



Policy & SOP of Verbal & Telephonic Order

Purpose of this policy to ensure telephonic verbal orders are implemented as desired.

Objective: This policy is to minimize / ensure zero errors between verbal / telephonic orders and implementation.

Scope: scope applies to all indoor wards / operation theaters and patient care areas.

Responsibilities: It is responsibilities of nursing staff and all health care workers on duty.

- **Procedure:** The staff member taking the order shall record at assigned place (in physician's order sheet) in the patient's file.
- The staff members taking the order shall record the order in chronological order.
- The Staff member taking the order shall read order back to the authorized provider and request confirmation.
- The Steps of READ-BACK process include the following:
 - Listen carefully to the order or test result.
 - Write down: The message so that it is clearly legible
 - Read back: Your message to the caller.
 - Confirm: That what you read back is accurate.
 - Known allergies (if this has not been determined at the time of verbal/ telephonic order).
 - The purpose the drug is ordered for the patient.
 - Name of the designation of the individual who implemented the order
 - If the prescriber does not know both the generic and the brand name of the medication, the receiver should obtain the clarification from a pharmacist. Both names (generic and brand) should be recorded in the order.
 - In certain situation, such as operating room or the emergency department (ED), intensive care unit prescriber verbally confirms the order. **The person who is to administer the order can say it loud before administration and again receive verbal confirmation from the prescriber. (Repeat back).**
- All verbal and telephone orders should be transcribed, dated, timed and signed by the authorized recipient in the patient's medical record.
- Pharmacists, respiratory therapists and registered dietitians should notify the responsible registered nurse of any verbal or telephone orders they transcribed.
- Verbal and telephone orders should be counter-signed, dated and time by the prescribing provider or any authorized provider within 48 hours.
- Note: In some instances, the ordering practitioner may not be able to authenticate his or her verbal order (for example, the ordering practitioner gives a verbal order that is written and transcribed, and then he or she is "off duty" for the weekend or an extended period of time). In such cases, it is acceptable for another practitioner who is responsible for the care of the patient to authenticate the verbal order of the ordering practitioner.
- Documentation of verbal orders includes the time the verbal order was received.
- **Critical test results:** Those values/interpretations that indicate the patient is in imminent danger of death, significant morbidity, or serious adverse consequences unless treatment is initiated

immediately; results that are determined by the radiologist or other diagnostician to be critical to the patient's subsequent treatment decisions.

Additional test measures:

- Medication order recipients should repeat the name of the drug and dosage order to the prescriber and request or provide correct spelling, using spelling aids such as “B” as in ball:, “M as March”, spell out all the numbers: for example 16 should be stated as “one six” to avoid confusion with number 60.
- Avoid using abbreviations. For example, “1 tab tad” should be stated as “take/give one tablet three times daily”

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- Whenever possible, have a second person listen to the verbal telephone order to verify its accuracy. This is especially important when the person taking the verbal order is inexperienced with the process.
- Certain medications are prescribed in Units, rather than the metric system. For those medications, the word “unit” should be completely written out. The use of “U” is not acceptable.
- For medications that are prescribed in micrograms, the word “microgram” should be written out. The abbreviation “mcg” is not acceptable.

G. Reference / Related Records:

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