

**POLICY:** Medication Order Writing and Processing

**Program Area:** Pharmacy & Therapeutics

**Section:** General

**Reference Number:** CLI.6010.OL.011

**Approved by:** Regional Lead – Medical Services & Chief Medical Officer

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**PURPOSE:**

To mandate best practice by all Southern Health-Santé Sud (SH-SS) employees and medical staff for medication order writing and processing. This includes orders written by authorized prescribers as well as those received via telephone, electronically, verbally or by SH-SS approved secure messaging service.

To promote patient safety by reducing the opportunity for medication error(s) by ensuring that medication orders are clear, legible, comply with order writing standards, and are processed in a safe and time sensitive manner.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2) Treatment of Clients  
Executive Limitation (EL-3) Treatment of Staff  
Executive Limitation (EL-7) Corporate Risk

**POLICY:**

- A medication order must be legible and shall comply with the order writing standards as outlined in the following procedure.
- Abbreviations, acronyms and symbols listed in the supporting document shall not be permitted on a medication order or a medication related document, chart, form or label. The use of all other abbreviations and acronyms is discouraged.
- No health care provider shall act upon or carry out a medication order that is ambiguous. The individual shall first seek clarification from the individual who wrote the medication order in a timely manner.
- Safe Medication Administration Audits are completed annually in client service areas.
- Telephone orders can be accepted by Health Care Professionals (HCPs) when it is impossible or impractical for the authorized prescriber to write them. Verbal orders can be accepted by HCPs in an emergency situation. HCPs must take and implement the verbal or telephone order within their professional scope of practice, licensure, and level of comfort based on education, knowledge and experience.

- Verbal or telephone orders are not permitted for chemotherapy; however, the approval to proceed with an already written order can occur over the telephone.
- Verbal or telephone orders are not permitted for programs required to follow the Manitoba Prescribing Processes Program (M3P). M3P forms are not required for Long Term Care/Personal Care Home Facilities or in-patients of a hospital so verbal or telephone orders for M3P medications can be accepted in those programs.
- Generic drug names should be used when drug orders are given.
- Medication Reconciliation Order forms cannot be completed as a telephone order.
- Medication orders are not permitted via voice mail, non-secure text message or email.
- Use of provincial or SH-SS approved secure messaging service is an acceptable and safe method to communicate medication order. All medication orders must be transcribed and processed immediately as directed by procedure below.

#### **DEFINITIONS:**

**Health Care Professional (HCP):** Refers to all Health Care Professionals including those regulated by the Regulated Health Professionals Act (RHPA) engaged in actions whose primary intent is to enhance health, including those who promote and preserve health, those who diagnose and treat disease, manage health and includes professionals with specific areas of competence.

**Medication Order:** Any handwritten, typed, pre-printed, electronic, telephone, verbal or secure messaging service order for a drug, vaccine, intravenous fluid therapy, or any such similar therapies ordered by an authorized practitioner for administration to or by a patient under the care of the practitioner.

**Secure Messaging Service** – A provincial or SH-SS secure communication platform for messaging and image sharing between HCPs from the user’s desktop computer or mobile device.

#### **IMPORTANT POINTS TO CONSIDER:**

- Safety is the overriding principle in writing and processing medication orders.
- Verbal and telephone orders have a higher potential for errors as these orders can be misheard, misinterpreted and /or mis-transcribed.
- Orders by telephone and secure messaging allow efficiency and responsiveness in meeting patient care needs.

#### **PROCEDURE:**

##### **Medication Order Writing Standards:**

- A medication order must be printed or written legibly by an authorized prescriber.
- A medication order must be clear and unambiguous.
- A medication order must comply with Southern Health-Santé Sud Formulary requirements and restrictions.
- Use of the metric system is compulsory.

- A medication order for pediatric patients who weigh 50 kilograms or less must include the dosage by weight in terms of ‘milligrams per kilogram per day’ or ‘milligrams per kilogram per dose’ OR by body surface area ‘milligram per square metre per dose or day’.
  - Weight must be documented for all pediatric patients (less than 18 years old)
- A medication order for a chemotherapy agent must include the dosage by body surface area ‘milligram per square metre per dose or day’, mg/kg, or other patient parameters.
- The desired therapeutic outcome, indication for prescribing, or treatment goal must be included on the prescription for “give as needed” (PRN) medication orders to assist other health care professionals in administering and monitoring the intended therapy. Imprecise endpoints (such as ‘titrate to effect’) are not acceptable.
  - The prescriber must include the indication for all PRN orders.
  - Pharmacy will follow up with the prescriber to ensure the indication is included on all PRN orders.
- Exact dosage strengths, such as milligrams, must be specified rather than dosage form units, such as one tablet or one vial.
- A medication order must be complete and must include:
  - Patient name or addressograph imprint;
  - Date and time of order;
  - Generic drug name;
  - Route of administration;
  - Site of administration, as appropriate;
  - Dose;
  - Dosage form;
  - Strength;
  - Dilution, rate and time of administration, as appropriate;
  - Frequency of administration;
  - Patient weight when it may be a consideration in selecting drug dose, i.e.) pediatrics; extremely underweight or overweight patients; or weight-based dosing; and
  - Desired therapeutic outcome, indication for prescribing, or treatment goal for ‘give as needed’ (PRN) orders.
- Where the generic name may be confused with other agents, look-alike sound-alike name, the trade name should be used, preferably in conjunction with the generic name.
- Once written, an original medication order may not later be physically altered in any way. A subsequent medication order must be written to cancel the original medication order and to clarify the prescriber’s intent.
- The authorized prescriber’s signature and professional designation must appear at the end of each medication order or medication order set. All orders must be signed in a manner that allows the prescriber to be clearly identified. The use of a license number or printing the name may be useful to enhance clarity to a signature.

## Telephone Orders, Verbal Orders, and Secure Messaging Service Orders:

The authorized prescriber identifies self, specifies the patient's name, and communicates the order. The receiver follows the applicable medication order writing standards procedure steps listed above as well as the procedure steps below.

- Documents the order immediately on the prescriber order form, CLI.4510.PR.002.FORM.13, including the date, time, authorized prescriber's name and receiver's name, status, signature and indicates if received by telephone, verbally or by secure messaging service.
- Requests the indication for the medication to assist in avoiding errors.
- Questions the authorized prescriber if there is any uncertainty regarding the order.
- The authorized prescriber MUST countersign the order in acute care, in long term care and in community programs at the next visit, after communicating the order.
- Patient care units within each facility or community programs will determine a mechanism of identifying orders requiring counter-signing by the prescriber. An example of a mechanism to facilitate this process is flagging the patient's chart.
- The pharmacist shall resolve any questions regarding medication orders with the prescriber and document the resolution in the patient's chart. If the medication is a ward stock item, the pharmacist shall take appropriate action to contact the ward immediately prior to the administration of the medication.
- For telephone and verbal orders, the receiver repeats the order back to the authorized prescriber including the:
  - Patient name;
  - Drug name and spelling of the drug to avoid an error due to sound alike drugs if necessary;
  - Dosage, pronouncing it in single digits (i.e. 15 mg should be read as one five);
  - Route; and
  - Frequency (i.e. three times a day, not TID).

## SUPPORTING DOCUMENTS:

[CLI.6010.PL.011.SD.01](#) DO NOT USE: Dangerous Abbreviations, Symbols, Dose Designations

## REFERENCES:

[CLI.4110.PL.032](#) Secure Messaging for Patient Care

[CLI.4510.PR.002.FORM.13](#) Prescriber Order Sheet

Accreditation Canada 2014 Medication Management Standards ROP 14.6

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Institute for Safe Medication Practices [www.ismp-canada.org](http://www.ismp-canada.org)

Manitoba Institute for Patient Safety (2013). DO NOT USE: Dangerous Abbreviations, Symbols, Dose Designations. [Do-Not-Use-Dangerous-Abbreviations-Symbols-Dose-Designations.pdf](https://cphm.ca/wp-content/uploads/Resource-Library/Practice-Directions-Standards/MPhA-Hospital-Standards-of-Practice-and-Guidelines-UPDATED.pdf)

Pennsylvania Patient Safety Authority. (2006). Improving the Safety of Telephone or Verbal Orders. [https://patientsafety.pa.gov/ADVISORIES/Pages/200606\\_01b.aspx](https://patientsafety.pa.gov/ADVISORIES/Pages/200606_01b.aspx)

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Winnipeg Regional Health Authority. (March 2009). Clinical Services Policy 110.170.040 Medication Order Writing Standards. <https://policies.wrha.mb.ca/policy/424/pharmacotherapy-committees/3133/110-170-040.pdf>