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

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	**Effective:**	9/28/16
Sub-section	Nursing		
Policy	Transcribing New Medication Orders	**Last Revised:**	9/28/16
Policy #			

Director's Approval _____ **Date** _____
Alice Gleghorn, PhD

PHF Medical Director's Approval _____ **Date** _____
Leslie Lundt, MD

Supersedes: New policy

Audit Date: 9/28/19

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 psychiatric technician (PT).

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 all 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 orders 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 will date, time and sign the order in red ink to indicate the information has been acknowledged and relayed (i.e. patient's assigned LNS, Medication Nurse).

4.5. The Medication Nurse will enter the new order into the Medication Administration Record (MAR) and notify the pharmacy. The Medication Nurse will document the following in the MAR:

1. Date of order on the upper lefthand 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 righthand corner.

5. STAT ORDERS

5.1. If an order is "STAT", meaning that it must be given immediately, it will be transcribed onto the PRN (i.e. as needed) MAR and discontinued once administered.

5.2. STAT orders are to be circled in RED on the doctor order sheet and noted as "GIVEN" with 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. LNS transcribing the telephone order will record the following:

1. Date of order on the upper lefthand 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 righthand corner.

6.2. 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.

6.3. 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.

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.

ASSISTANCE

Charlotte Balzer-Gott, RN, Nursing Supervisor

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

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).