# **Telephone and Verbal Orders**

## **Site Applicability**

All PHC sites using the Cerner Electronic Health Record

## **Practice Level**

RN, RPN, LPN Prescribers

**Pharmacists** 

## Requirements

- Nurses may not take verbal or telephone orders for PowerPlans.
- Nurses may not take telephone orders for blood products
- Orders for chemotherapy agents (including those used for non-oncological indications) must be written or electronically entered directly by the prescriber (exception: orders to hold or discontinue).

## **Need to Know**

- All orders must be clear and include all details necessary for action by other health care providers (See Medication Order Requirement Standard in the Orders Management policy.
- Best practice is for prescribers to directly enter patient orders into the health care record (i.e.
  telephone/verbal orders are not routine practice). Patient safety may be compromised when
  prescribers do not write or electronically enter orders directly as these orders are more prone to
  error.
- Except where permitted by policy, all orders for diagnostic procedures, labs, medication, treatment, or discharge of a patient must be signed by a member of the Medical Staff (MD, NP, Midwife, Podiatrist) (Medical Staff Rules)
- Nurses accept patient specific verbal or telephone orders only when there is no reasonable alternative, and when doing so is in the best interest of the patient. BCCNM Scope of Practice (RN, RPN,LPN)
- Verbal communication of an order is acceptable in emergent or life-threatening situations or during sterile procedures where ungloving is not practical.
- Telephone communication of an order is acceptable when the order is urgently needed and where the prescriber is unable to write or electronically enter the order directly into the patient's health record in a timely manner (e.g. cannot access a computer, middle of the night).

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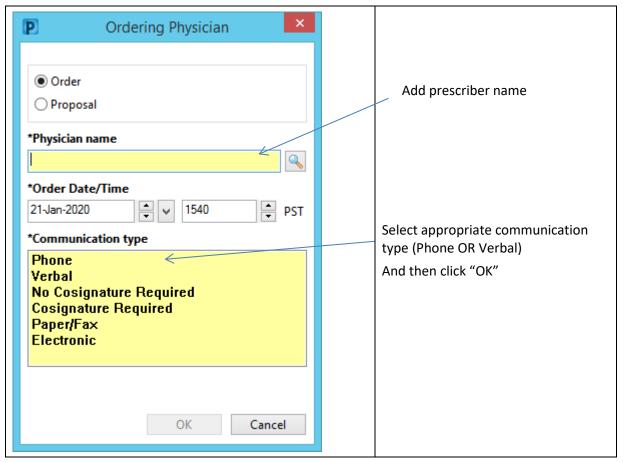
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Verification of all verbal and telephone orders is the shared responsibility of both the prescriber
and the person receiving the order. It is the responsibility of the person receiving the order to
ensure that the order is reasonable within the context of the client's condition, prior to initiating
the order. See BCCNM Scope of Practice documents.

#### **Standard**

While the prescriber is on the phone or present (in order to address any alerts or notifications that "pop up"); the order is immediately transcribed into the patient's health record along with the prescribers name (Cerner identification) as a telephone or verbal order.



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**Read back the order to the prescriber to ensure clear communication.** Do not complete the call until all the information is completed in the chart including managing any alerts or notifications and signing the order.



**The prescriber** (or designate) reads and co-signs the order in the patient record in accordance with the PHC Medical Staff Rules at the earliest opportunity, within 24 hours in acute care. In Long Term Care time frame is 7 days.

#### **Related Documents**

1. BCD-11-11-41008 - Orders Management Policy

## References

British Columbia College of Nurses and Midwives Scope of Practice Standards, Limits and Conditions. Accessed August 10, 2023 at <a href="https://www.bccnm.ca">https://www.bccnm.ca</a>

PHC Medical Staff Rules (2018)

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#### **Persons/Groups Consulted**

**Professional Practice** 

Physician Program Director Medicine, Older Adults & Palliative Care; Co-Medical Director, PHC Clinical Informatics

Chair MAC

PHC Nurse Educator group

**PHC Advanced Practice Nurses** 

SPH and MSJ Medicine Safety and Quality Committees

Medical Director, Hematopathology and Transfusion Medicine

#### 2023 Revision:

Physician Program Director Medicine, Older Adults & Palliative Care; Co-Medical Director, PHC Clinical Informatics

Nurse Educators - Medication Management- Medication Safety

Practice Consultant - Medication Management - Medication Safety

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	Professional Practice

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