

2260 PHYSICIAN'S ORDERS	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual
	Policy Directive: Approved:
	Effective Date: 01-01-09
	Scheduled Review Date: 01-01-11 William W. Fenniman, DJJS Director
Related Statute(s):	Related Form(s): Authorization Form, OTC List for Parents, and OTC List November 2008
Related Admin Rule(s):	
Related Federal Regulation(s):	
Bridges' Screen(s) and Attachment(s):	

At SYSC, the process of ordering medication and treatment, and transcribing and carrying out those orders, shall be conducted according to legal and professional practice.

Purpose

The purpose of this policy is to establish the procedure for physician's orders.

Policy

- I. **Medication Orders:** All medications shall be ordered by a licensed physician, dentist, psychiatrist, PA, or ARNP, approved by the DJJS health authority.

- II. **Clear Orders:** Orders shall be clearly and legibly written. All orders shall be signed by the appropriate authorized personnel. If treatment is ordered by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider it shall be pursuant to a written standing or direct order by personnel authorized by law to give such orders.

- III. **Verbal and/or Telephone Orders:** Verbal or telephone orders may be taken by a licensed nurse under certain circumstances (e.g., if the medical provider is unable to write the order or if a physician's handwriting is illegible), according to the following procedure:
 - A. The order shall be documented by the nurse on the Physician's Order Sheet, with the nurse's full name written after the authorized prescriber (e.g., T.O. James Jones, MD/ Sally Smith, RN).
 - B. A nurse who has questions about the correctness or interpretation of an order has the right to consult with the Nursing Coordinator, or the physician, before acting upon the order.
 - C. The order shall be countersigned by the practitioner during his/her next scheduled visit to SYSC, or within 96 hours.

- IV. **Documentation on the Physician's Order Sheet:** All physician's orders, written or verbal, will be recorded on the Physician's Order Sheet. This allows for consistent nursing practice in carrying out physician's orders, and efficient use of pharmacy services.
 - A. The nurse shall fill in the identification section of the Physician's Order Sheet, indicating the resident's name, age, date of birth, date of intake, and program or building. A medical diagnosis and any allergies or special precautions shall also be noted.

- B. In addition to identification information, the following items will be indicated on the Physician's Order Sheet:
 - 1. Date of order.
 - 2. Full name of medication.
 - 3. Dosage to administer.
 - 4. Route of administration.
 - 5. Frequency of administration.
 - 6. Date to discontinue.
 - C. All new orders shall be flagged, and the on-duty nurse shall be notified.
- V. **Physician's Orders Transcribed:** The nurse will properly transcribe all physician's orders, as follows:
- A. When transcribing physician's orders, the nurse will document, by noting the order with signature in the column to the right of the order.
 - B. The following shall be written:
 - 1. A check mark (✓) will be placed in the column with the notation "noted." The nurse will then sign his/her full name and title under the check mark.
 - C. All medication orders shall be co-signed by a second nurse prior to the administration of any medication on the MAR or on the order itself. Exception: Medications that are ordered when only one nurse is on duty and the medication must be administered before another nurse comes on duty.
- VI. **Physician-Parent Approved Over the Counter (OTC) Medication List:**
- A. The physician has provided the nursing staff with an approved list of over the counter medications for the basic care of minor illnesses and injuries. See attached "Physician/Parent Approved Over the Counter Medication List." Contraindications to the use of the OTC list for a particular resident include: Allergies, conditions that would contraindicate a given therapy, a lack of certainty regarding the nature of the resident's complaint and the absence of parental/guardian approval.
 - B. The parent or guardian shall be given a copy of the Physician/Parent List to review. They will be instructed to check off all OTC medications that they approve for use. They will ask to sign the form and return it to the SYSC Medical Department.
 - C. No OTC medications shall be administered until a signed form is received or telephone authorization is obtained from the parent/guardian. Written authorization should be obtained within 10 days.
 - D. A parent authorization form shall be sent to the parent/guardian in advance with the rest of the administrative paper work.

- E. When a medication is administered using the OTC List, the medication shall be documented on the PRN MAR.
- F. The OTC list shall be re-evaluated yearly.