

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION F: MEDICATION POLICIES & PROCEDURES CHAPTER 23: MEDICATION MANAGEMENT</p> <p>POLICY AND PROCEDURE 23.5 Receiving Telephone/Verbal Orders</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: All Nurses</p> <p>Revised: 12/27/2018; 2/27/19</p>

Standard of Practice:

The Registered Nurse will ensure that all telephone and verbal orders from Physicians/APRNs are accurately received, co-signed, dated and timed within 24 hours.

Standard of Care:

The patient can expect to receive treatment as accurately ordered by the Physician/APRN.

Policy:

Physician/APRN telephone and verbal orders shall be accurately recorded by the Registered Nurse on the Physician's Order Sheet. Telephone orders should be reserved for appropriate situations and not merely used for staff convenience. Generally these orders should be reserved for situations where the prescriber is not physically on the unit, or where the chart is not available and when delay in giving the order will have a negative impact on patient care. Verbal orders may only be given in an extreme patient emergency where any delay to write an order to deliver care could negatively impact patient well-being.

Procedure:

1. The Registered Nurse who receives a Telephone/Verbal Order from the Physician/APRN documents the order on the Physician's Order Sheet, including the date and time of the telephone/verbal order, along with the Physician's/APRN's name and "telephone/verbal order read back". The abbreviation TORB/VORB is used to document that the Telephone/Verbal Order Read Back policy and procedure has been followed.
 - Example: Dr. M. Smith / N. Nurse RN, TORB... VORB...
2. The Registered Nurse read back includes: repeating the name of the drug, dosage, route of administration, and frequency to the Physician/APRN. The Registered Nurse will request that the ordering Physician/APRN provide the correct spelling

- of medications and that numbers, in relation to dosage, be spelled out to ensure accuracy.
3. The Registered Nurse receives confirmation from the Physician/APRN that the order read-back is accurately transcribed.
 4. If the TORB/VORB order is not confirmed as accurate, the Registered Nurse starts the process again.
 5. If the TORB/VORB order is confirmed as accurate, the Registered Nurse flags the order (blue for Ambulatory Care Orders and green for Psychiatric Orders) for the Physician's/APRN's signature, date, and time in the chart. This needs to occur within 24 hours.
 6. Lastly, during the night nurse order reviews, the night nurse will compile a list of all TORB/VORB orders to be co-signed, and will hand the list off to the day shift charge nurse for follow-up.