Frequently Asked Questions (FAQ)

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1. **Why do we need a Medication Orders Policy and Procedure?**
   Medication orders give direction from authorized prescribers to provide or administer medication(s) to a patient, and are an important component of patient care. As part of AHS' commitment to quality health care, a provincial policy and procedures have been developed to provide a standardized, organization-wide process for providing and acting upon medication orders to optimize patient safety.

2. **Who is authorized to order medication?**
   Only an authorized prescriber may provide medication orders that can be implemented immediately. An authorized prescriber is a health care professional who is permitted by legislation, her/his regulatory college, AHS and practice setting (where applicable) to prescribe medications. The authority to order medications is not linked to any particular health profession, and may also differ within that health care profession depending upon specific competencies and skills.

   Examples of an authorized prescriber may include, but are not limited to, a physician, medical resident, nurse practitioner, pharmacist with Additional Prescribing Authorization, midwives, or a registered dietician approved to order parenteral nutrition. It is important for authorized prescribers to understand and communicate their scope and role to other members of the health care team. Health care professionals may need to discuss prescribing authority with the prescriber in order to act upon medication orders appropriately. For example, not all pharmacists have obtained Additional Prescribing Authority, and it is okay to ask them!

3. **Are undergraduate medical students authorized to order medications?**
   Undergraduate students of any health discipline are not authorized to order medications. Students may write a medication order, or enter a medication order within a computerized provider order entry (CPOE) system, but it must be approved by an authorized prescriber before the order can be implemented and the medication is administered. Zones, programs, or sites may determine how approval is obtained for a medication order provided by a student. Examples of order approval may include a countersignature, or an electronic verification within a CPOE system, depending on the method by which the order is provided.

   All students are not permitted to provide a verbal or telephonic (telephone and/or radio) medication order to another health care professional.

4. **Is it allowable to email or text message a medication order? Why or why not?**
   Medication orders cannot be provided via email, text message, or other instant message method. This includes medication order clarifications, verification of verbal/telephonic orders, or approval of medication orders that require authorization. Hand-written, fax, or computerized provider order entry (CPOE) orders are the acceptable methods of ordering medications.

For more information and policy implementation resources, please visit the website:
Insite > Employee Tools > Policy & Forms > Policies > Medication Orders Policy

Medication orders sent via email or text message may not be private or secure, restrict communication with the prescriber, and can be misinterpreted. Refer to the AHS *Emailing Personal Identifiable Health Information* Procedure and Leading Practice User Guide for more information about the risks of using these methods.

Hand-signed, scanned medication orders (new, refills, or changes) may be transmitted from an AHS internal email account to health care providers with an AHS internal email account.

5. Can I use the NetCare PIN Profile as a medication order?

No, a print out of the NetCare Pharmaceutical Information Network (PIN) profile cannot be used as a medication order. While the PIN profile can be used as a source of medication information, it may be an incomplete record of the patient's medication use. As well, the PIN profile is missing some of the required components of a medication order.

Alternatively, the *Alberta NetCare Best Possible Medication History (BPMH) and Reconciled Medication Order form* is an acceptable form to order medications as per zone/program/site processes. This form has been developed specifically for this purpose; however, it may still be an incomplete record of the patient's medication use and shall not be used as the sole source of information. More information is available through the Alberta NetCare Learning Centre.

6. The medication I want to prescribe is not on the AHS Drug Formulary, where can I find more information about obtaining this medication for my patient?

The AHS Provincial Drug Formulary Insite page (AHS Intranet) includes a searchable database and additional links to the AHS Low-Cost Non-Formulary (NF) Process, and the AHS Short Term Exceptional Drug Therapy (STEDT) Online Application. You can also contact your local Pharmacy Services for assistance.

7. Why is it important to minimize the use of verbal or telephonic medication orders?

Verbal or telephonic medication orders can be more error-prone than written orders directly provided by the prescriber. Spoken language can be misunderstood due to mispronunciation, sound-alike medication names or patient names, or background noise and disruptions. In some cases, the prescriber or the recipient of the order may not be completely familiar with the patient.

This can contribute to medication errors such as the wrong medication or wrong dose being ordered, or medication being provided to the wrong patient. Authorized prescribers should write or enter their own medication orders, whenever possible.

Verbal or telephonic medication orders may be required in specific circumstances. Please refer to the AHS *Verbal and Telephonic Medication Orders* Procedure for more information about how to safely provide these orders.

8. What do I do if a medication order does not comply with the Medication Orders Policy or Procedures?

If a medication order is unclear, inappropriate, illegible, or incomplete, the health care professional must clarify the order with the authorized prescriber. For the patient's safety, clear communication of the prescriber's intent within a medication order is vital.

For example, a medication order is written for "bupropion 150 mg PO daily." This medication is new to the patient. As bupropion is available in different long-acting formulations, it is not clear which formulation was intended for the patient. The health care professional contacts the prescriber to explain that the formulation has not been included in the order, and asks which bupropion product was to be provided. The prescriber provides a new order for "bupropion 150 mg (Wellbutrin SR) PO daily."

9. Where can I find additional information about Pharmacist prescribing/adapting medication orders?

Pharmacists may adapt a medication order in accordance with the AHS *Pharmacist Prescribing of Medication Orders* Policy, and in collaboration with the health care team.

10. How can I improve the safety of transcribing medication orders?

The process of transcribing medication orders can be prone to error. The need to transfer a medication order to another document should be reserved for essential records for patient care to reduce the risk of transcription errors (i.e., minimize the number of times a medication order is transcribed to various documents). Minimizing distractions during transcription, avoiding the use of abbreviations, and verifying that the medication order was transferred accurately to the medication documentation record are some examples of improving the safety of transcribing.

11. How do I know if a medication order from a consulting prescriber can be implemented?

The most responsible authorized prescriber must indicate on the patient's health record that medication orders provided by other prescribers may be implemented.

12. Why are specific time intervals required for as-needed (PRN) medication orders?

Medication orders that include ranges of time for the frequency (e.g., every 4-6 hours) can provide unclear direction as to when a medication is to be administered. Significant patient harm can occur when there is misunderstanding about how often a medication can be safely administered. This is especially the case if a medication order includes both a range dose and a range of time (e.g., 5-10 mg every 2-3 hours as needed).

Many health care organizations do not permit the use of ranges of time for the frequency of a medication order. For patient safety, it is required that all medication orders in AHS include a specific time interval (e.g., 5-10 mg every 3 hours as needed).

13. Why is it necessary to standardize how range dose medication orders are interpreted?

A range dose medication order can be appropriate for patient care, (e.g., morphine 5-10 mg PO every 6 hours as needed), depending on the patient's status. However, it is crucial that the health care team clearly understand how often a dose may be administered based on the order. Serious incidents have occurred, including fatalities, when additional doses are administered within the prescribed time interval, even if the total dose provided would remain within the prescribed range dose. It is important to understand that only one dose of the medication can be given within the prescribed time interval.

14. Why should a weight based dose be calculated in the medication order?

The patient's current weight (in metric *only*, grams or kilograms) must be available on the patient health record for all weight-based medication orders. Avoid the use of a patient's stated weight, a health care provider's estimation, or a documented weight from a previous encounter with AHS.

Intermittent medication doses (i.e., administered at specific time intervals, not continuous) based on patient's weight or body surface area should be calculated by the authorized prescriber and documented in the medication order. Differences in the known weight or separate calculations by all health care professionals can lead to discrepancies or an incorrect dose being provided. Including the patient's weight used to calculate the dose, and the calculated dose, ensures the health care team is using the same information to provide the medication to the patient safely. It also allows health care professionals to be able to independently double check the calculation, to reduce errors especially for neonatal and pediatric patients.

15. Why should the indication for a medication be included in the medication order?

Understanding the purpose for a medication supports safe and competent medication practice, and is one of the rights of medication administration (right reason). The knowledge of the intended indication assists the entire health care team to understand what is being treated, the desired outcome, and what to teach the patient. It also helps empower and educate patients, and has been demonstrated to improve patient adherence, and prevent misunderstanding. There are reported incidents of patients undergoing unnecessary diagnostic tests and treatments based upon medication use whereby the indication has not been made clear.

For example, "topiramate 25 mg PO at bedtime for migraine prophylaxis" will direct the health care team to monitor therapy for this indication (e.g., occurrence of migraine headache). Topiramate may also be used for epilepsy, therefore, including the indication provides context for patient care and monitoring.

16. What is the risk of not providing a specific timeframe, number of doses, or clinical parameter when a medication is to be on hold?

Orders to hold a medication should only be used when a specific timeframe, number of doses, or clinical parameter is indicated (e.g., "hold furosemide for 24 hours"). Without this information, an order to hold a medication can result in either forgetting to reassess and resume when appropriate, unintended discontinuation, or resuming too soon.

17. What key groups will be involved in implementing and supporting the policy suite?

Site and Zone leaders are integral to the successful implementation of this policy suite. In collaboration with frontline staff, they will determine how the policy will be operationalized through local education and implementation. Contact your supervisor or manager for information about education and implementation in your practice setting.

18. Where can I find more information?

The AHS *Medication Orders* Policy, AHS *Medication Orders* Procedure, and AHS *Verbal and Telephonic Medication Orders* Procedure are available here. Additional supporting resources for education and implementation are available on the Medication Orders webpage through Insite (AHS Intranet).

19. Who can I contact if I have questions about the policy?

Please contact Policy & Forms at policy@ahs.ca.