All staff using the Fluid & Medication Management policies must first familiarise themselves with the contents of:

- Roles & Responsibilities Policy,
- Basic Infection Prevention & Control Principles related to Fluid & Medication
- Patient Identification Policy (Volume 11)

1 Verbal Medication Order Policy

1.1 Clinical Contraindications

1.2 Procedural Considerations

1.3 Specific requirements in Clinical Emergencies

Purpose

To provide direction for staff in the safe practice surrounding verbal medication orders by phone/person, in situations where the prescriber is temporarily unavailable to chart medication and/or the medication/fluid is required for immediate patient clinical need

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

Scope

Prescribers (Registered Medical Officers, Registered Midwives/Nurse Practitioners with prescribing rights); Registered Nurses and Midwives, Enrolled Nurses, Approved Persons

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

Associated Documents

- Patient’s Drug Treatment Chart (QMR0004)
- Area Specific Drug Chart
- Patient’s Intravenous Fluid Prescription Chart (QMR004B)
- CPR Treatment Sheet (CDHB0121)
- Preferred Medicines List
- Medication Tracking Tool AD46
1.1 Clinical Contraindications

Verbal Orders must not be given for:

- 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)
- Chemotherapy
- Children/Neonates
- Patients with significant renal disease
- Abortion inducing medications
- Labour inducing medications

1.2 Procedural Considerations

- Verbal medication orders are only lawful if the patient is under the care of the prescriber on duty issuing the order and the prescriber signs 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.
  - Verbal Orders must be repeated to an Approved Person or second Registered Nurse/Midwife/Enrolled Nurse who verifies the order with the requester/accepter
  - Verbal Orders are to be written in red on the front of the drug/fluid chart and countersigned by the two persons taking the verbal order
    - 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.
  - 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.
1.3 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 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)
- 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.

References

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

Policy Owner

CDHB Fluid and Medication Management Committee