



TITLE

**VERBAL AND TELEPHONIC MEDICATION ORDERS**

SCOPE

Provincial

DOCUMENT #

PS-93-02

APPROVAL AUTHORITY

Clinical Operations Executive Committee

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Provincial Medication Management Committee

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Not applicable

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Medication Orders Policy (#PS-93)

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February 26, 2021

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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 describe the steps required when providing, accepting, and acting upon verbal (in-person) and telephonic (conveyed by telephone and/or radio) **medication orders**.

## 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 Verbal and Telephonic Medication Orders Procedure

#### 1.1 Emergency Medical Services (EMS)

- For medication orders in the pre-hospital environment, EMS shall continue to follow the *EMS Medical Control Protocols*.
- During inter-facility transfers, EMS shall, whenever possible, follow this Alberta Health Services (AHS) *Verbal and Telephonic Medication Orders Procedure* with regard to medication orders.

- 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. Providing and Accepting Verbal and Telephonic Medication Orders

- 2.1 Only an **authorized prescriber** has the authority to order medications.
- a) **Students** of regulated health disciplines are not authorized prescribers.
- 2.2 **Health care professionals** shall not accept verbal or telephonic medication orders from students of regulated health disciplines.
- 2.3 Unregulated **health care providers** shall not accept verbal or telephonic medication orders.

## 3. When Verbal (In-Person) Medication Orders May Be Accepted

- 3.1 Verbal (in-person) medication orders shall only be accepted by a health care professional in an **emergency situation** or an urgent situation where delay in treatment would place a **patient** at risk of serious **harm**, and it is not feasible for the prescriber to document the medication order (e.g., during a sterile procedure).
- 3.2 Verbal medication orders shall not be accepted for **chemotherapy** unless the order is to hold or discontinue the medication.

## 4. When Telephonic (Conveyed by Telephone and/or Radio) Medication Orders May Be Accepted

- 4.1 Telephonic (conveyed by telephone and/or radio) medication orders shall only be accepted by a health care professional where the authorized prescriber is not physically present to document the medication order and a delay in ordering, administering, or discontinuing the medication would compromise patient care and/or **patient safety**.
- a) A telephonic medication order shall not be accepted via voicemail.
- 4.2 Telephonic medication orders shall not be accepted for chemotherapy unless the order is to hold or discontinue the medication.

## 5. Receiving Verbal and Telephonic Medication Orders

- 5.1 All verbal and telephonic medication orders shall include the requirements listed in the AHS *Medication Orders Procedure*.
- 5.2 Prior to accepting a verbal or telephonic medication order, the authorized prescriber and the health care professional receiving the order shall verify the identity of the patient using two (2) patient identifiers per the AHS *Patient Identification Policy*.
- 5.3 Verbal and telephonic medication orders shall be documented on the **health record** by the health care professional receiving the order from the authorized prescriber, and shall include:

- a) the medication order requirements outlined in the *AHS Medication Orders Procedure*;
  - b) the name of the authorized prescriber, and the name, designation and signature of the health care professional receiving the order; and
  - c) that it is a verbal order or telephonic order.
- 5.4 Verbal medication orders shall be documented on the health record in written format (e.g., hand-written or electronic) at the time of receipt of the order or as close to it as prudently possible.
- 5.5 Telephonic medication orders shall be documented on the health record in written format (e.g., hand-written or electronic) at the time of receipt of the order.
- 5.6 When accepting a verbal or telephonic medication order, health care professionals shall seek clarity to ensure it is clear, appropriate, and complete.
- 5.7 For telephonic medication orders, the complete order shall be read back to the authorized prescriber, as follows:
- a) repeat the medication name:
    - (i) use words to identify any letters that are phonetically similar (e.g., “b” and “v” sound similar, so use “b” as in “Bob”, “v” as in “Vicky” for these letters); and
  - b) confirm doses, expressed as single digits (e.g., “50 mg” – read back as “five, zero, milligrams”).
- 5.8 For verbal medication orders, the complete order shall be read back to the authorized prescriber and consider steps outlined in section 5.7 of this document for order confirmation, where required (e.g., excessive noise).
- 5.9 All verbal and telephonic medication orders shall be verified.
- a) Authorized prescribers are responsible and accountable for verifying their own verbal and telephonic medication orders within 24 hours for Acute Care settings, and upon the next prescriber visit for all other settings.
  - b) Where an authorized prescriber may not visit the practice setting, alternate processes should be developed to obtain verification of a telephonic medication order (e.g., fax, EMS voice recording).
  - c) Verbal and telephonic medication orders shall be verified by signature or electronic verification, depending on the method the orders were originally recorded.
  - d) Verbal and telephonic medication orders may be implemented prior to being verified.

## 6. Quality Assurance

- 6.1 When monitoring compliance with the AHS *Medication Orders Policy and Verbal and Telephonic Medication Orders Procedure*, Zone/program/site operations may review, but are not limited to, the following:
- a) the process of providing, accepting, documenting, and verifying verbal and telephonic medication orders; and
  - b) ensuring that verbal and telephonic medication orders are reserved for use as outlined in section 3 and 4 above.

## DEFINITIONS

**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.

**Chemotherapy** means the use of agents that inhibit or prevent the growth and/or spread of malignant cells. Chemotherapy is a cytotoxic agent. The terms chemotherapy, anti-neoplastic and cytotoxic are often used interchangeably.

**Emergency situation** means a circumstance which requires health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

**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.

**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:
  - *Medical Staff Rules and Bylaws*
  - *Medication Orders Policy (#PS-93)*
  - *Medication Orders Procedure (#PS-93-01)*
  - *Patient Identification Policy (#PS-06)*
- Alberta Health Services Resources:
  - *EMS Medical Control Protocols*
- Non-Alberta Health Services Documents:
  - *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