



# Mental Health Emergency Center

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## PROVIDER ORDERS

### POLICY STATEMENT

It is the policy of the Medical Staff to assure provider orders are properly entered, initiated, received and completed by appropriate staff in accordance with the following guidelines. All capitalized terms not defined in this Policy shall have the meaning set forth in the Medical Staff Bylaws.

#### 1. GENERALLY

##### 1.1 Ordering Providers.

Only a Practitioner or other individual acting within the scope of his/her license and the scope of his or her Clinical Privileges (as authorized by the Medical Center) is qualified to enter orders (the "Ordering Provider"). The Ordering Provider must ensure that the medical record contains documentation describing the diagnosis, condition or indication for each medication, diagnostic service, and therapeutic service ordered.

##### 1.2 Form, Legibility and Timeliness.

All orders must include the patient's complete name and medical record number and be entered into the medical record in full compliance with the form, legibility and timeliness requirements set forth in the Advocate Aurora Health ("AAH") Medical Records Policy.

**1.3 Symbols and Abbreviations.** A list of unacceptable abbreviations, acronyms, symbols and dose designations is maintained by AAH and shall be made available at each nursing station and the pharmacy department. Only those symbols, abbreviations, acronyms and dose designations not on such list may be used.

##### 1.4 Incomplete, Unclear, Illegible or Unacceptable Orders.

An order that is incomplete, unclear, illegible, contains unacceptable symbols or abbreviations, or is otherwise unacceptable **will not be implemented** until the order is clarified and, if appropriate, a new order issued. The Staff Member or Clinical Assistant

responsible for implementation of the order shall contact the Ordering Provider for clarification and, if appropriate, issuance of a new order. Whenever possible, the Ordering Provider will re-issue the order with the clarifying details. If the Ordering Provider is not available, the Staff Member or Clinical Assistant responsible for implementation of the order shall contact one or more of the following individuals (listed in order of priority) for clarification: (a) the Ordering Provider's designated alternate; (b) the patient's attending physician; (c) an associate of the Ordering Provider who practices in the same specialty; (d) the Physician on call for the Ordering Provider's service in the Emergency Department; and (e) the appropriate Clinical Chairperson.

### **1.5 Correction of Incomplete or Inaccurate Orders.**

An existing order may not be corrected, altered, added to, or modified in any way. If a change is necessary, the order must be discontinued and a new order must be entered by the Ordering Provider.

### **1.6 Non-Specific Orders Prohibited.**

The use of blanket or other non-specific orders is prohibited. All orders that are a resumption or continuation of a previous order must be re-entered in their entirety in the Computerized Physician Order Entry System ("CPOE") by the Ordering Provider. Examples of **unacceptable** non-specific orders include, but are not limited to:

- (a) "Continue previous medications"
- (b) "Resume preoperative orders"
- (c) "Resume orders from the floor"
- (d) "Discharge on current medications"
- (e) "Resume home medications"
- (f) "Resume all previous orders for medications"

### **1.7 Authentication and Co-Signature.<sup>1</sup>**

- (a) Authentication. All orders must be dated, timed (using military time), and authenticated (by written signature, identifiable initials, or computer key) by the Ordering Provider.<sup>2</sup> An order may not be authenticated by use of a rubber stamped signature.<sup>3</sup> See also Section 2.4(d) regarding authentication of verbal orders.
- (b) Co-Signature. In certain circumstances, orders must be co-signed by a Physician Medical Staff Member (e.g., certain entries by an Advanced Practice Clinician must be co-signed by the Advanced Practice Clinician's supervising or collaborating Physician, and certain entries made by a Dentist or Podiatrist must

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<sup>1</sup> 42 CFR § 482.24(c)(1) (Interpretive Guidelines, effective October 17, 2008).

<sup>2</sup> 42 CFR § 482.24(c)(1) (Interpretive Guidelines, effective October 17, 2008).

<sup>3</sup> See CMS Manual System, Pub 100-08 Medicare Program Integrity, Transmittal 248, March 28, 2008; CMS MLN Matters Memo No. SE0829, CR 5971 Clarification related to Signature Requirements; CMS Memo, S&C-09-10, "Standing Orders" in Hospitals – Revisions to S&C Memoranda, October 24, 2008.

be co-signed by a Physician).<sup>4</sup> Refer to AAH's Hospital Co-Signature Requirements Chart. The co-signing Physician accepts full professional and legal responsibility for the content of the order.

## 2. ENTRY OF ORDERS

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### 2.1 Computerized Physician Order Entry.

Except as otherwise provided in this Policy, all orders for medication, diagnostic services and therapeutic services must be entered into CPOE by the Ordering Provider.

### 2.2 Written Orders.

- (a) Restrictions on Use of Written Orders. Written orders may NOT be used, unless:
- i. a patient emergency precludes the Ordering Provider from directly entering and initiating the order in CPOE;
  - ii. the CPOE is not functioning;
  - iii. the Ordering Provider is unable to access CPOE because he/she is physically remote from the Medical Center and does not have access to CPOE; or
  - iv. the Ordering Provider is in the process of performing a procedure precluding direct order entry (e.g., OR/cath lab).
- (b) Issuing a Written Order. A written order must be entered into the medical record on the physician order sheet.

### 2.3 Pre-Printed Order Sets.<sup>5</sup>

Pre-printed order sets may be used if they have been reviewed and approved under the AAH Order Set Development and Governance Policy. If an Ordering Provider uses a preprinted paper order set, the Ordering Provider must: (a) sign, date, and time the last page of the order set (the last page must identify the total number of pages in the order set); and (b) initial each place in the preprinted order set where changes, such as additions, deletions, or strike-outs of components that do not apply, have been made. It is not necessary to initial every preprinted box that is checked to indicate selection of an order option, as long as there are no changes made to the option(s) selected.

### 2.4 Verbal Orders.

- (a) Restrictions on Use of Verbal Orders.
- i. Verbal orders are **strongly discouraged** and should NOT be used, unless it would be permissible for the Ordering Provider to issue a written order (see

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<sup>4</sup> 42 CFR § 482.24(c)(1) (Interpretive Guidelines, effective October 17, 2008). AAH's Hospital Co-Signature Requirements Chart.

<sup>5</sup> 42 CFR § 482.23(c)(2); CMS Transmittal 47, June 5, 2009.

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Section 2.2(a) above), but it is impossible or impractical for the Ordering Provider to write the order.<sup>6</sup>

- ii. Verbal Orders are not to be used merely for the convenience of the Ordering Provider.<sup>7</sup>
- iii. Verbal Orders may only be issued to an individual who is authorized to receive verbal orders. The following persons are authorized by the Medical Staff to receive verbal orders: physician assistants, advanced practice nurses, registered nurses, pharmacists, recreational therapists, occupational therapists, psychologists, dietitians and social workers. Such authorized individuals may receive a verbal order and enter it into the patient's medical record, if the verbal order relates to the clinical area in which such authorized individual is trained.
- iv. Only physician assistants, advanced practice nurses, and registered nurses are authorized to receive verbal Do Not Resuscitate orders. (Refer to the Medical Center's DNR Policy.)
- v. Only physician assistants, registered nurses, and pharmacists are authorized to receive verbal orders for drugs and/or biologicals.

(b) Issuing a Verbal Order.

- i. An Ordering Provider must communicate a verbal order, in person or over the telephone, only to a duly authorized individual and such verbal order must relate to the clinical area in which such authorized individual is trained.<sup>8</sup>
- ii. The Ordering Provider must clearly enunciate the verbal order to the individual accepting the order. The following elements shall be included in all verbal orders:
  - Name of Ordering Provider;
  - Name of patient;
  - Age and weight of patient, when appropriate;
  - Date and time of order;
  - Purpose or indication for the order; and
  - All other elements required for the particular order (e.g., see Section 4.2 for minimum requirements of medication orders).

(c) Mandatory Read Back.<sup>9</sup> The accepting individual shall write the complete order on an order sheet and shall read the entire order back to the Ordering Provider.

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<sup>6</sup> 42 CFR § 482.23(c)(2)(i) (Interpretive Guidelines, effective October 17, 2008).

<sup>7</sup> Department of Health and Human Services, Final Rule, Federal Register, November 27, 2006, page 68679.

<sup>8</sup> 42 CFR § 482.23(c)(2)(ii) (Interpretive Guidelines, effective October 17, 2008). An authorized person may receive a verbal order from an APNP. See Wisconsin Department of Health and Family Services, DQA Memo 07-019, October 30, 2007.

<sup>9</sup> 42 CFR § 482.23(c)(2)(i) (Interpretive Guidelines, effective October 17, 2008); 71 FR 68680.

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The accepting individual must then receive confirmation from the Ordering Provider that he/she has received the correct order. Once confirmation is received, the accepting individual shall enter the verbal order into CPOE.

(d) Authentication of Verbal Orders.

- i. Verbal orders must be promptly authenticated in CPOE by the Ordering Provider (or a practitioner assuming care of the patient) as soon as possible, and in all events within forty-eight (48) hours<sup>10</sup> (except for Verbal Do Not Resuscitate Orders which must be authenticated within twenty-four (24) hours) of the Ordering Provider's communication of the verbal order.
- ii. When an individual Practitioner other than the Ordering Provider authenticates a verbal order, such individual accepts professional and legal responsibility for the order and validates that the order is complete, accurate, and final based on the patient's condition. The authenticating provider should be responsible for the care of the patient and have knowledge of the patient's hospital course, medical plan of care, condition and current status. An individual who does not possess this knowledge about the patient should not authenticate a verbal order.<sup>11</sup>
- iii. A Physician Assistant (PA) or Advanced Practice Nurse Prescriber (APNP) may only authenticate a verbal order issued by another practitioner if all of the following requirements are met:
  - the PA or APNP has the authority to issue the order itself (if the PA or APNP is not authorized to issue the order in need of authentication, he or she cannot authenticate it);
  - the PA or APNP has physician-delegated functions with regard to the care of the patient; and
  - the PA or APNP has knowledge of the patient's hospital course, medical plan of care, condition and current status.<sup>12</sup>

(e) Monitoring and Evaluation. The Medical Staff shall participate in performance monitoring and evaluation to identify, improve and reduce the likelihood of medical errors related to verbal orders.

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<sup>10</sup> Wis. Admin. Code DHS § 124.12(5)(b)11.; Although the code section provides that a verbal order must be authenticated within 24 hours, the Wisconsin Department of Health Services (DHS) has granted a variance providing that the authentication must occur within 48 hours. See Wisconsin Department of Health and Family Services, DQA Memo 07-019, October 30, 2007.

<sup>11</sup> Wisconsin Department of Health and Family Services, DQA Memo 07-019, October 30, 2007.

<sup>12</sup> Wisconsin Department of Health and Family Services, DQA Memo 07-019, October 30, 2007.

### **3. REQUIREMENTS FOR CERTAIN TYPES OF ORDERS**

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#### **3.1 Admission Orders.**

The admitting Practitioner (or his or her designated alternate) must enter and initiate in CPOE admitting orders to the nursing unit within one (1) hour of a patient's admission to the admitting unit. At least two different Medical Center staff members will try to reach the admitting practitioner or his or her designated alternate to obtain admission orders. These attempts will be documented in the patient's medical record. If the admitting Practitioner cannot be reached to obtain admission orders within one (1) hour of a patient's admission to the admitting unit, the Medical Center staff will contact one or more of the following individuals (listed in priority) to obtain admission orders: (a) the admitting Practitioner's designated alternate; (b) an associate of the admitting Practitioner; (c) the Physician on call for this service in the ED; and (d) the Medical Director.

#### **3.2 Orders for Therapeutic Services (Treatment).**

In addition to basic requirements for orders, all orders for therapeutic services shall include: (a) the purpose or indication, if appropriate; (b) the type of therapeutic service; (c) any specific requirements or instructions; and (d) the frequency and duration of therapeutic services.

#### **3.3 Orders for Diagnostic Testing.**

In addition to basic requirements for orders, all orders for diagnostic testing shall include: (a) the reason, purpose or indication (orders for outpatient diagnostic tests must include the symptoms, diagnosis or ICD-9-CM code); (b) the type of testing; (c) any specific requirements or instructions; (d) the frequency, schedule and duration of testing; and (e) if the test requires the administration of medications or other substances (e.g., contrast dye), the order must include the necessary elements for medication orders. An order for imaging studies (X-ray, CT Scan, MRI, etc.) must include a concise statement describing the reason for the imaging study.<sup>13</sup>

#### **3.4 Medication Orders.**

- (a) Requirements. In addition to basic requirements for orders (form, timeliness, authentication), all orders for medications must include:
- i. Drug name;
  - ii. Purpose, diagnosis, condition or indication (as applicable) if not elsewhere in the patient's medical record (e.g., physician note), or if needed for purposes of clarification;
  - iii. Dosage form (e.g., tablets, capsules, inhalants);
  - iv. Exact strength or concentration;
  - v. Dose, frequency and route of administration (e.g., p.o., IV, IM, rectal, etc.);

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<sup>13</sup> Wis. Admin. Code DHS § 124.18(e)(2).

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- vi. Quantity and/or duration; and
  - vii. Specific instructions for use.
- (b) Acceptable Types of Medication Orders. The following types of medication orders are acceptable:
- i. PRN (as needed) Orders: Orders acted upon based on the occurrence of a specific indication or symptom. Such orders should include the indications for use and specific time intervals.
  - ii. Standing Orders: A prewritten medication order and specific instructions to administer a medication to a patient in clearly defined circumstances.
  - iii. Automatic Stop Orders: Orders that include a date or time to discontinue a medication.
  - iv. Titrating Orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status. Whenever possible, such orders should include objective parameters for titration.
  - v. Taper Orders: Orders in which the dose is decreased by a particular amount with each dosing interval.
  - vi. Range Orders: Orders in which the dose or dosing interval varies over a prescribed range, depending upon certain objective criteria related to the patient's status or situation (e.g., insulin dosages for specific blood glucose ranges).
  - vii. Other Orders: Orders for compounded drugs or drug mixtures not currently available, medication-related devices (nebulizers, catheters), investigational medications, herbal products, discharge or transfer medications.
- (c) High Alert and Hazardous Medications. The Medical Center maintains a list of high-alert and hazardous medications and utilizes specific strategies for avoiding errors related to such medications. Orders must be written in accordance with the requirements set forth in such policies.
- (d) Look-Alike or Sound-Alike Medications. Medications with look-alike or sound-alike names ("LASA medications") may result in medication errors. The Medical Center utilizes specific safety strategies to avoid errors related to LASA medications. A list of LASA medications shall be maintained by the Medical Center's pharmacy.<sup>14</sup> Staff Members shall comply with AAH's High Alert and Look-Alike Sound-Alike Medications.

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<sup>14</sup> NPSG.03.03.01 (Jan. 2010).

- (e) Medications that Require Weight-Based Dosing. Certain medications (including medications administered to pediatric patients) require weight-based dosing. The Medical Center maintains guidelines for weight-based dosing and all medication orders must be entered in compliance with such guidelines.
- (f) Formulary Drugs. Ordering Providers are encouraged to use Medical Center formulary drugs. In extenuating circumstances, non-formulary drugs shall be provided when ordered by the attending practitioner and when approved alternatives are unacceptable. All non-formulary medications shall be reviewed by the AAH Pharmacy and Therapeutics Committee.
- (g) Review. All medication orders shall be reviewed by the attending Practitioner at least every thirty (30) days.
- (h) Automatic Cancellation. All existing medication orders shall be automatically cancelled when a patient undergoes a procedure requiring general anesthesia or moderate sedation. Following the procedure, an Ordering Provider must re-enter orders for each individual medication (as noted in Section 1.7, an order stating “resume previous medications” or other non-specific orders are unacceptable).<sup>15</sup>

### **3.5 Transfer Orders.**

All orders for patients who presented to the Medical Center’s Emergency Department and will be transferred to another facility must be issued in accordance with the Medical Center’s EMTALA policy.

### **3.6 Discharge Orders.**

A discharge order must be entered into the medical record for all Medical Center inpatients and outpatients. If an Advanced Practice Clinician issues the discharge order, such order must be co-signed by the patient’s admitting or attending Physician as provided in AAH’s Hospital Co-Signature Requirements Chart. All orders for medications, therapeutic services, and diagnostic services intended for post discharge must be re-entered as discharge orders in their entirety by the Ordering Provider.

### **3.7 Restraint and Seclusion Orders.**

All orders for restraints and seclusion must be entered in accordance with AAH’s policy regarding restraints and seclusion.

### **3.8 Do-Not-Resuscitate Orders.**

Do-Not-Resuscitate (DNR) orders must be entered in accordance with the Medical Center’s policy on withholding and withdrawal of treatment.

### **3.9 Therapeutic Diet Orders.**

- (a) A registered dietitian may issue the following for a patient’s nutritional regimen:

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<sup>15</sup> Wis. Admin. Code DHS § 124.15(7)(b).



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- i. Changes in therapeutic diets (i.e., sodium levels, protein levels, potassium levels);
  - ii. Modification in diet textures;
  - iii. Oral supplements;
  - iv. Tube feedings when directed per a physician order, or changes in tube feeding products, rates, schedules, and flush;
  - v. Parenteral nutrition macro-nutrients, when directed by the attending physician;
  - vi. Weight, including daily weight;
  - vii. Speech therapists, Nutrition education;
  - viii. Vitamin and mineral supplements; and
  - ix. Calorie counts.
- (b) A licensed speech therapist may recommend modifications in diet textures (e.g., order puree, the addition or deletion of thickener).

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**REFERENCES:**

**Federal Regulations and Other Guidance**

- 42 CFR § 482.23 (Interpretive Guidelines, effective October 17, 2008).
- 42 CFR § 482.24 (Interpretive Guidelines, effective October 17, 2008).
- CMS Transmittal 47, June 5, 2009.
- CMS Manual System, Pub 100-08 Medicare Program Integrity, Transmittal 248, March 28, 2008.
- CMS MLN Matters Memo No. SE0829, CR 5971 Clarification related to Signature Requirements.
- CMS Memo, S&C-09-10, “Standing Orders” in Hospitals – Revisions to S&C Memoranda, October 24, 2008.
- Department of Health and Human Services, Final Rule, Federal Register, November 27, 2006, page 68679.

**Wisconsin Statutes**

- None.

**Wisconsin Administrative Code and Other Guidance**

- Wis. Admin. Code DHS § 124.12.
- Wis. Admin. Code DHS § 124.15.
- Wis. Admin. Code DHS § 124.18.
- Wis. Admin. Code DHS § 124.20.
- Wisconsin Department of Health and Family Services, DQA Memo 07-019, October 30, 2007.

**FORM(S):** None

**MEDICAL EXECUTIVE COMMITTEE APPROVAL:**

**BOARD OF DIRECTORS APPROVAL:**