

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South, Community Hospital Anderson, Community Howard Regional Hospital, Community Fairbanks Recovery Center

TITLE: MEDICATION ORDERS

STATEMENT OF PURPOSE: Community Health Network, Inc. and its medical staffs are responsible for safe and effective medication management. A well-planned and implemented medication management System supports patient safety and improves the quality of care, treatment and services. This policy describes the composition of medication orders that must be used to support safe medication ordering in the inpatient care settings.

POLICY STATEMENTS:

1. Every medication order will include the following components:
 - Patient name and date of birth (or, where approved, medical record number)
 - Name of the medication (generic and/or brand)
 - Dose of the medication. NOTE: For pediatric patients, if the patient is either less than 45 kilograms or less than 14 years of age, the medication order must be weight based (this excludes medications which do not have established weight-based dosing and/or formulations acceptable for weight-based dose delivery, such as rectal suppositories). The ordered weight-based dose may differ by a margin of +/- 5% from the final ordered dose.
 - Route of administration
 - Frequency [quantity (e.g. one time only) and/or intervals (e.g. every 8 hours)]
 - Duration of therapy when appropriate. Automatic stop order durations, as approved by P&T Committee, will be observed with certain medications, such as ketorolac.
 - All medication orders must be dated and timed
2. For each medication ordered, diagnosis, condition, or indication must be documented. Documentation can appear anywhere in the patient medical record.
3. All medications ordered as a “prn” must have an indication or reason for use as part of the order [e.g. morphine 4mg IV q 4 hr prn for severe pain (Scale 7-10)].
4. Standing orders (order that become active without the use of a protocol or without prior review by a physician) are not permitted.
5. Hold orders must specify the number of doses, the time period or other defined patient parameter/condition (e.g. hold warfarin until INR < 3).
6. Resume orders must include all the elements of a complete medication order (see #1 above). Therefore, all blanket orders, such as “resume pre-op meds” or “resume meds from home” must be clarified to include all the required elements of a medication order before the order can be processed.
7. A titration order is defined as an order in which the dose is either progressively increased or decreased in response to a patient’s status, determined by assessment. Titration orders must include initial or starting rate of infusion, incremental dose units that the rate can be increased or decreased, frequency for incremental doses (how often dose [rate] can be increased or decreased), maximum rate of the infusion and the objective clinical endpoint (RASS score, CAM score, BP, MAP, etc). If necessary, the physician may reassess patient response to the medication and modify the upper and/or lower dose limits.
8. A taper or wean order is defined as one in which the dose is decreased by a specified amount with each dosing interval. The order must include a detailed taper/wean schedule, including specific dose

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reductions per specified dosing intervals, unless they are part of an approved protocol specified by the prescribing physician.

9. A range order is defined as a medication order with a range of either dose or frequency, to allow for flexibility in patient symptom management. Range orders are prohibited. Frequency range for PRN medication orders will be changed, per medical staff-approved protocol, to the frequency with the highest number of intervals (e.g. four to six hours prn will be interchanged to every four hours as needed). Dose range orders will be changed, per medical staff-approved protocol, to the lowest dose (e.g. one to two mg prn will be interchanged to one mg as needed).
10. Therapeutic duplications of PRN medications is defined as PRN medications ordered with the same indication (i.e. mild pain, scale 1-3). Therapeutic duplications of PRN medications is prohibited unless the order in which each medication is to be administered is clearly defined in the order of administration.
11. Orders for medications that must be compounded should include the formula in the order, unless a formula is already established for use at Community Health Network. The Pharmacy Department maintains a list of established formulas for compounded medications in On-Line Help, which may be accessed via the Pharmacy Department Intranet Page.
12. Herbal and alternative products may be ordered if on Community Health Network's formulary. If a non-formulary herbal and alternative product is ordered, the patient must supply his/her own product. If the patient cannot supply the product, per P&T Committee-approved protocol, a pharmacist will discontinue the order.
13. Investigational drugs may be ordered only by: 1) authorized prescribers or delegated pharmacy staff listed on study-specific documentation (Reference: Investigational Drug Services Standard Operating Procedures (SOP) Manual, SOP 3-1: Prescribing investigational product) OR 2) the treating physician who is ordering an investigational drug therapy from another institution, which has been jointly determined with the research physician from the outside institution to continue as an inpatient. (Reference: Investigational Drug Services Standard Operating Procedures (SOP) Manual, SOP 5-3, allowing the use of an investigational product from other institutions).
14. Medication orders must not include abbreviations on the Community Health Network Prohibited Abbreviations List. (Reference: Abbreviations policy)."

References: The Joint Commission Medication Management Standards