Medication Order Processing and 24 Hour Chart Check

Site Applicability

Richmond Hospital, GF Strong, UBC Hospital

Practice Level

RN, RPN, LPN

Quicklinks

VA E-Manual: Medication Policies and Procedures

VCH-PHC Medication Reconciliation Policy [BD-00-11-40016]

Policy Statement

Roles and Responsibilities

Medication Order Transcription

Analgesic Orders

Anticoagulant Orders

Discontinued Medications

Insulin/Oral Hypoglycemic

Reordered Medications

STAT Orders/One Dose Only/Pre-Op

Titrated Medication Order

Following Medication Order Transcription

Pass Medications

Medications for Travelling Patients

24 Hour Chart and MAR Check

Goal

Accurate processing and obtaining new medication orders.

Policy Statement

Processing physician medication orders is a shared responsibility among the authorized prescribers (physician, dentist, nurse practitioner, midwife) who write the orders and the health care team members who process and implement the orders. All are accountable for safe, accurate processing of orders.

Policies related to the prescribing of medications (#4.1 Prescribing Requirements), verbal and telephone orders (#4.2 Telephone/Verbal Orders), stop orders (#4.3 Automatic Stop Orders), transfers between sites (#4.10 Orders for Patients Transferred Between Sites), pass medications (#4.11 Therapeutic Pass Medications) and medications for traveling patients (#4.12 Discharge Medications), can be found in the Formulary that is available on all nursing units as well as the VA Pharmacy website.

- Medication Order Requirements Policy outlines "parameters to guide safe, consistent and
 efficient communication of medication and nutrition orders resulting in improved patient care
 and a reduction of preventable medication errors and adverse events."
- All medication orders are automatically cancelled and must be rewritten following a transfer from Intensive Care Unit (ICU) to the Operating Room and back to the ICU as per the <u>Medication</u> <u>Order Requirements Policy</u>.
- All orders transcribed by the nursing unit assistant (NUA), must be reviewed and co-signed by the RN/RPN/LPN in a timely manner.
- It is the responsibility of the RN/RPN/LPN to write in medication administration times. (Refer to <u>Guidelines to Standardize Oral Medication Dosing Times</u> and <u>Guidelines to Standardize</u> <u>Medication Dosing Times</u>)
- The nursing unit assistant can transcribe orders onto the Pain flow sheet as well as the MAR.
- The RN/RPN/LPN is responsible for checking the charts of assigned patients for new orders to
 ensure that all orders have been transcribed/processed correctly. As part of the 24 hour chart
 review, the current MAR/Pain flow sheet/Critical care flow sheet/ICU Daily Sedation, Analgesia
 and Delirium Record must be checked with all physicians' orders including MedRec orders to
 ensure that all medication orders written in the past 24 hours have been transcribed accurately
 onto these records.
- Discrepancies in any medication order or transcription must always be investigated and followed through. If an MAR memo has been sent and there is no timely resolution, then further investigation is required. Any outstanding discrepancies must be resolved within 24 hours.
- The MAR is to be used for medication items only. The entry of non-medication items is not acceptable.
- Physician order pages containing orders for medications that are currently being administered to a patient must not be thinned from the chart.
- MedRec order pages must not be thinned from the chart.

Procedure

NEW ORDERS:

Roles and Responsibilities:

- Physician/RN/RPN/LPN/Pharmacist: Flags the chart indicating that a new order has been written.
- RN/RPN/LPN: Reviews physicians'/MedRec orders and allergy status and investigates any questions, illegibility and/or errors and follows up with the physician.
- RN/RPN/LPN/NUA:

- Faxes all physicians'/MedRec orders to pharmacy in a timely manner and stamps or writes in red ink 'Faxed' on the order page. Record the time of faxing by the word 'Faxed'.
- For new admissions, fax the completed Allergy/Intolerance Status form to pharmacy.
 Then place the form in a plastic sleeve side by side to the most recent page of physician orders.
- Processes each order, including changed orders from pharmacy, separately and completely before moving on to the next order.

Pharmacist:

- Sorts and prioritizes orders.
- Enters allergy information into PCIS.
- Reviews orders for appropriateness of drug, dosage, route as well as potential drug interactions and allergies.
- Contacts physician for any orders requiring clarification or change. Writes any changes on a physician order form and sends it to the nursing unit. If contact is not immediately possible, sends a memo to the unit indicating a delay in the dispensing of the medication.
- o Enters the order into PCIS and initials the faxed copy of the physician's orders.

MEDICATION ORDER TRANSCRIPTION (RN/RPN/LPN/NUA):

- All new medication orders need to be clearly identified. Therefore it is necessary to transcribe
 all new and changed medication orders onto a blank MAR page. Post- operative orders are
 considered new orders. ICU transfer orders are considered new orders.
- New medication orders are not to be processed onto a pharmacy generated MAR.
- Print a blank MAR from PCIS using command ORDREP or use the Chart tabs. On the Chart tab
 click on the 'Reports tab' and then click 'MAR Reports'. This will print with patient information
 on it such as name, MRN, room number, allergies and physician. See How to Print a blank
 MAR.
- Together with the Physician's/MedRec orders, transcribe medications onto the blank MAR including drug name, dose, route, and frequency.
- New orders for regularly scheduled and IV medications can be transcribed onto one blank MAR. Staple the new page on top of the pharmacy generated MAR. New 'PRN' medications must be transcribed onto a separate blank MAR sheet. Staple the new 'PRN' page at the back of the pharmacy generated MAR.
- If there is a change in medication dose only, the entire medication order needs to be discontinued and rewritten. After the new order is transcribed (drug name, dose, route, frequency), write 'dose change' beside it. NOTE: Highlighting the dose only of the printed medication and writing the new dosage above is not acceptable.

• If a medication is changed from regularly scheduled to PRN (e.g. from q4h to PRN), the regularly scheduled medication needs to be discontinued and the PRN order transcribed as a new order, (drug name, dose, route, frequency). NOTE: Highlighting the frequency only of the printed medication and writing the new frequency above is not acceptable.

• Richmond Hospital: Verification of newly-transcribed orders on a blank MAR:

- The nurse compares the handwritten order on the MAR against the original medication order in the chart to ensure that the medication, dosage and frequency are correct.
- o If the handwritten medication order is correct on the MAR, the nurse verifies that the order is correct by writing their initials to the left of the order on the MAR.
- If the handwritten medication order is incorrect on the MAR, the nurse discontinues the order on the MAR, re-writes the correct order on the MAR and verifies that the order is correct by writing their initials to the left of the order on the MAR.

ANALGESIC ORDERS:

Pain flow sheet

- For all PCA, Epidural infusions, Ketamine infusions, opiate analgesics and acetaminophen, transcribe the orders onto the MAR, stamp/write "Document on Flow Sheet" in the time administration box on the MAR and then transcribe the analgesic orders onto the Pain Flow Sheet in blue or black ink.
- When processing orders on post-operative patients, discontinue (highlight in blue) all
 pre-operative medications and draw a vertical line in the date/time column in red ink after the
 last pre-operative dose. If there is insufficient space to write in all of the post-operative
 analgesic medication orders, start a new Pain flow sheet.
- When a physician's order combines two medications (e.g. Tylenol plain/#3 i to ii tabs po q4h prn), each one must be transcribed as a separate order. This applies when transcribing orders onto the MAR as well as the Pain flow sheet.
- For VG H Psychiatry and the STAT Centre a Pain flow sheet is initiated when the Health Care team identifies a need. For all regularly scheduled and PRN analgesic medications, transcribe the orders onto a new blank MAR page.

ICU Daily Sedation, Analgesia and Delirium record

 A Pain flow sheet is not used in ICU. For all scheduled analgesic, sedation and delirium medications, transcribe the order onto the MAR. For all PRN analgesic, sedation and delirium medications record the name of the medication on the MAR and write "See Physician's Orders" and "See ICU Daily Sedation, Analgesia and Delirium record". Then transcribe the medications onto the ICU Daily Sedation, Analgesia and Delirium record.

ANTICOAGULANT ORDERS:

Anticoagulant Record

- For all anticoagulant infusions (e.g. heparin) and warfarin record the name of the medication on the MAR and stamp/write: "See Physician's Orders" and "Document on Flow Sheet" in the time administration box on the MAR. When processing orders on postoperative patients, draw a line in red on the Anticoagulant Record after the last pre-op dose.
- For all anticoagulant subcutaneous heparin and Low Molecular Weight Heparin/medications
 (e.g. enoxaparin, dalteparin, tinzaparin) transcribe the order onto the MAR and stamp/write:
 "Document on Flow Sheet" in the time administration box on the MAR. When processing
 orders on postoperative patients, draw a line in red on the Anticoagulant Record after the last
 pre-op dose.

ICU

- An Anticoagulant Record is not used in ICU. For all anticoagulant infusions record the medication name and concentration on the MAR and write "See
- Physician's Orders" and "See Critical Care flow sheet". Then transcribe the heparin infusion including concentration and rate on the Drug Infusions area of the Critical Care flow sheet.
- For ICU transcribe all subcutaneous heparin orders onto the MAR only. For ICU transcribe a
 heparin bolus order onto the MAR only.

DISCONTINUED MEDICATIONS:

- When a medication order is discontinued, the RN/RPN/LPN/NUA uses a blue highlighter pen
 to strike through the medication name on the MAR and all remaining medication
 administration times and also hand writes in red ink "discontinued" above the administration
 time(s).
 - RH only: nurse or NUA uses a yellow highlighter to indicate that a medication is discontinued.
- **Do not** highlight (in blue or yellow) the discontinued medication on the original physician's order (including MedRec Order form).

INSULIN/OR AL HYPOGLYCEMIC ORDERS:

Diabetes Record

- For all Insulin orders including insulin infusions, record the name of the medication on the MAR and stamp/write: "See Physician's Orders" and "Document on Flow Sheet" in the time administration box on the MAR. When processing orders on postoperative patients, draw a line in red on the Diabetes Record after the last pre-operative insulin dose.
- For all oral hypoglycemic medication orders transcribe the order onto the MAR and stamp/write: "Document on Flow Sheet" in the time administration box on the MAR. When

processing orders on postoperative patients, draw a line in red on the Diabetes Record after the last pre-operative oral hypoglycemic medication dose.

ICU Critical Care flow sheet

- A Diabetes record is not used in ICU. For all insulin infusions record the medication name and concentration on the MAR and write "See Physician's Orders" and "See Critical Care Flow Sheet". Then transcribe the insulin infusion including concentration and rate on the Drug Infusions area of the Critical Care flow sheet.
- Holding a specific number of doses is acceptable, e.g. "Hold next gentamicin dose" or for a specific condition, e.g. "Hold digoxin if heart rate less than 50". In this situation, write the word 'Held' by the medication time on the MAR and record initials.
- All other medications that are ordered 'On Hold' will be considered to be discontinued and will not appear on the next printing of the MAR. Medications that are ordered 'On Hold' must be processed as a discontinued order. The medication must be reordered when required.
- Held orders on the MedRec order (MRO) form must be considered as inactive orders and not processed. The medication will need to be reassessed at a later date in their hospital stay.

REORDERED MEDICATIONS:

• If a medication is reordered with no break in administration and no change in drug, dose, route or frequency, enter R/O (reordered) in red ink and the date in the stop date box. This does not apply to post-operative orders.

STAT ORDERS/ONE DOSE ONLY/PRE-OP:

- RN/RPN/LPN/NUA alerts the pharmacy by telephone and faxes pharmacy with the STAT
 medication order. Arrangement is made to obtain the STAT medication requested ASAP.
 Medication order is transcribed onto the MAR with the word 'STAT' in the stop date box as an
 alert. The person that is processing the STAT order must alert the responsible RN/RPN/LPN of
 the STAT order.
- For 'One dose only' or 'Pre-op' write this in the stop date box as an alert. Pre-operative orders
 written by the anesthetist for the patient's regular medications override other medication
 orders.

TITRATED MEDICATION ORDERS:

Acute Care Units

• For other titrated medication infusions such as Dopamine transcribe the order onto the MAR.

ICU Critical Care flow sheet

• In ICU for other titrated medication infusions record the medication name and concentration on the MAR and write "See Physician's Orders" and "See Critical Care flow sheet". Then

transcribe the infusion including concentration and rate on the Drug Infusions area of the Critical Care flow sheet.

FOLLOWING MEDICATION ORDER TRANSCRIPTION:

- After all of the medication orders have been transcribed, block the set of medication orders using a parentheses and write 'MAR' beside the medication orders. When all orders are completely transcribed, write date, time completed, initials and designation by the entire block of orders.
- Draw a line under the block of orders using a black or blue ballpoint pen.
- RN/RPN/LPN/NUA then places the MAR in the chart next to the most current Physician's
 Orders and alerts the nurse to the new medication order(s) either verbally for STAT orders or
 by flagging the order for non-STAT orders.

RN/RPN/LPN then:

- Together with the Physician's/MedRec orders, checks and verifies the transcription of the new medication orders written on the MAR and Pain Flow Sheet. This must be done prior to the administration of these medications.
- Writes scheduled administration times using the 24 hour clock. Include 'time on', 'location' and 'date/time off' for all transdermal patches. Refer to Medications: Transdermal Administration
- Enters the 'last dose' date and time in the stop date box when a specific number of doses are ordered. For example, medications ordered q8h x three days is equal to nine doses. Doses given in PAR are to be included in the total number calculated. Doses given in the OR are not to be included as they are not part of the post-operative orders.
- Indicates any physiological measurements required prior to medication administration in the stop date box (e.g. check apex, check BP). Co-initials and writes designation beside the block of physician's orders transcribed by the NUA.
- Returns the MAR/Pain Flow Sheet to the medication binder or clipboard.
- Other stop dates will be added to the MAR by pharmacy.

PASS MEDICATIONS:

- A physician's order for the medications that the patient is to take while out on pass and the expected leave time is required. For PRN medications, the number of doses must be specified.
- The RN/RPN/LPN provides a sufficient supply of each medication from the patient's supply and/or ward stock utilizing specially labeled envelopes/vials, except for liquid medications and all controlled/narcotic drugs that the pharmacist must dispense. Identify the patient name, drug name, dose, administration time(s) and physician name on the envelope.

Medications for patients on pass will arrive simultaneously with the AUD strip. Patients may
be given medication from the AUD strip if they are in hospital during the originally ordered
pass period (i.e. leaving late or returning early). Any meds in the strip while the patient is out
on pass should be placed in the Returns bin.

- Assess patient/family knowledge re: medications. Review the purpose of each medication, which medications must be taken under certain conditions (e.g. before meals), time of next dose for each medication, how often PRN analgesics can be taken. It may be helpful to show each medication to the patient/family.
- For UBCH and G FS refer to Pass Medications [D-00-12-30285].

MEDICATIONS FOR TRAVELING PATIENTS:

- For patients traveling, a physician's order is required that indicates the quantity of medications to be given to the patient. (This is usually until the patient is able to get to a community pharmacy.)
- The RN/RPN/LPN provides a sufficient supply of each medication from the patient's supply and/or ward stock utilizing specially labelled envelopes/vials, except for liquid medications and all narcotic/controlled drugs that the pharmacist must dispense. Identify the patient name, drug name, dose, administration time(s) and physician name on the envelope.
- Assess patient/family knowledge re: medications. Review the purpose of each medication, which medications must be taken under certain conditions (e.g. before meals), time of next dose for each medication, how often PRN analgesics can be taken. It may be helpful to show each medication to the patient/family.

24 HOUR CHART and MAR CHECK

- The night shift RN/RPN/LPN checks the charts of all assigned patients for new orders. New orders are all orders that are written below the last initialed and dated 24-hour red check line.
- Each new order is checked for accuracy and completeness of transcription. For units that use
 paper check that lab requisitions have been made. For units that are on electronic orders use
 the Active Orders report to check that all lab, radiology and cardiology tests have been
 entered into PCIS. Also check that non-medication orders have been transcribed onto the
 kardex.
- As part of this chart review, check the current MAR, the Pain Flow Sheet, the Critical Care Flow Sheet and/or the ICU Daily Sedation, Analgesia and Delirium record with the physicians'/MedRec orders to ensure that all medication orders written in the past 24 hours have been transcribed accurately onto any of these records. Discrepancies must be investigated.
- Once all new orders are checked, a red check line is made below the last order by drawing a straight line across the order sheet using a red pen. The date and initials of the nurse checking the orders are recorded on the line for every 24-hour period.

- Ensure MedRec Order form has been filled out (if new hospital admission).
- Following this chart and MAR check and upon receipt of the new MAR, check the new MAR against the current MAR to ensure:
 - Correct date
 - Correct patient name, MRN, physician, allergies, room and bed number
 - Correct number of pages
 - All medication order entries are accurate, comparing the previous computerized orders as well as newly transcribed orders Discontinued medication orders do not appear on the new MAR
 - New stop date for re-ordered medications appears in the 'Stop Date' box
 - Medications that have been ordered 'On hold' have been discontinued.
- If the new MAR is incorrect, make corrections. Examples: For a missing medication, hand write in the drug name, dose, route and frequency on a new blank MAR sheet.
- For any part of a preprinted medication that is incorrect, make corrections by using a blue highlighter pen to stroke through the printed medication name and administration times and hand write with a red pen "discontinued". RH only: Nurse or NUA uses a yellow highlighter to indicate that a medication is discontinued. Then they transcribe the correct order onto a new blank MAR. Notify pharmacy via a MAR memo. For a transdermal patch that is still in situ, transfer the site location and date last changed from the current MAR to the new MAR.
- Once checks are completed, initial and date each page of the new MAR on the bottom, right hand corner. Leave automatic stop order notice for physician for any medication that requires reordering.
- File the completed MAR in the appropriate section of the Health Record in chronological (1 to 31) date order.

Related Documents

- Medication Order Requirements Policy [CA 2800]
- Medication Administration and Documentation [D-00-07-30252]
- VCH-PHC Medication Reconciliation Policy [BD-00-11-40016]
- <u>Diabetes Record and Guidelines for Use</u>
- Anticoagulant Record and Guidelines for Use
- How to Print a Blank MAR
- MAR Memo and teaching sheet
- Medication Safety Checks
- Printing and Viewing Medication Profiles

VA Formulary - Medication Administration Policies:

- 5.2 STANDARD ORAL MEDICATION ADMINISTRATION TIMES: VANCOUVER ACUTE
- o 5.3 GUIDELINES TO STANDARDIZE ORAL MEDICATION DOSING TIMES

Revised By

PROGRAM/UNIT: Professional Practice and Regional Pharmacy Service

Task Group / Individual Names: VGH/UBCH/GF S Medication Safety Committee

Clinical Educator, Professional Practice - Nursing, VA

Clinical Educator, Professional Practice - Nursing, VA

Clinical Resource Nurse, Professional Practice - Nursing, Community

Medication Safety Pharmacist, Pharmaceutical Sciences, CSU

Endorsed By

Clinical Coordinator, Pharmaceutical Sciences

Director, Professional Practice-Nursing, Vancouver

Approved for Posting

Director, Professional Practice-Nursing, Vancouver

Date OF CREATION/REVIEW / REVISION:

Original publication date: March 2006

Review/revision date(s): Jul/07, Apr/09; Sept 2012 (min or changes)

Revised: June 29, 2023 – adding Richmond Hospital to DST and removing VGH

Alternate Search Terms

pharm hold order policy

med on hold policy

hold medication order policy

processing meds

24 hr chart check

MSC

printing medication profiles

viewing medication profiles

med profile

automated unit dose

AUD

unit dose

pass medications

med rec

medication reconciliation

MRO

Vancouver CoastalHealth

AUD Pass Medication Supply Request (Non-Narcotic, Regularly Scheduled Tablets and Capsules only)

STATs. For Narcotic/Controlled pass meds please fax a physician's order with full instructions as per policy. When AUD medications are needed for a pass, fax requisition to Pharmacy ASAP. Please provide at least 24hrs notice if possible; pass med requests cannot be processed as

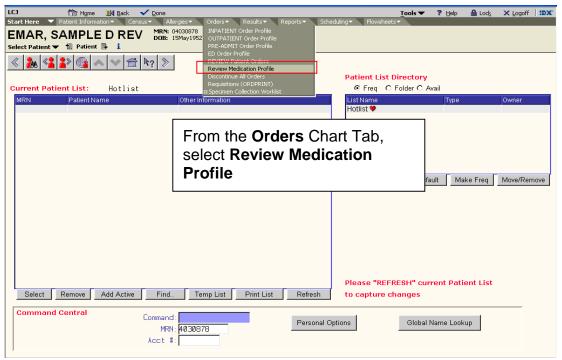
Type of pass:	☐ Standin	g Pass order □	☐ One Time Pass o	order
PCIS Add	ressograph Labe	el		
Today's Date:	_			
Pass medication	supply needed b	y:	(date)(t	ime)
Pass Duration:				
Order #	Medication	Dose	Directions	# Doses
OR				
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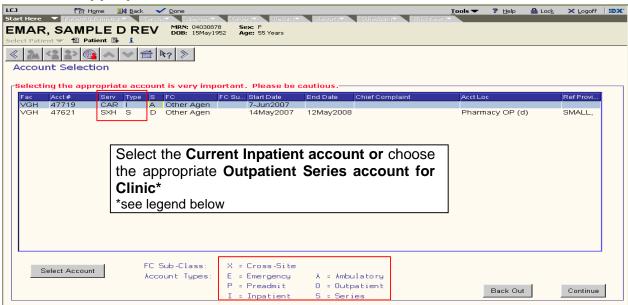
Printing & Viewing Medication Profiles



Navigate to the Active Medication Profile



Select the Appropriate Account





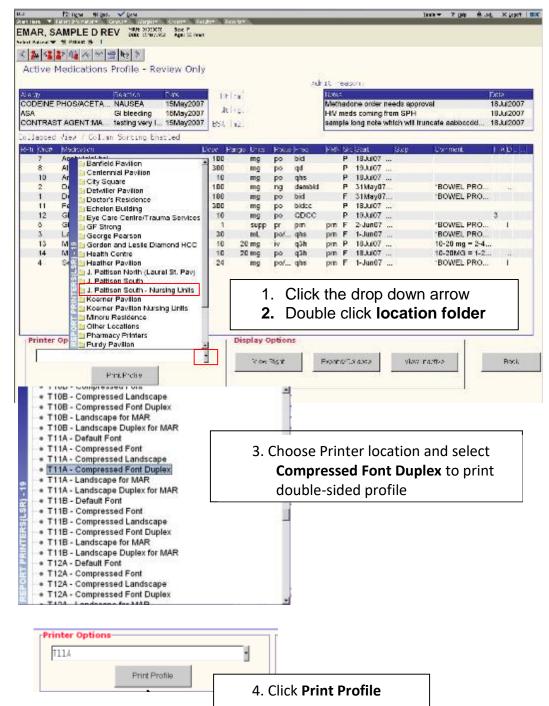
PolicyNet - Vancouver Acute

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CLINICAL PRACTICE DOCUMENT D-00-07-30253

Printing & Viewing Medication Profiles

Select Printer



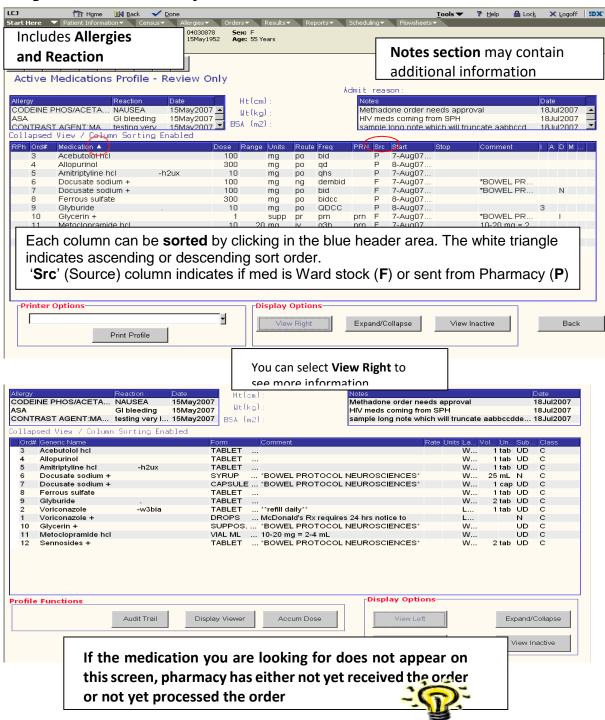


Promoting wellness, Rusuring core. UMENT D-00-07-30253

Printing & Viewing Medication Profiles



Viewing the Medication Profile



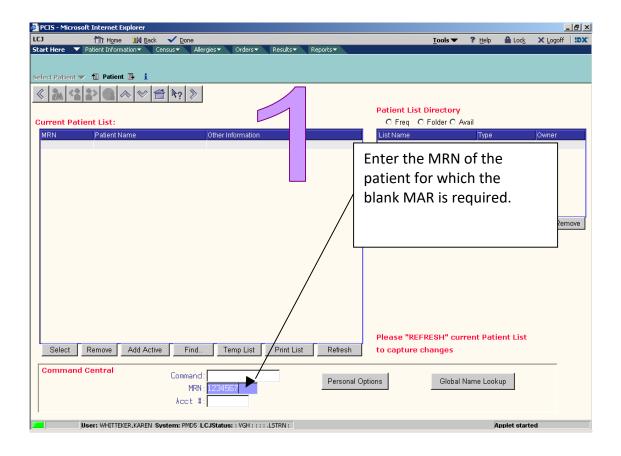
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Printing Blank Medication Administration Records



Activate the Patient

Promoting wellness, Ensuring care. UMENT



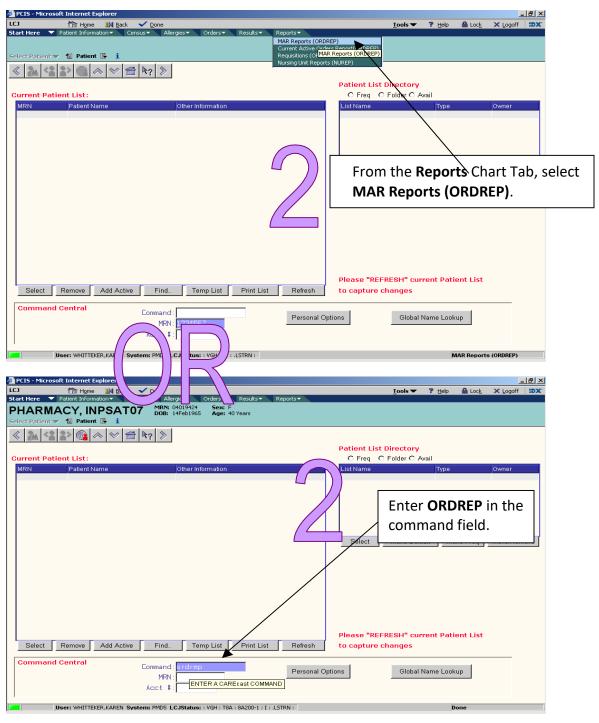
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Printing Blank Medication Administration Records

PATA SHARING LEADS TO PATIENT CAPENDS

Navigate to the Print Order Reports Screen

Promoting wellness. Ensuring care. UMENT



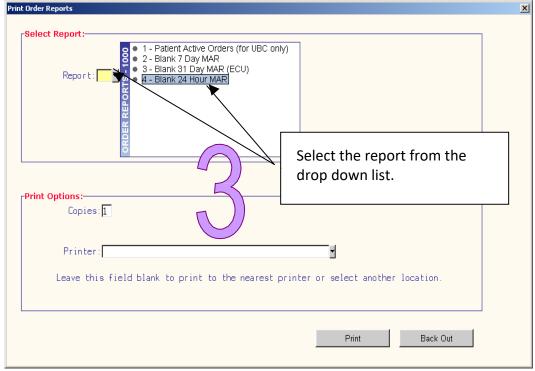
CoastalHealth Promoting wellness. Ensuring care. UMENT

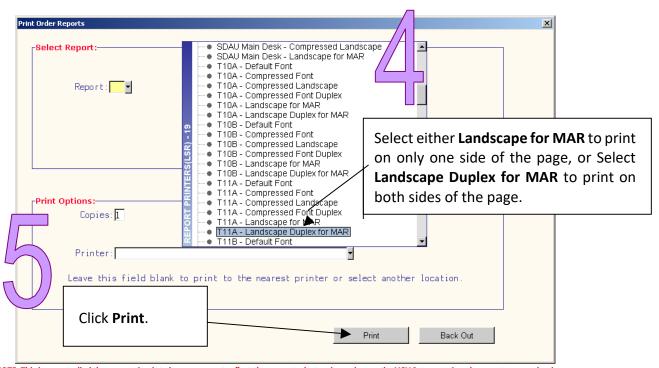
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Enter Report Details

Printing Blank Medication Administration Records





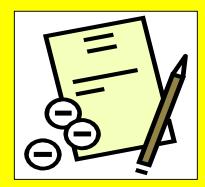


MEDICATION SAFETY CHECKS

Prior to processing and administering any medication orders always:

Check THE 7 RIGHTS!

- √ Is this the RIGHT DRUG?
- √ For the RIGHT PATIENT?
- √ In the RIGHT DOSE?
- √ By the RIGHT ROUTE?
- √ At the RIGHT TIME?
- √ For the RIGHT REASON?
- √ With the RIGHT DOCUMENTATION



Prior to each dose always ask yourself do you have the RIGHT DRUG?

DO THE 3 CHECKS!

- √ Confirm the identity and strength against the container/bag and label on 3 separate occasions
 - 1. Prior to drawing up or pouring the medication
 - 2. Immediately after drawing up or pouring the medication 3. Just prior to administering to patient
- √ Check the patient's ALLERGY BAND. Ensure that the patient has no allergies or other contraindications to receiving the drug, i.e. is this the appropriate drug for the patient?