



SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

# Programmatic Policy and Procedure

<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	6/1/2003
<b>Sub-section</b>	Nursing	<b>Version:</b>	2.0
<b>Policy</b>	Transcribing New Medication Orders	<b>Last Revised:</b>	DRAFT
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	Transcribing New Medication Orders 9/28/2016; NM-1.4 – Telephone Orders	<b>Audit Date:</b>	DRAFT
<b>Approvals:</b>	PHF Medical Practice Committee:		

## 1. PURPOSE/SCOPE

- 1.1. To guide the practice of licensed nursing staff (LNS) when accepting, verifying, transcribing, and implementing medication orders from an authorized prescriber.
- 1.2. To ensure compliance with all state and federal laws and standards of professional practice that govern medication transcription management and monitoring.

## 2. DEFINITIONS/ACRONYMS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed nursing staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or licensed psychiatric technician (LPT).

## 3. POLICY

- 3.1. It is the policy of the Psychiatric Health Facility (PHF) that all transcriptions of new medication orders be accurate, complete and legible in accordance with all relevant state and federal laws.
- 3.2. LNS may only accept medication orders from an authorized credentialed prescriber (hereafter “prescriber”) employed or contracted by the PHF. LNS shall verify the accuracy of all transcriptions of new medication orders from a prescriber prior to the administration of any prescription or non-prescription medication or activity that requires such order. In any situation where an order is unclear, or a LNS questions the appropriateness, accuracy, or completeness of an order, LNS shall not implement the order until it is clarified.

#### 4. **NEW ORDERS**

- 4.1. Prescribers will ensure that new orders are clearly and appropriately flagged within the patient's chart and will notify the patient's LNS of the presence of a new medication order for transcription.
- 4.2. Orders that are illegible, incomplete, ambiguous or contain discrepancies are not to be implemented. LNS must first clarify the order information directly with the prescriber before proceeding with transcription and implementation.
- 4.3. Each chart will be checked for new orders and compared to the Medication Administration Record (MAR) at the beginning of each shift.
- 4.4. All new orders must be noted and transcribed immediately by a LNS. The receiving LNS (either the patient's assigned LNS or the Medication Nurse) will date, time and sign the order in red ink to indicate the information has been acknowledged and relayed.
- 4.5. The Medication Nurse will enter the new order into the MAR and notify the Pharmacy. The Medication Nurse will document the following in the MAR:
  1. Date of order on the upper left-hand corner of the box;
  2. Medication name;
  3. Dose;
  4. Route;
  5. Time and frequency;
  6. Indication for use;
  7. Expiration date for the order (in RED ink); and
  8. Prescriber's name in the lower right-hand corner.

#### 5. **STAT ORDERS**

- 5.1. "STAT" indicates a medication order requiring immediate action due to severe discomfort or a medical/psychiatric emergency. The time from which a "STAT" medication is ordered and the medication is administered must be within 15 minutes.
- 5.2. If an order is "STAT", the prescriber will notify LNS directly. LNS will transcribe the "STAT" order onto the PRN (i.e., as needed) MAR and discontinue the order once administered.
- 5.3. "STAT" orders are to be circled in red on the doctor order sheet and noted as "GIVEN" by the Medication Nurse along with the date and time. Documentation on the MAR will include the date and time the medication was administered and the initials of Medication Nurse.

## 6. TELEPHONE ORDERS

6.1. Telephone orders will be used only to meet the needs of the patient when it is impossible or impractical for the prescriber to travel to the PHF and write the order without significantly delaying treatment. All telephone orders require the following elements:

1. Date and time order is received;
2. Medication name (brand or generic);
3. Strength or concentration;
4. Dose;
5. Dosage form (e.g., tablets, capsules, inhalants, etc.)
6. Route;
7. Frequency;
8. Quantity or specific duration of therapy;
9. Indication for use;
10. Expiration date;
11. Prescriber's name; and
12. Signature of order recipient.

6.2. LNS transcribing the telephone order on the MAR will ensure the date of the order is written on the upper left-hand corner of the box, the expiration date for the order is written in RED ink on the upper right-hand corner, and the prescriber's name is written on the lower right-hand corner.

6.3. Telephone orders are prone to miscommunications and transcription errors. To ensure telephone orders are captured accurately, LNS will:

1. Spell out unfamiliar or "sound-alike" drug names (using "T as in Tom," "C as in Charlie," etc.);
2. Pronounce each numerical digit separately (e.g. "one five" instead of "fifteen" to avoid confusion with fifty);
3. Minimize the use of abbreviations and avoid unapproved abbreviations; and
4. Repeat the entire order back to the prescriber.

6.4. Telephone orders must be signed by the prescriber as soon as possible, but no later than 24 hours. LNS will follow up with the prescriber for signature within 24 hours.

1. A physician may sign for telephone orders made by other prescribers to ensure all orders are signed within 24 hours.

**7. NIGHTLY ORDER AUDITING**

- 7.1. Overnight (i.e., “NOC shift”) LNS are responsible for conducting a nightly audit of all medication orders.
- 7.2. LNS will document the audit in red ink. All audits will include the following:
  - 1. Audit date and time;
  - 2. Auditor’s signature and license discipline;
  - 3. Auditor’s initials on the bottom left corner of the MAR to denote the medication order was correctly transcribed and the audit completed.

**REFERENCE**

California Code of Regulations – Social Security  
 Title 22, Chapter 9, Section 77079.5

Code of Federal Regulations  
 Title 42, Section 482.25

**RELATED POLICIES**

- Stop Orders of Medications
- Documenting and Auditing Medication Orders

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
10/11/2018	2.0	<ul style="list-style-type: none"> <li>• “STAT” orders are to be administered within 15 minutes.</li> <li>• A physician may sign medication orders for another prescriber to ensure all telephone orders are signed within 24 hours.</li> </ul>

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*