDICES:

N/A

8. REFERENCES

- 8.1 Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI), 3rd edition, 2015
- 8.2 Ministry of Health, General Pharmaceutical Care Administration, Administrative Policies and Procedures for MOH hospitals, High Alert Medications Guidelines.

9. APPROVALS:

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