

4.0 PRESCRIBING POLICIES:

4.1 PRESCRIPTION REQUIREMENTS

POLICY

1. Each medication prescription must meet all the legal requirements as per the Pharmacy Act of B.C. before the medication is dispensed.
2. No member of the healthcare team is obliged to participate in the preparation, dispensing, or administration of any medication that is contrary to hospital policy (e.g. Parenteral Drug Therapy Manual Policy). Refusal to carry out a medication order must be discussed with the supervisor and prescribing physician, and a note made in the chart.
3. The physician must complete the patient allergy status form in the chart prior to the first medication order. Nurses at UBCH and the Preadmission Clinic (PAC), per-operative Care Centre (PCC) and pharmacists may also complete the form. No order will be processed or drug dispensed unless allergy status form is completed. Exception: If a physician is unable to come to the hospital to admit the patient, the nurse may take a verbal allergy status order and write it in the physician's order section. In this case, the physician must complete the allergy status form in the chart within 24 hours.
4. All medication orders must be written on the VA Prescriber's Order Form labelled with patient's name and MRN. Orders that are pre-printed onto a self-adhesive label or rubber stamp will not be accepted. On admission, medications taken prior to admission should be ordered using the appropriate Medication Reconciliation Order Form (Peri-Op, Standard, Manual).
5. All medication orders must be legible and specify the drug name, dosage or dosage range, the route of administration, the frequency and duration of administration. Unsafe abbreviations must not be used. Refer to Policy 4.14 "Do Not Use List of Dangerous Abbreviations, Symbols, and Dose Designations.
6. PRN orders must include a frequency limitation or a maximum number of doses per day and indicates the condition or symptom for which any PRN drug is to be administered.
7. The physician must include the date and time that the order is written as well as his/her signature, printed name and MSP# or college ID#.
8. Clinical Clerks and Residents must indicate CC or Res. after their signature.
9. Clinical clerks must indicate on all medication orders the name of the physician with whom the order has been discussed.
10. Phone orders are not accepted from Clinical Clerks.

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11. "Suggest" orders written in the Prescribers Orders section will be processed by Pharmacy once a written or verbal counter-signature is obtained from a prescriber from the admitting service.
12. Nurse Practitioners registered with the College of Registered Nurses of BC (CRNBC) are authorized to prescribe medications as set out in their scope of practice. The CRNBC and individual Nurse Practitioners, not the Pharmacy, are responsible for ensuring appropriate prescribing within their scope of practice.
13. Dietitian's may independently order all formulary multiple vitamin and multiple vitamin/mineral supplements for ORAL and ENTERAL administration (as long as patient able to take medications via naso-gastric tube and is not NPO) at the usual daily dose without a physician's order. Single entity vitamin and IV preparations must still be ordered by a physician. Examples:
 - a. Tablets:
 - Multiple Vitamins (MULTIVIES, VITOGEN) 1 tablet PO daily
 - Vitamins & Minerals (CENTRUM FORTE/SELECT) 1 tablet PO daily
 - Multiple Vitamins with zinc (Z-BEC) 1 tablet PO daily
 - Vitamin B with C (RENAVITE) 1 tablet PO daily
 - b. Liquids:
 - INTANTOL 5-10 mL PO daily
(MALTLEVOL-12 must be ordered by a MD due to high alcohol content)

Multivitamin supplements will be considered only if the following criteria are met:

- Patient is malnourished or at risk of nutritional deficiencies
 - Expected length of stay is greater than 7 days
 - Patient is unable to eat sufficient food/supplements to meet daily recommended intake (DRI) and is unable to modify dietary intake to meet DRI
- or
- If patient care guidelines for the program recommend a multivitamin and mineral supplement for the condition (e.g. refeeding syndrome, wound management, dialysis)

If iron supplementation is problematic based on a patient's co-existing condition (e.g. hemosiderosis, iron overload syndrome), then iron-containing multivitamin products (i.e. Centrum Forte®/Select®) should not be ordered without prior consultation with a physician.

Orders will include date/time, multivitamin/mineral, dosage, frequency, route, signature, printed name, RD, CDBC Registration Number.

14. Charts must be flagged to indicate a new order has been written.
15. New orders must be written in full post-operatively. "Resume preop meds" is not acceptable. See also Automatic Stop Orders Policy 4.3.

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16. Once processed, no orders written on the prescriber's order form may be changed with add-ins, write-overs or by crossing an order out. A discontinued order must be written, along with a new order.
17. Cytotoxic Agents
 - a. Ordering:
 - To order cytotoxic agents, a Parenteral Chemotherapy/Immunotherapy pre-printed order form (PPO) must be used if the cytotoxic agent is not part of an existing PPO. These forms provide information required to safely prepare and administer the chemotherapy agents.
 - Written orders for parenteral doses of cytotoxic agents required for administration the same day must be received in Pharmacy by 1600hr whenever possible. Time, date and duration of therapy for each drug must be included when appropriate.
 - b. Leukemia/Bone Marrow Transplant Service Requirements:
 - Physicians' orders for cytotoxic agents for the L/BMT Service must be written and co-signed by two physicians. One of the signatories must be the Attending Physician for that patient. Exceptions: oral hydroxyurea, oral all-trans retinoic acid (tretinoin, ATRA), intrathecal methotrexate, and intrathecal cytarabine do not require double signing.
 - A single signature from the Attending Physician is adequate for bortezomib or 5-azacytidine.
 - Adjustments may be made by a pharmacist upon verbal order from a physician.
 - Registered Nurses (RN) may not accept telephone orders for cytotoxic agents or adjustments to cytotoxic doses.
 - On the L/BMT Inpatient Units, all orders for cytotoxic agents will be checked by two chemotherapy-certified RN. Discrepancies exceeding plus or minus 5% of the dose, calculated according to the patient's treatment plan, must be clarified with the physician.