

Ambulatory Clinic Policy and Procedure

Title: ORDERS, RECEIVING AND NOTING	Policy Number: EP 3.15
Regulations Reference: CMS §482.24, Joint Commission Standard MM.04.01.01 Texas Occupations Code Chapters 551-569, Chapters 281-315, 157	Effective Date: 04/2024

Policy Statement:

It is the policy of Texas Tech Physicians of El Paso (TTP-EP) to accurately transcribe orders and to implement the orders correctly and efficiently.

Scope and Distribution:

This policy applies to all TTP-EP ambulatory clinic operations.

Procedure:

- 1. Who May Give or Write Orders Only licensed independent and mid-level providers (credentialed practitioner, fellow, resident,) may give or write orders. Orders written by students, authorized as part of their education program, will not be honored by the nursing staff or ancillary personnel unless validated/countersigned by a licensed physician.
- 2. All licensed independent and mid-level providers will refrain from using any abbreviations from the official "**DO NOT USE**" **Abbreviation** List when writing or giving orders.
- 3. Only signed medication orders with specific instructions from a licensed independent practitioner will be deemed acceptable for use.
- 4. **Entering orders**: All orders must be entered in the Electronic Medical Record and signed by the providers above within 48 hours.
- 5. Medical Assistants (MA) and Nurse Assistants (NA), may, at the verbal request of physicians, prepare orders in the medical record by completing information in the appropriate paper or electronic form for physician review and signature. These forms are not an active order until signed by the physician.
- 6. **Verbal and Telephone Orders** will be accepted in emergencies or when it is not practical for the physician to write the order. Orders must be given to an RN or LVN. The provider is responsible for the full and accurate understanding by staff of these orders.
 - a. The RN or LVN should record the order into the electronic medical record, and route it to the respective provider for final signature. Writing the order temporarily in paper for convenience is acceptable.
 - b. The RN or LVN should read back and the prescriber will verify and validate the accuracy of the order.
 - c. A medication or immunization verbal order and documentation should include as applicable:
 - i. Patient weight (when appropriate)
 - ii. Drug name
 - iii. Dosage form
 - iv. Exact strength or concentration
 - v. Dose frequency and route
 - vi. Purpose indication (as appropriate)



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- d. A non-medication verbal order and documentation should also include diagnosis and priority.
- 7. **Temporary paper orders**: orders can be entered and signed by providers into pre-printed and authorized paper order templates for nurses or medical assistants to enter into the EMR and activate. The order must be then routed to the practitioner for final signature within 48 hours.
- 8. Order Validity Period:

All orders, including but not limited to medication orders, treatment plans, diagnostic tests, and procedures, will be valid for a duration of 365 days from the start date of the order unless otherwise indicated by the ordering provider.

The validity period begins from the start date of the order entered into the electronic healthcare record.

Upon reaching the end of the 365-day validity period, the Information Technology team will change the order to invalid by changing the status to "canceled" within the electronic healthcare record.

Once an order is invalidated, it will no longer be accessible or actionable by the patient, healthcare providers or staff.

9. As directed by HSC Operating Policy 52.05 orders may <u>not</u> be communicated via **text messaging** or secure text messaging.

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Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Medical Directors Committee, Chair Texas Tech Physicians of El Paso	