



Policy Name: <p style="text-align: center;">TRANSCRIBING AND CHECKING DOCTORS ORDERS</p>	Policy Number: <p style="text-align: center;">0230</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">SEPTEMBER 01, 1996</p>
Reason for Revision: <i>Click on item below and select item from list.</i> <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format used. Was a previous SOP (N) with no Policy #.</p>	Date Revised: <p style="text-align: center;">October 4, 2021</p> Next Date for Review: <p style="text-align: center;">October 4, 2024</p>
Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p>	Page No: <p style="text-align: center;">Page 1 of 2</p>

Policy

OBJECTIVES

- To describe the requirements for a medication order.
- To provide standardized processes for creating and acting upon medication orders, including as-needed or as required (PRN) medication orders (e.g. range dose medication orders).

APPLICABILITY

Physicians, Registered Nurses (RN), Student Nurses under the supervision of an RN

REQUIRED FORMS AND EQUIPMENT REFERENCES

Electronic forms location – FORMS
 Hardcopy forms location – Work area file cabinet.

1. Doctor's Order Sheet
2. MAR (pre-printed by pharmacy and handwritten)
3. Epidural Doctors Orders Sheet
4. Neuraxial Flow Sheet
5. Medication Reconciliation Form



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Procedure

1. All orders are to be written on the Doctor's Order Sheet, either by the physician or by the RN receiving a telephone order.
2. The RN will indicate on the Doctor's Order Sheet any medications that need to be filled by the pharmacy and fax the Doctor's Order Sheet to the pharmacy. The RN may request the Unit Clerk/designate to fax the order sheet to pharmacy.
3. The medication order will be faxed to pharmacy in order for them to process and print an updated MAR. If the ordered medication needs to be given prior to the receipt of the pharmacy printed MAR, the RN must transcribe the order by hand on an Agape blank MAR.
4. When transcribing the order the RN is responsible for ensuring the orders have been transcribed accurately and then initial that this is done on the Doctor's Order Sheet. This indicates that the order has been processed.
5. A second RN must check and co-sign transcribed orders prior to medication administration. This double check is represented by the second RN's initial beside the 1st RN's initials on the MAR.
6. The attending physician will co-sign telephone orders within 72 hours of giving the order.
7. The RN on night shift is responsible for checking each resident chart on a nightly basis to ensure that orders have been transcribed correctly. The date and RN's initials must be below the last entry on the doctor's order sheet to verify it has been checked.

Ex: January 1, 2020 Ex: JS (initials)
8. When a new MAR arrives from pharmacy (weekly for each resident) the RN working the night shift checks the new MAR against the doctors' orders and places their initials beside the order to indicate its accuracy. If there are any orders that did not get printed on the MAR from pharmacy, the RN is responsible for hand writing these orders and asking a second RN for an independent double check. The second RN checks the order for accuracy and places their initials next to the initials of the first RN to indicate that the order is correct.
9. Orders incorrectly transcribed are considered a medication error. An incident report should be filled out if any transcription errors are noted.