



The College of Nurses of Ontario presents *Medication Practice Standard: Prescribing and Communicating Orders*

Test Your Knowledge of Prescribing



Test your knowledge of prescribing medications and answer the following question.

From the list below, select the health professionals who have the authority to prescribe medications.

- A) RN (Extended Class)
- B) Dentists
- C) Chiropractors
- D) Midwives
- E) Physicians

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THE STANDARD OF CARE.

Use your mouse and click on the box beside the correct answers.

Who Can Prescribe Medications?

Under the *Regulated Health Professions Act*, the following regulated health professionals may prescribe medications:

- RN (EC);
- Dentists;
- Chiropodists;
- Midwives; and
- Physicians.

[Click here to view the RN \(EC\) Drug and Laboratory List](#)

If you indicated the following professionals, you are correct.

Nurses can accept orders from Registered Nurses in the Extended Class, dentists, chiropodists, midwives and physicians. Information on a prescriber's authority is available from the prescriber's regulatory college. For example, the College of Nurses of Ontario posts, on its website the drug and lab list, which outlines the medications RN(EC)s can legally prescribe.

The 'return to review page' buttons are for those who have completed the questions at the end of the chapter. Click on this button to return to the review page.

What is the difference between a Direct Order and a Medical Directive?



There are two types of orders that nurses can accept: Direct Orders and Medical Directives.

Medical Directives:

- are written prescriptions that apply to a range of clients who meet certain conditions;
- must be written and authorized by a physician; and
- give direction to nurses.



Medical Directives may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. Medical directives are only written by physicians, and give direction to nurses. Community pharmacists will not accept Medical Directives as an order for medications; therefore, medical directives are more widely used in hospitals or health units.

Medical Directives must include the following:

- specific medication;
- specific client conditions that must be met;
- specific circumstances;
- authorizing physician's name and signature;
- signature of nursing authority;
- date the directive was authorized and signed; and
- signature of other administrative authority.

A Medical Directive must include: the specific medication (for example, the drug name, dose or dose range, route, frequency); specific client conditions that must be met (for example, the client's clinical conditions, or indicators and contraindications); any specific circumstances that must exist before implementation, including the setting where the medical directive is to be implemented; the authorizing physician's name and signature; the signature of nursing authority accepting the directive (for example, the Chief Nursing Officer); and the date the directive was authorized (consider the approval date and review date) and the signature of any other administrative authority approving the directives (for example, a medical advisory committee).

Direct Orders:

- are written by an individual practitioner;
- may be written or oral; and
- are meant for a specific client.



On the other hand, a direct order is client specific. Most medication orders are prescribed as direct orders. The order is written or communicated by an individual practitioner for a specific intervention to be administered at a specific time to a specific client.

A complete medication Direct Order will include the following:

- order date;
- client name;
- medication name;
- dosage in units;
- route;
- frequency; and
- prescriber's name, signature and designation.



A complete direct order for a medication includes the order date, client name, medication name, the dosage in units, route, frequency, and the prescriber's name, signature, and designation.

**For a Direct Order to be considered complete,
what must it include?**

- A) order date
- B) client's name
- C) medication name
- D) drug dose, route, frequency
- E) prescriber's name, signature and designation

Use the mouse and click on the box beside the correct answers.

Prescribing and Communicating Orders

Your score	{score}
Max score	{max-score}
Number of quiz attempts	{total-attempts}

Verbal Orders

- Written orders are preferred.
- Only accepted in emergency situations.
- Repeat verbal orders in entirety.
- Receive orders face-to-face.

To decrease the risk of error, written orders are preferred; however, verbal orders can be accepted in emergency situations or when prescribers cannot write their own orders, such as in an Operating Room. Prescribers are accountable for signing verbal orders.

If a verbal order is taken, the nurse should repeat the entire order and fully document the order in the client's health record.

There is a difference between a verbal order and a telephone order. Verbal orders are received through face-to-face interaction when the prescriber is present.

Telephone Orders

- Limited to situations when prescribers are not present.
- Nurses should have knowledge of the client and medication before accepting orders.
- Prescribers are accountable for sign-off.
- Nurses must accurately record information.

Telephone orders are taken when prescribers are not present and the communication between nurses and prescribers is over the telephone.

To reduce the risk of errors, nurses should have knowledge of the client and medication before accepting the order.

Prescribers, not nurses, are accountable for sign-off. That being said, nurses must accurately record the information and assess the appropriateness of the client's medication. If nurses have questions or concerns, they are accountable for consulting with the prescriber.

Consider the following when communicating medication orders:

- limit the number of people involved;
- use faxes to reduce errors; and
- the risk of error increases when person accepting order does not know the drug and its action.

Limiting the number of people involved in communicating a medication order by telephone reduces errors and clearly identifies accountability.

When possible, use facsimiles to get the telephone orders in writing. Faxes can expedite communication and reduce errors. It is inappropriate and unacceptable to communicate medication orders to those who do not have pharmacology knowledge. The risk of error increases when the person accepting the order does not know the drug and its action.

Review Your Knowledge

As a review, answer the following questions:

1. Who can prescribe medication orders?
2. What is the difference between a medical directive and direct order?
3. List three communication strategies to reduce medical errors.

As a review, test yourself by answering the questions on the screen. Write your answers on a piece of paper and when you've finished, click on the box to review the answer.

Additional Chapters in this Module

Prescribing and Communicating Orders
Dispensing and Repackaging
Medication Errors
Medication Administration
Special Considerations
 Allergy and Immunizing agents
 Investigational Medications and Placebos
 Sedations



Understanding who can prescribe and communicate orders is an important section in the *Medication* practice standards.

The *Medication* practice standard focuses on other topics and answers questions such as: What is the difference between dispensing and repackaging medications? What key factors reduce medication errors; and, What is a nurse's responsibility when error occurs? The *Medication* practice standard outlines the nursing role and responsibility when administering medications, including investigation medication and placebos, immunizing agents and sedations.

To view a presentation on one of these topics close the presentation, return to the Learning Centre and select the chapter of your choice.

To ask a College Practice Consultant a question, click on the word Contact in the top right-hand corner of this screen.