



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### MEDICATION ORDER STANDARDS

**Effective Date:** April 3, 2020

**Policy:** MS-03

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**I. PURPOSE:** Establishes standards for Licensed Independent Practitioners to write medication orders on the Physician's Order Forms to ensure compliance with standards and reduce errors.

**II. POLICY:**

A. Each written order for medication must clearly state:

1. The name of the medication ordered.
2. The dose.
3. The time the medication is to be administered.
4. The route for administration.
5. The reason/indication the medication is prescribed.
6. The specific time the first dose is to be administered.
7. When a medication order is written outside the times when the pharmacy is available to dispense the medication the nurse will:
  - Obtain the medication from the night locker.
  - When the medication is not available in the night locker the nurse will:
    - Contact the Licensed Independent Practitioner to receive direction regarding the prescribed medication.
    - The Licensed Independent Practitioner may choose to change and/or clarify the order or request the on-call pharmacist be contacted to dispense the medication.

B. Each order must be dated, timed and signed.

C. Handwritten orders must be legible.

D. In accordance with Montana State Hospital (MSH) policy HI-1, Abbreviations, only approved hospital abbreviations may be used.

E. Errors will be corrected in accordance with MSH policy HI-03, Charting Rules to Observe.

**III. DEFINITIONS:** None.

|                                   |                    |
|-----------------------------------|--------------------|
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**IV. RESPONSIBILITIES:**

- A. Licensed Independent Practitioner: Provide or write orders which meet the required standards.
- B. Licensed nursing staff and pharmacy staff: Seek clarification from a Licensed Independent Practitioner when an order is found which does not meet the required standards.

**V. PROCEDURE:**

- A. Licensed Independent Practitioners will write and/or provide phone and verbal orders for medications which include all elements listed in the policy section above.
- B. Orders without all elements will be considered incomplete and will not be filled until clarification is received and the order rewritten with the required information.
- C. All orders will be flagged and promptly given to the appropriate licensed nurse for transcription and pharmacy notification.
- D. When orders are incomplete or unclear a nurse or a pharmacist will contact the Licensed Independent Practitioner who gave the order. If they do not respond or cannot be contacted in a timely manner, clarification should be sought as follows:
  - 1. The medical director (during working hours).
  - 2. The on-call Licensed Independent Practitioner.
- E. When the nurse or pharmacist receives clarification on an incomplete or unclear order, the order must be discontinued, and a new order must be re-written.
- F. Medications are administered according to the following schedule, unless specified differently in the order:

|                                   |             |                               |
|-----------------------------------|-------------|-------------------------------|
| <b>Daily</b> (q day) 0830         | <b>q 4h</b> | 0400,0800,1200,1600,2000,2400 |
| <b>BID</b> 0830 & 2000            | <b>q 6h</b> | 0600, 1200, 1800, 2400        |
| <b>TID</b> 0830, 1400, 2000       | <b>HS</b>   | 2200                          |
| <b>QID</b> 0830, 1200, 1600, 2000 | <b>PC</b>   | ½ hour after meals            |
| <b>AC</b> ½ hour before meals     |             |                               |

Long acting injectable antipsychotics may be administered at any time during the date (24-hour period) specified on the MAR.

- G. When medication is not able to be administered within 1 hour of the prescribed time the nurse will contact the Licensed Independent Practitioner to seek clarification/alternative order for administration of medication.

**VI. REFERENCES:** MSH policies HI-01, Abbreviations and HI-03, Charting Rules to Observe.

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- VII. COLLABORATED WITH:** Medical Director; Medical Staff; Director of Nursing; Pharmacy Director; Hospital Administrator.
- VIII. RESCISSIONS:** MS-03, Medication Order Standards dated November 25, 2014; MS-03, Medication Order Standards dated March 2, 2010; MS-03, *Medication Order Standards* dated November 24, 2009.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing.
- XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Hospital Administrator

Thomas Gray, MD  
Medical Director