Clinical Question: “For registered nurses within the acute care hospital environment and emergency department, what is the quantity, quality, and consistency of the evidence for the process of physician-nurse verbal orders via an electronic healthcare records system?”

Conclusions: Verbal order (VO) literature is limited and focused on recommendations to (a) limit their use, and to (b) standardize policies/practices in order to optimize communications, decision-making, understanding, transcription, and execution.\(^5\);\(^13\);\(^14\) It is widely believed that VO can threaten patient safety, as they can be misunderstood, misinterpreted, or miswritten (See Appendix A, Page 5)\(^2\);\(^4\)-\(^7\);\(^14\) VO should be limited to emergency situations or where there is no other method to communicate or clarify an order.\(^2\);\(^4\);\(^7\);\(^14\) VO should not be permitted in situations where the prescribing provider is present, except during a code, emergency, or bedside procedures.\(^2\);\(^4\);\(^7\);\(^14\)

Verbal Order Definition: Orders that are spoken aloud in person or by telephone\(^4\) and requires transcription into a medical record, followed by the prescriber reviewing, authenticating, and signing the transcribed order.\(^13\)

Key Summary of the Literature:
- There is a legal presumption that physicians will communicate appropriate verbal orders and nurses will regularly and routinely execute such orders carefully and correctly.\(^8\)
- VO in the Emergency Department have long been a “way of life” and are used routinely as a method of communication, especially for every day, non-urgent needs.\(^7\)
- VO are one type of workaround used by healthcare providers to bypass new technology and adapt the work process to cope with difficulties in workflow.\(^2\);\(^6\)
- VO policies, including telephone orders, have been formatted according to federal and state law, rules, and regulations, as well as accreditation guidelines and institutional agency policy.\(^1\);\(^3\);\(^9\)-\(^12\)
- An organization may develop a policy that allows (a) a Licensed Independent Provider (LIP) to give a VO to be transcribed by an authorized individual and (b) another LIP to implement and authenticate the VO when the original LIP is unavailable.\(^9\)
- The Joint Commission does not support scribes entering VO\(^11\) and deems texting orders as unacceptable.\(^10\)
- Personnel subject themselves and their institutions to unnecessary liability when they do not follow safety-related policies and procedures such as verbal/telephone order policies.\(^2\);\(^8\)

Recommendations: Based on the evidence, the following recommendations are offered for consideration:
- VO policies must adhere to federal/state law, rules, and regulations, as well as accreditation guidelines.\(^1\);\(^3\);\(^9\)-\(^12\)
- Hospitals need to develop and support policies that eliminate the use of VO when prescribers are present in the hospital,\(^2\);\(^7\) and limit the use of telephone orders.\(^2\);\(^7\)
- Never use VO as a routine method of order communication.\(^4\);\(^7\) (See Verbal Order Process Model, Wakefield & Wakefield, 2009).
- VO are to be written and transcribed only by authorized staff as designated by the organization.\(^11\);\(^12\)
- Verbal and telephone orders should be limited to emergency situations or where there is no other way to communicate or clarify an order.\(^2\);\(^4\);\(^7\);\(^14\)
- VO should not be permitted in situations where the prescriber is present on the unit where the patient being prescribed is located, except during a code, emergency, or bedside procedures.\(^2\);\(^4\);\(^7\);\(^14\)
- VO should not be used for complex chemotherapy or do-not-resuscitate orders.\(^14\)
- Make computer systems more accessible for physicians and nurses at the time of decision making.\(^6\)
- Establish periodic monitoring and evaluation of VO practices to ensure organizational compliance.\(^14\)
- Incorporate VO policies into medical staff bylaws.\(^2\)
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**Verbal Order Policies:** Based on the above evidence and subsequent recommendations, verbal and telephone order policies should contain the following elements and precautions:2-4;7;14

- Definition of verbal order13
- Recipient must be able to identify the prescriber2
- Conversation should be able to be heard, second person listening whenever possible, 2;4;7 particularly if the person taking the message is inexperienced2
- Patient must be properly identified2;7
- VO must be consistent with patient’s diagnosis/condition,2;4;7 be clear and concise,2;4;7 each numerical digit pronounced separately,4 and drugs spelled when necessary7
- VO must be repeated to prescriber,2;7 and transcribed onto the chart immediately2
- VO must be reviewed and countersigned by prescriber within a predetermined time frame;2-4;7 if timeframe is not established by state law, hospitals are to establish their own3
- VO must be dated, timed, and authenticated by the ordering practitioner or another authorized practitioner responsible for care of the patient per hospital policy and state law2-4;13
- Do not accept VO for chemotherapy because of their complexity and potential for errors4
- Physicians or LIP will not text orders10
- Limit verbal orders to formulary drugs4
- VO documentation must reflect whether the order is a verbal or a telephone order14
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Reference List


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   Available at
   


12. The Joint Commission (2012). *Chapter: Record of care, treatment, and services – verbal orders (RC.02.03.07)*. Joint Commission E-dition. Available at


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