LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

MEDICATION ORDER INFORMATION

Policy:
Physicians shall electronically order all medications to be administered during the patient’s hospitalization. Unapproved abbreviations shall not be used on medication orders. Allergies must be documented in the electronic health record prior to administration of medications unless the information is unavailable.

Procedure:
A. Orders must include the following information:

1. Date and time ordered

2. Name of the medication, preferably by generic name. Specifications of appropriate salts (i.e. potassium chloride or potassium phosphate) must be written on ALL orders.

3. Drug strength and dosage units (dose ranges are unacceptable)
   a. Metric units only (except for standard “unit-based” dosing (i.e. insulin)
   b. If dosing is specified as a volume, specify the concentration as well (i.e. mg/ml) or refer to standard concentration.

4. Route of administration

5. Frequency of interval of administration – All orders for PRN medication must include a specific time interval and an indication (time ranges are unacceptable)

6. Physician’s electronic signature including credentials

B. Requirements for specific types of orders:

1. Weight (kg or gm) – Needed only for those drugs that are dosed based on weight (i.e. chemotherapy)

2. Diluent – Standard diluents are defaulted into order sets in the electronic health record.

C. Tapering/titrating orders shall include the above listed information parameters for administration based upon laboratory results or physical exam criteria. (Example: blood glucose level for insulin administration)

D. Order requirements for pediatric patients (less than or equal to 17 years of age except for obstetrics) include the following:

1. Weights (kg or gm) are required for ALL pediatric patients
2. Dose
   a. Dose/kg/interval for all patients less than 40 kilograms (i.e. mg/kg/dose or mg/kg/day)
   b. For medications given in combination the dose/kg interval should be specified for one of the medications in the combination
   c. Elemental preparations (i.e. iron and zinc) should be ordered based on the desired dose of the element (not the salt)

E. There is a documented diagnosis, condition, or indication-for-use for each medication ordered in the medical record.

F. All drug orders are cancelled when the patient undergoes a surgical procedure in the OR, delivers a baby, receives a general anesthetic, or is transferred to a different level of care (i.e. from an ICU to a general care area and vice versa). Drug orders are not required to be reordered when patients are transferred from one general care unit to another general care unit.

G. Blanket re-instatement of previous medication orders are not acceptable.

H. Standard time frames for medication administration and automatic discontinuations will be defaulted into the electronic ordering system.

I. Conditional orders:
   1. Orders that are contingent on patient status, lab, scale, or time proximity to any activity, event, or procedure must have clearly defined parameters or instructions that explicitly define the conditions under which a medication should be administered. Examples: “for blood sugar <50mg/dl”, “for pain scale 4-7”, “30 min prior to procedure”.

2. Instructions must exist such that medication administration is performed in response to specific instructions. Overlapping conditions will not be permissible. Overlapping indications must include logic that determines medication selection. For example:
   - Inappropriate
     • Morphine 5mg IV q2h prn pain scale 4-7 and Meperidine 50mg IV q2h prn pain scale 4-7.
     • Diphenhydramine 25mg po q6h prn itching and hydroxyzine 25 mg po q6h prn itching.
   - Appropriate
     • Morphine 5mg IV q2h prn pain scale 4-7 and Meperidine 50mg IV q2h prn pain scale 8-10.
     • Oxycodone 5mg PO q4h prn pain and Morphine 5mg IV q4h unrelieved by Oxycodone after 1 hour reassessment. (Conditions clearly indicate when each medication should be used)

J. Actions to be taken if medication orders are incomplete, illegible or unclear include, but are not limited to:
1. Contact prescriber for clarification

2. If prescriber is unavailable, contact another physician on the same service and team

3. If the above are unavailable, contact the on-call physician.

[Administrator's signature]

Administrator

6/19/13

Date

Approved by Clinical Board: 6/00, 4/20/04, 4/21/05, 11/21/06, 1/15/08, 4/19/11, 8/21/12, 6/18/13
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