



CLINICAL

NAME: MEDICATION ORDER WRITING STANDARDS

NUMBER: CL-4-40

APPROVED: VP Health Services & Chief Nursing Officer

Chief of Medical Staff BRHA Hospitals

EFFECTIVE DATE: *March 2007*

PAGE: 1 of 3

1.0 PURPOSE

- 1.1 To ensure the details of Medication Orders are clear.
- 1.2 To ensure Medication Orders are legible and comply with order writing standards.
- 1.3 To mandate for all BRHA employees and members of the Medical Staff, Medication Order practices that recognize and promote patient safety by reducing the opportunity for medication error.

2.0 DEFINITION

- 2.1 Medication Order: any hand-written, typed, pre-printed, or electronic order for a drug, vaccine, intravenous fluid therapy, or any such similar therapies ordered by a duly authorized practitioner for administration to or by a patient under the care of the practitioner.

3.0 POLICY

- 3.1 Medication Order must be legible and shall comply with the order writing standards as outlined in the following procedure.
- 3.2 Abbreviations, acronyms, and symbols listed in Appendix 1 shall not be permitted on a Medication Order or a medication related document, chart, form or label. The use of all other abbreviations and acronyms is discouraged.
- 3.3 No health care provider shall act upon or carry out a Medication Order that is not clear. The individual shall first seek clarification from the individual who wrote the Medication Order. A written clarification should be entered on the order sheet.
- 3.4 A Medication Order in which a banned abbreviation, acronym, or symbol (as appearing in Appendix 1) has been employed, shall, by definition be considered not clear and subject to the provisions of 3.3 above.

4.0 PROCEDURE

Medication Order Writing Standards

- 4.1 A Medication Order must be printed or written legibly by an authorized prescriber.
- 4.2 A Medication Order must be clear and unambiguous.
- 4.3 A Medication Order must comply with BRHA Formulary requirements and restrictions.
- 4.4 Use of the metric system is compulsory. Apothecary or avoirdupois units are not acceptable.
- 4.5 A Medication Order for pediatric patients who weigh 50 kg or less must include the dosage by weight in terms of 'milligrams per kilogram per day' or 'milligrams per kilogram per dose' OR by body surface area ('milligram per square meter per dose or day').
- 4.6 The desired therapeutic outcome, indication for prescribing, or treatment goal must be included on the prescription for a PRN (give as needed) Medication Order to assist other health care professionals in administering and monitoring the intended therapy. Imprecise endpoints, such as 'titrate to effect', are not acceptable.
- 4.7 Imprecise and broad Medication Orders shall not be accepted.
- 4.8 Exact dosage strengths (such as milligrams) must be specified rather than dosage form units (such as one tablet or one vial).
- 4.9 A Medication Order must be complete and must include:
 - 4.9.1 patient name (addressograph imprint acceptable)
 - 4.9.2 patient number (addressograph imprint acceptable)
 - 4.9.3 date and time of order
 - 4.9.4 generic drug name
 - 4.9.5 route of administration
 - 4.9.6 site of administration (as appropriate)
 - 4.9.7 dose
 - 4.9.8 dosage form
 - 4.9.9 strength
 - 4.9.10 quantity
 - 4.9.11 dilution, rate and time of administration (as appropriate)
 - frequency of administration
 - patient weight when it may be a consideration in selecting drug dose (pediatrics; extremely underweight or overweight patients; or weight-based dosing)
 - desired therapeutic outcome, indication for prescribing, or treatment goal for PRN (give as needed) orders
- 4.10 Where the generic name may be confused with other agents (look-a-like or sound-a-like name), the trade name should be used, in conjunction with the generic name. eg. lasix and losec, cephalosporins-all very similar drug names.

- 4.11 Once written, an original Medication Order may not later be physically altered in any way. A subsequent Medication Order must be written to cancel the original Medication Order and to clarify the prescriber's intent.
- 4.12 The Prescriber's signature must appear at the end of each Medication Order or Medication Order set, followed by the prescriber's printed name and professional designation, or unique license / registration number.

5.0 REFERENCES

- 5.1 Institute for Safe Medication Practices (www.ismp-canada.org)
- 5.2 Manitoba Pharmaceutical Association Guidelines on the Standards of Practice in Hospital Pharmacy