

Verbal Medication Order Protocol

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Purpose

The following policy is to provide staff with safe and legal practice surrounding verbal medication orders by phone/person, in general situations where the prescriber is unable to prescribe these remotely on MedChart or where MedChart is not utilised.

To provide direction for safe staff practice standards surrounding verbal orders provided in clinical emergency settings.

Scope

Prescribers, Registered Nurses and Midwives, Pharmacists, Enrolled Nurses, Approved Persons

Exceptions: Students, Return to Nursing Students; Trainee Interns, Restricted Scope Enrolled Nurses

Associated documents

- [Roles and Responsibility Policy](#)
- Patient's Drug Treatment Chart
- Area Specific Drug Chart where MedChart not utilised
- [MedChart telephone orders reference document](#)
- Patient's Intravenous Fluid Prescription Chart
- CPR Treatment Sheet (CDHB0121)
- Preferred Medicines List
- Medication Tracking Tool AD46

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Clinical/Legal Contraindications

Verbal Orders must not be given for:

- Controlled Drugs via any route (excludes Clinical Emergencies where the prescriber is present - see over)
- Epidural boluses - unless authorised Acute Pain Management Service (APMS) Nursing Staff
- Blood/blood products (verbal orders may occur in theatre or ED under emergency situations e.g. the Massive Transfusion Protocol). Oncology and Haematology refer to your area specific policy.
- Chemotherapy
- Children/Neonates
- Patients with documented history of chronic kidney disease or acute renal failure
- Abortion inducing medications
- Labour inducing medications

Procedural Considerations

- Where possible avoid verbal orders where MedChart is utilised by asking the prescriber to directly prescribe in MedChart
- If telephone orders are required in MedChart follow the [MedChart telephone orders - instructions to access Reference viewer information](#)
- The verbal order is only legal if the available prescriber can sign the order on the patient's drug/fluid chart within 24 hours.
- Verbal Orders may be refused if the person receiving the order believes this may compromise either his/her individual practice or the patient's care and treatment.
- The following must apply when a verbal order is given:
 - Only a Registered Nurse /Midwife may request or accept a verbal order for prescriptions from a Prescriber. Follow local policy if an RN/RM is not available.
 - Verbal Orders must be repeated to an Approved Person or second Registered Nurse/ Midwife/Enrolled Nurse who verifies the order with the requester/accepter
 - Where Verbal Orders are to be written on a paper chart they must be written in red on the front of the drug/fluid chart and countersigned by the two persons taking the verbal order

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- The documentation should specify name of the prescriber, the date, time, drug, dose, route and the names and signatures
- Only one dose may be prescribed verbally as a stat dose. Regular medications must be charted by the prescriber.
- The Registered Nurse/Midwife receiving the verbal order must administer the fluid/medication
- A record of the verbal order must be documented in the patient's clinical record.
- The Prescriber giving the verbal order is ultimately responsible for the accuracy of the prescription.

Specific requirements in Clinical Emergencies

Ensure prescribers verbal order is repeated by the Nurse/Midwife as the medication is:

- Either handed to the Prescriber and the ampoule is checked by the prescriber

Or

- Handed to the Prescriber verbally verifying order with the Prescriber before the Registered Nurse/Midwife administers the drug
- All clinical emergency drug orders are documented and signed for on the appropriate form: eg
 - Patient's Drug Treatment Chart (QMR0004) /MedChart
 - Patient's Intravenous Fluid Prescription Chart (QMR004B)
 - CPR Treatment Sheet by the Prescriber at the end of the resuscitation and placed in the patient's Clinical Record

Measurement or evaluation

Incident management system

MedChart data analysis

References

Director of Nursing Group authorisation to include Nurse Practitioners as prescribers April 2010

MOH letter to DHB CEO's on clarification of verbal orders for Controlled Drugs July 2015

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Policy Owner	MTC Chair
Policy Authoriser	Chief Medical Officer & Executive Director of Nursing
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