



Team Name: Pharmacy & Therapeutics Team  Team Lead: Director – Pharmacy  Approved by: Regional Lead – Medical Services & Chief Medical Officer	Reference Number: CLI.6010.PL.010  Program Area: Pharmacy & Therapeutics  Policy Section: General
Issue Date: March 24, 2016  Review Date:  Revision Date: August 16, 2023	Subject: Telephone or Verbal Orders

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**POLICY SUBJECT:**

Telephone or Verbal Orders

**PURPOSE:**

- To ensure that provider orders are entered in a timely and safe manner consistent with their scope of practice.
- To reduce errors associated with misinterpreted verbal or telephone communications of medication orders or test results. Verbal and telephone orders have a higher potential for errors as these orders can be misheard, misinterpreted and /or mistranscribed. Safety is the overriding principle in accepting verbal or telephone orders.

**BOARD POLICY REFERENCE:**

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

**POLICY:**

- Telephone orders can be accepted by a registered nurse, licensed practical nurse, respiratory therapist, registered dietitian or a pharmacist when it is impossible or impractical for the authorized prescriber to write them. Verbal orders can also be accepted by the above healthcare professionals in an emergency situation. Personnel must take and implement the verbal or telephone order within the scope of their practice, education and licensure.
- Verbal or telephone orders are not permitted for chemotherapy; however, the approval to proceed with an already written order can occur over the telephone.
- Telephone orders are not permitted via voice mail, text message or email
- Generic drug names should be used when drug orders are given.
- Telephone or verbal orders must comply with Medication Order Writing Policy (CLI.6010.PL.011) which include avoidance of banned abbreviations.

- Medication Reconciliation Order forms cannot be completed as a telephone order.

**PROCEDURE:**

For both telephone and verbal orders, the authorized prescriber identifies self, specifies the patient's name, and communicated the order. The receiver:

- Documents the order immediately on the prescriber order form including the date, time, authorized prescriber's name and receiver's name, status, signature and indication of verbal or telephone.
- 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
  - Frequency (i.e. three times a day, not TID)
- 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 verbal and telephone 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.

**IMPORTANT POINTS TO CONSIDER:**

Safety is the overriding principle in accepting verbal or telephone orders. Verbal and telephone orders have a higher potential for errors as these orders can be misheard, misinterpreted and /or mis-transcribed. However, Southern Health – Santé Sud, recognizes that telephone orders are needed to facilitate timely patient care. The nature of hospital care in smaller centers necessitates flexibility as prescribers spend much of their time in primary health care settings (i.e. clinic). This policy document describes the circumstances under which verbal/telephone orders can be employed and the procedures for receiving orders that will minimize the opportunity for medication errors.

**REFERENCES:**

- CLI.6010.PL.011 Medication Order Writing Policy Southern Health-Sante Sud  
College of Registered Nurses of Manitoba. *Scope of Practice for RNs. (October 2021)*  
College of Pharmacists of Manitoba. *Prescribing Practices: Doctor/Pharmacist Relationships. (November 2014)*  
College of Manitoba Pharmacists. *Hospital Standards (2006)*  
Pennsylvania Patient Safety Authority. *Sample Policy on Verbal/Telephone Orders. (2006)*  
University of Toledo. *Verbal Orders Including Telephone Orders Policy (3364-100-53-16). (August 2008)*