



**Departmental**  
**POLICY NO.: 200.02.102P**

**POLICY TITLE:** Verbal Orders

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**Approved by:** Quality Improvement Patient Safety Committee (QIPSC)

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**SUMMARY & PURPOSE:** A verbal order is an order that is communicated orally either in person or by telephone by a licensed healthcare provider, regarding a medication, diagnostic test, or other treatment. This policy delineates a process of accepting verbal orders from a healthcare provider in a safe and efficient manner. The Herbert Wertheim College of Medicine (HWCOC) will define steps to reduce the most common errors with verbal orders, which are orders that are misheard, misinterpreted, and /or miswritten.

**SCOPE/APPLICABILITY:** This policy applies to the HWCOC Clinical locations where faculty, and /or staff provide care to FIU patients. The HWCOC clinical locations are: FIU Health Modesto Maidique, (“MMC”), FIU Health Broward, Green Family Foundation NeighborhoodHELP Mobile Health Centers and the Linda Fenner 3D Mobile Mammography Center. This policy *excludes* the Green Family Foundation NeighborhoodHELP HouseHold visits where verbal orders are not utilized.

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**POLICY:** In order to maintain patient safety when a verbal and/ or telephone order is taken from a healthcare provider, it must be written down without abbreviations. The receiving staff member will then **read back** the order as it was written to the healthcare provider. A confirmation should then be verbalized by the healthcare provider to the receiving staff member, indicating that the order was completed correctly.

**SUPPORTING POLICY STATEMENTS:**

- The following staff members *can accept* verbal and/or telephone orders: (Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant, Paramedics).
- Verbal orders regarding prescriptions, medications, and tests should *be limited* to situations in which written or electronic communication is not feasible by the healthcare provider.
- Verbal orders can be utilized in an emergent situation when the delay of writing an order can affect patient safety or result in a negative patient outcome.
- Verbal orders are *never* permitted via voice mail, phone text, or email
- Abbreviations will not be used when a verbal order is given or received
- A **read back** and a verbal confirmation of orders must occur *with each order* between the healthcare provider and the receiving staff member who receives the order. This verbal confirmation between both parties maintains that the verbal order was taken accurately.
- Verbal orders that follow this policy will be considered *valid orders* and will be executed as if the authorized provider wrote them.
- The Verbal order template, attached to the end of this policy will be utilized as the official and approved template to take a verbal order.
- Sticky notes or other paper templates cannot substitute the approved verbal template.
- The healthcare provider who gave the verbal order must authenticate the order within 1-2 business days in the electronic medical record. Authentication involves the healthcare provider validating the accuracy of the order on the approved verbal order template, and placing the order in the electronic medical record.
- For technical downtime of the medical record system, the verbal order template can be utilized to safely write orders until the medical record system is operational.

**Medication Verbal Orders**

**In order to prevent errors:** Due to the high risk nature of medication errors associated with verbal and/or telephone orders, the following components must be verbalized by the healthcare provider when giving a verbal and/or telephone order regarding a medication.

- Utilize Patient Identifiers (name and date of birth). A third Patient Identifier can be utilized if there are two patients with the same name. In this case, the patient's Medical Record Identification number can be used. In the Centricity Electronic Medical Record (EMR), the Patient Identification Number serves this purpose. The third identifier is necessary in instances of a patient name alert because two (or more patients) have the same name, names close to being spelled the same, and or pronounced the same.
- Drug dosage (including strength, concentration, formulation, when applicable)

- Duration and quantity
- Route of administration
- Frequency of administration
- Indications for as needed (prn) use, if applicable
- Indications for use, as appropriate

**DEFINITION:**

**Verbal Orders:**

Orders that are given by a healthcare provider that are either spoken in person or given by telephone to an authorized staff member for execution. The following health professionals provide verbal orders: licensed healthcare provider, Physician Assistant (PA), or Advanced Nurse Practitioner (ARNP). These health professionals are authorized and licensed to prescribe in the State of Florida. Verbal orders can be related to medications, diagnostic testing and other treatments.

**Authentication of a Verbal Order:**

Occurs within 1-2 business days, or at earliest opportunity, but no later than 2 business days. The healthcare provider who gave the verbal order will validate that the verbal order is accurate on the verbal order template for the correct patient and authenticate by placing the order in the electronic medical record. Please see sample verbal order template attached to the end of this policy. Once the order is authenticated the verbal order template is shredded.

**Read Back:**

The process by which the authorized receiver who accepts the order reads the order back to the healthcare provider to ensure that the listener has properly heard and understood the communication and that the order is correct. The **read back** is done after each individual order to prevent errors.

**Adverse Incident:**

An event that causes or has the potential to cause an unexpected or unwanted effect. An example of an adverse incident involving an incorrect verbal order is a medication error, administering the wrong dose because a verbal read back was not completed. A serious medication verbal order should be reported immediately by contacting the Clinical Risk Manager at 305-348-9174.

**PROCEDURE:**

**Verbal Orders communicated orally in person or by telephone**

1. Only licensed healthcare providers will give verbal orders
2. Verbal orders are not permitted via text, voicemail or email
3. When a verbal order is being communicated by phone, the licensed provider identifies himself or herself by name.
4. The healthcare provider utilizes the 2 patient identifiers to identify the correct patient *before* a verbal order is communicated verbally either in person or by telephone. All patients are asked to provide their unique *Patient Identifiers* when receiving care in any of our HWCOP clinical settings. The following are the approved *Patient Identifiers* for HWCOP to ask patients:
  - Patient's full Name
  - Date of Birth

- A third Patient Identifier, the medical record identification number can be utilized if there are two patients with the same name  
See HWCOP Administrative Policy: *Patient Identifier No.:* **200.02.102A**
5. The authorized receiver of the order will follow these steps:
    - Immediately write the verbal order down on the approved verbal order template (Attached sample at end of this policy). Abbreviations will not be utilized for patient safety.
    - Do not write verbal orders on sticky notes because this increases the likelihood of an incorrect order and confusion of patients.
    - The order will be **read back** to the prescribing healthcare provider
      - Utilize two patient identifiers (full name of patient and date of birth) to ensure correct patient and maintain patient safety. 3<sup>rd</sup> Identifier can be utilized if necessary.
      - Use aids with spelling such as “B as in Ball” or “F as in Frank” to eliminate spelling errors
      - Spell the drug or procedure name to avoid incorrect administration
      - Pronounce the dosage in single digits (example: 15 mg should be read as “one five”) to avoid errors and be clear
      - Avoid abbreviations to avoid error (example: “three times a day” as opposed to “TID”)
      - Request the indication of the medication if unclear
      - Ask the healthcare provider questions if the order is unclear or there is uncertainty
      - Create a phone note to the provider if the verbal order was provided by phone or the provider is not there in person and alert them to enter the order in the electronic medical record.
      - Provide the hard copy of the authorized verbal order template to the healthcare provider.
  6. The healthcare provider who issued the verbal or telephone order will follow these steps :
    - Authenticate the verbal order template by validating the correct patient, correct order and entering the order within 1- 2 business days in the electronic medical record.
    - Once the order has been entered in the medical record, the verbal order template will be shredded to protect the patient identification and the medical record privacy.
  7. If a patient injury or adverse incident occurs due to an incorrect verbal order please complete an incident report should be reported on the same day of occurrence and no later than three(3) business days after the incident through the clarity incident reporting link listed below .  
Link:  
<https://events.healthcaresafetyzone.com/EventsModuleWeb/Default.aspx?cs=7eefdf11-4184-41f0-bd9b-9695c86716a0&groupaccessid=0d36cd8b-cdef-4401-9243-0ddd6ee4b311>  
See HWCOP Administrative Policy: *Incident Reporting No.:* **200.03.100A**
  8. If an incorrect verbal order contributes to the patient being transferred to higher level of care, please refer to HWCOP Administrative Policy: *Responding to a Medical Emergency No.:* **200.02.100A**

**SUPPORTING/REFERENCE DOCUMENTATION:**

- Improving the safety of telephone or verbal orders. PA-PSRS Patient Safety Advisory. Available from Internet: <http://www.psa.state.pa.us>.
- National Coordinating Council for Medication Error Reporting. Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions.
- NCQAC Advisory Opinion Verbal Orders
- AHRQ Publication Verbal Orders
- Joint Commission: Medical Record - Verbal Order Authentication Date/Time

**RELATED POLICIES, PROCEDURES, ASSOCIATED FORMS:**

- HWCOP Administrative Policy: *Incident Reporting No.:* **200.03.100A**
- HWCOP Administrative Policy: *Responding to a Medical Emergency No.:* **200.02.100A**
- HWCOP Administrative Policy: *Patient Identifier No.:* **200.02.102A**

# SAMPLE

Do not copy or Reproduce

\_\_\_\_\_

\_\_\_\_\_ same/same DOS

**Lab Orders**


**Medication Orders / Vaccines**

Medication Name	Dose	Method of Administration

Other Orders:


F/U Visit Scheduled In:

\_\_\_\_\_

Date of Order: \_\_\_\_\_ Time: \_\_\_\_\_ Taken By: \_\_\_\_\_ Provider Placing Verbal Order: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_ MR ID #: \_\_\_\_\_  
Required item \* if same name/same DOS

**Lab Orders**


**Medication Orders / Vaccines**

Medication Name	Dose	Method of Administration

Other Orders:


F/U Visit Scheduled In:

\_\_\_\_\_

Date of Order: \_\_\_\_\_ Time: \_\_\_\_\_ Taken By: \_\_\_\_\_ Provider Placing Verbal Order: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_ MR ID #: \_\_\_\_\_  
Required item \* if same name/same DOS

**Lab Orders**


**Medication Orders / Vaccines**

Medication Name	Dose	Method of Administration

Other Orders:


F/U Visit Scheduled In: