### Issue/Process: Verbal Orders

**Status:** Approved  
**Action Requested:** None  
**Reviewing Group:** CPOE Operations  
**Date:** 4/10/10

<table>
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<tr>
<th><strong>Issue/Background: Verbal Orders</strong></th>
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<td>With CPOE orders can be either CPOE, Verbal, Telephone, or Written. Virtua is targeting 100% CPOE adoption with some exceptions that support safe and efficient patient care. Telephone orders are covered by a separate policy. Verbal orders are issued when a physician is present in proximity to the patient and is communicating directly with the nurse. To support patient safety benefits of CPOE, verbal orders cannot be used routinely. There are circumstances when verbal orders are necessary and support safe, timely, and efficient patient care.</td>
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### Recommendations

**Definition of Verbal order:** A verbal order is one given by a provider while physically present at the patient’s current location.

**Policy:** The use of verbal orders in a CPOE environment is to be avoided to the extent compatible with patient safety and care. Routine use of verbal orders in place of CPOE is not acceptable. Patient care at times requires the rapid provision and enactment of orders when physicians are otherwise occupied or access to a computer is unavailable or delayed. A nurse, using his/her discretion to verbally request an order from a provider assumes the responsibility for accepting a verbal order. Physicians may provide verbal orders when access to a computer is delayed. Verbal orders that are felt to be inappropriate will be accepted and, if necessary, reviewed after-the-fact with the appropriate individuals including nursing management and the Medical Director of Operations. Virtua will track verbal order volumes and evaluate the appropriateness of verbal orders issued by outlier providers.

When the physician gives a verbal order:
- All orders must be read back to and verified by the physician.
- If the receiving clinician is not physically accessible to a computer, they may take the order on paper (not in medical record) and read back to provider.
- If the clinician has written down the order on paper, this is an interim step. The orders are entered into the Soarian Order Entry System and the paper order is discarded.
- All alerts must be resolved by the physician.
- If the physician chooses not to stay where the patient is located while the order is entered into the Soarian Order Entry System and, the orders trigger alerts, they will be called back by staff to resolve alerts; order will be read back to the provider after alert resolution.
- Order Sets may not be given as verbal orders.

### Source of Recommendations

CPOE Steering Committee

### Response/Comments:

(Please reply “Approve”/ “Reject”/ “Schedule Conference Call”/ “Red Flag” using voting buttons)