



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		
Preparation Date:	November 10, 2024	Index No:	QMPS-MPP-015
Approval Date:	November 24, 2024	Version :	2
Effective Date:	December 24, 2024	Replacement No.:	QPS-MPP-015(1)
Review Date:	December 24, 2027	No. of Pages:	04

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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