POLICY AND COMMUNICATIONS BULLETIN
THE CLINICAL CENTER

Medical Administrative Series

M86-2 (rev.) 28 September 1999

MANUAL TRANSMITTAL SHEET

SUBJECT: Transcription of Medical/Verbal Orders in the Clinical Center

1. Explanation of Material Transmitted: This reissuance sets forth policy guidelines on the transcription of medical/verbal orders in the Clinical Center (CC), as adopted by the CC Medical Executive Committee on 21 September 1999. It clarifies the regulatory requirements on counter signatures, quality assurance measures, and further details those instances when a verbal order may not be used.

2. Material Superseded: MAS No. M86-2 (rev.), dated 16 June 1998

3. Filing Instructions: Medical Records Section

   Remove: No. M86-2 (rev.), dated 16 June 1998

   Insert: No. M86-2 (rev.), dated 28 September 1999

DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in Patient Care

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M86-2 (rev.) 28 September 1999

SUBJECT: Transcription of Medical/Verbal Orders in the Clinical Center

PURPOSE

To define the terms "medical order," "standing order," and "verbal order," and clarify who is authorized to write/give, accept, and carry out these orders in the Clinical Center (CC).

POLICY

A medical order is an order generated by a credentialed physician, dentist, podiatrist, or other practitioners authorized by the Medical Executive Committee (prescriber) and directs the execution of specific activities prescribed as part of a diagnostic, therapeutic, and/or research regimen. Medical orders are written and signed, or entered into The Medical Information System, by prescribers. A standing order is a predetermined medical order.

Nurses, and other allied health professionals, carry out standing and medical orders consistent with their credentials, area of expertise, and position descriptions.

A verbal order is a medical order given verbally by a prescriber. A verbal order may be accepted and carried out by a nurse. In addition, an allied health professional, such as pharmacist, respiratory therapist, x-ray technologist, physician assistant, occupational therapist, physical therapist, audiologist, speech-language pathologist, psychologist, social worker, authorized research assistant, and others who may be designated by the Clinical Center Medical Executive Committee, may also accept and execute a verbal order consistent with his/her credentials, area of expertise, and position description.

Verbal orders are recorded in writing, or by computer, and signed by the accepting professional as 'per' the authorized prescriber. There are no state, local or regulatory requirements necessitating counter-signature at the Clinical Center. The appropriateness of verbal order practice patterns shall be assessed as an ongoing quality assurance activity by the Pharmacy Department, in conjunction with the Pharmacy and Therapeutics (P&T) Committee, Nursing Department and Clinical Quality Committee (CQC).

Verbal orders may not be issued**: (1)** to discharge a patient; **(2)** to transfer a patient outside the Clinical Center; **(3)** to order schedule II controlled substances for outpatients, discharged patients, or patients on pass when the medications will be used outside the Clinical Center; **(4)** for initiation of oncology chemotherapy agents; **(5)** to order investigational agents being studied under an IND; or **(6)** to order total parenteral nutrition.

A nurse or an allied health professional has the authority not to accept a verbal order when in his/her judgment the order should be verified by the prescriber, or the patient should be seen by the prescriber, before the order is carried out.