

KEY POINTS FOR PRESCRIBERS

The **AHS Medication Orders Policy**, **Medication Orders Procedure**, and **Verbal and Telephonic Medication Orders Procedure** have been developed to ensure consistent practice and support patient safety. The following key points have been identified as areas of focus for prescribers. Please review the policy suite for more detailed information.

1. The requirements for a complete medication order are detailed in the **Medication Orders Procedure**.
2. Handwritten or electronically entered orders by the prescriber are the safest method. Medication orders are not to be transmitted via email, text, or voicemail, nor is the Netcare PIN profile to be signed in place of written orders.
3. Due to the increased potential for error:
 - a. **verbal** (in-person) orders shall only be given in an emergency situation where it is not feasible for the prescriber to document the medication order.
 - b. **telephonic** (conveyed by telephone or radio) orders shall only be given where the prescriber is not physically present to document the order and a delay would compromise patient care.
4. Verifying verbal and telephonic medication orders is an important safety measure. Verify via signature or electronically within 24 hours for acute care settings, upon the next visit for all other settings, or by an alternative process (e.g., fax) for settings the prescriber may not visit.
5. When consulting other prescribers, indicate on the patient's health record whether the consultant is to provide medication orders as suggestions only, or provide orders that can be implemented without further approval.
6. Existing orders may not be modified by crossing out or writing over them – new medication orders need to be written.
7. Providing an indication for all medications (especially for PRN orders), is recommended to ensure proper medication usage, and improved patient teaching and compliance.
8. Indicate a specific time interval between doses for PRN orders - no range time intervals are allowed.
9. Where clinically appropriate, PRN orders should include a dose limit/maximum for a specific time period.
10. When ordering a medication to be on "hold", indicate a specific timeframe, number of doses, or clinical parameter for ending the hold. The Best Possible Medication History can be used to prompt which medications should be resumed upon discharge.
11. When range dose orders are written, health care professionals (HCP) are allowed to administer only one dose in the prescribed time interval. The HCP may contact the prescriber for direction if the patient's needs are not met within the time interval. The Medication Orders Procedure provides clear direction on the interpretation of range dose orders.
12. Health care professionals are encouraged to seek clarity with prescribers with questions they may have about medication orders.

For more information and policy implementation resources, please visit the website:

Insite > Teams > Provincial Medication Safety > Medication Management Policies > Medication Orders Policy