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MEDICATION ORDERS

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVE

- To ensure consistent practice and support **patient safety** with regard to creating and acting upon **medication orders** in **Alberta Health Services (AHS) settings**.

PRINCIPLES

Alberta Health Services is committed to consistency, awareness, and safety in medication ordering practices across the organization.

Zones, departments and/or programs may build upon this policy to produce more detailed resources that comply with this policy suite, based on the care setting and health services provided to patients.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Exceptions to the Medication Orders Policy

1.1 Emergency Medical Services (EMS)

- For medication orders in the pre-hospital environment, EMS shall continue to follow the *EMS Medical Control Protocols*.

- b) During inter-facility transfers, EMS shall, whenever possible, follow this AHS *Medication Orders* Policy with regard to medication orders.
- 1.2 In community settings (e.g., Supportive Living, Home Living, Correctional Health) where medications may be provided by non-AHS community pharmacies and medication orders may be provided by community-based prescribers (e.g., primary care Physicians) that are not affiliated with AHS, **health care providers** shall follow this policy, whenever possible.

2. Ordering Medications

- 2.1 Only an **authorized prescriber** has the authority to order medications.
- a) **Students** of regulated health disciplines are not authorized prescribers.
 - (i) Medication orders written or electronically entered by Students shall not be implemented until approved by an authorized prescriber.
- 2.2 Medication Order Principles
- a) Medication orders, re-orders, or re-assessments shall be completed upon admission, at end of service, transition to another level of care, or with a significant change in patient's health status. Examples include but are not limited to transfer from Acute Care to Continuing Care (i.e., Home Living, Supportive Living, Facility Living), from one AHS facility to another, operating room to inpatient unit, or transfer in and out of Critical Care.
 - (i) Refer to the AHS *Medication Reconciliation* Policy and practice setting specific guidelines, to ensure appropriate review, evaluation, and reconciliation of medications.
 - b) Medication orders shall be documented on the patient **health record**.
 - c) Medication orders shall be accurate, clear, and legible. Refer to the *Medication Orders* Procedure for medication order requirements.
 - d) Medication orders shall comply with the AHS *Do Not Use List of Abbreviations, Symbols, and Dose Designations for Medication-Related Documentation* Policy.
 - e) Allergies and adverse reactions shall be documented on the patient's health record and reviewed prior to ordering medications.
 - f) Hand-written, fax, or **computerized provider order entry (CPOE)** orders are the acceptable methods of ordering medications.
 - (i) Verbal (in-person) and telephonic (conveyed by telephone and/or radio) medication orders are prone to error, and shall only be provided in specific circumstances. Refer to the AHS *Verbal and*

Telephonic Medication Orders Procedure, for information on providing, accepting, and acting upon verbal and telephonic medication orders.

- (ii) Medication lists from community pharmacies or Netcare Pharmaceutical Information Network (PIN) profiles shall not be signed and used in place of written orders.
- (iii) Medication orders are not to be transmitted by email per the AHS *Emailing Personal Identifiable Health Information Procedure*.
Exception: Hand-signed, scanned medication orders (new, refills, or changes) may be transmitted from an AHS internal email account to health care providers with an AHS internal email account.
- (iv) Medication orders shall not be transmitted via text message.
- (v) Medication orders sent to pharmacy shall be paper copies, carbon copies, no-carbon-required copies, via computerized provider order entry (CPOE), or other authorized electronic transmission.
- g) Authorized prescribers shall order medications in accordance with the AHS Drug **Formulary** for the practice setting, where possible.
 - (i) Refer to the AHS *Low-cost Non-Formulary Process* and the AHS *Short-term Exceptional Drug Therapy (STEDT) Process*, where required.
- h) Authorized prescribers shall adhere to the AHS *Standardized Medication Concentrations for Parenteral Administration Policy* and procedures for medications that have an established standardized medication concentration.
- i) Medication orders written as part of a consultation shall be implemented under the direction of the most responsible authorized prescriber, or their designate. See the AHS *Medication Orders Procedure* for more information.

3. Clarification of Unclear, Inappropriate, or Incomplete Medication Orders

- 3.1 Medication orders (including order clarifications) shall comply with all applicable legislation and AHS policies and procedures. See the AHS *Medication Orders Procedure* for further information regarding the clarification of medication orders.
- 3.2 **Health care professionals** are responsible for seeking clarification with the authorized prescriber regarding unclear, inappropriate, illegible, or incomplete medication orders, including but not limited to the following situations:

- a) the medication order is believed to contradict an applicable AHS policy or the health care professional's standards of practice; or
 - b) in the health care professional's judgment, administration of the medication as ordered could result in patient **harm**.
- 3.3 If a health care professional determines that clarification is necessary, medications shall not be processed, dispensed, or administered until the medication order is clarified in a timely fashion.
- 4. Implementation of Medication Orders**
- 4.1 Health care professionals shall implement medication orders in accordance with applicable standards and process documents, and their professional regulations and standards of practice.
- 5. Transcription of Medication Orders**
- 5.1 The process of transcribing a medication order includes both the process of transferring a medication order to a suitable medication documentation record (e.g., medication administration record [MAR]) and the process of verifying that the medication order was transferred accurately to the medication documentation record.
- 5.2 See the AHS *Medication Orders* Procedure for further information on the requirements for transcribing medication orders.
- 6. As-needed or As-required Orders (PRN Medication Orders)**
- 6.1 PRN medication orders, including **range dose medication orders** (e.g., acetaminophen 325 – 650 mg PO every 6 hours as needed for pain), are considered acceptable for situations where a patient's need for the medication varies.
- 6.2 Refer to the AHS *Medication Orders* Procedure for information on the proper use and interpretation of PRN and range dose medication orders.
- 7. Order Sets That Direct the Administration of Medications**
- 7.1 An order set (pre-printed or electronic) that includes a pre-determined set of medication choices applicable to a specific population, shall include the medication order requirements listed in the AHS *Medication Orders* Procedure.
- 7.2 An authorized prescriber must identify the particular medication orders from within an order set that apply to a specific patient, and authorize use of the order set.

8. Quality Assurance

- 8.1 Zone/program/site operations shall be responsible for monitoring compliance with this policy and related procedures to identify areas for quality improvement.

DEFINITIONS

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Authorized prescriber means a health care professional who is permitted by Federal and Provincial legislation, their regulatory college, Alberta Health Services and practice setting (where applicable) to prescribe medications.

Computerized provider order entry (CPOE) means an application that allows health care providers to use a computer to directly enter medical orders (including medication orders) electronically in inpatient and ambulatory settings, replacing the more traditional order methods of paper, verbal, telephone, and fax.

Formulary means a list of medications which are approved by the Drugs and Therapeutics Committee, for use in Alberta Health Services settings. Formulary medications are stocked in AHS pharmacies (contingent on the patient population being served) or are available upon request.

Harm means an unexpected outcome for the patient, resulting from the care and/or services provided, that negatively affects the patient's health and/or quality of life.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta) and who practises within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf or in conjunction with Alberta Health Services.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Medication means any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings, and restoring, correcting or modifying organic functions in human beings.

Order means a direction given by a regulated health care professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment, to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient safety means the reduction of harm associated with health care.

Range dose medication orders means an order in which the medication dose may vary over a prescribed range, depending on the patient's status.

Student means those individuals enrolled in an entry-level health care discipline education program leading to initial entry-to-practice as a regulated or non-regulated health care provider.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Do Not Use List of Abbreviations, Symbols, and Dose Designations for Medication-Related Documentation Policy* (#PS-08)
 - *Emailing Personal Identifiable Health Information Procedure* (#1113-01)
 - *Medical Staff Rules and Bylaws*
 - *Medication Orders Procedure* (#PS-93-01)
 - *Medication Reconciliation Policy* (#PS-05)
 - *Patient Identification Policy* (#PS-06)
 - *Provincial Drug Formulary System Policy* (#HCS-25)
 - *Standardized Medication Concentrations for Parenteral Administration Policy* (#PS-45) and procedures
 - *Verbal and Telephonic Medication Orders Procedure* (#PS-93-02)
- Alberta Health Services Resources:
 - *EMS Medical Control Protocols*
- Non-Alberta Health Services Documents:
 - *Controlled Drugs and Substances Act* (Government of Canada)
 - *Medication Guidelines, 2015* (College and Association of Registered Nurses of Alberta)

VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item