



PHYSICIAN ORDERS COMMUNICATION AND IMPLEMENTATION

POSITION STATEMENT for RN and LPN Practice

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

The licensed nurse (RN or LPN) is responsible to ensure there is a valid, complete medication/treatment order from a duly authorized prescriber **prior** to the administration of any prescriptive or non-prescriptive medication or the implementation of a medical intervention/treatment. Authorized prescribers include physicians, dentists, osteopaths, nurse practitioners, certified nurse midwives, physician assistants, podiatrists, and other providers authorized by state law.

Both RN and LPN Role:

1. Nurse has right and responsibility to validate orders when there is a question of authenticity or accuracy of orders.
2. Nurse may accept orders via telephone from other licensed (e.g., pharmacist) or unlicensed (e.g., office personnel or technicians) persons designated by the duly authorized prescriber.
3. In receiving orders via phone from designated unlicensed personnel, nurses are responsible for recognizing the appropriateness of the order with respect to the plan of care, and for implementing the order or obtaining clarification from the prescriber. Nurse must determine that the person conveying the order is acting as a messenger and not the *originator* of the order.
4. Nurse has no authority to prescribe or make medical judgments. Orders must be complete enough so that no further medical judgment is required when the order is implemented.
5. When orders include a medication dose and/or frequency range, the instructions on how the nurse determines the appropriate administration dose or time frame should be included in the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated in accordance with the agency's established protocols.
6. When the desired effect of a medication or treatment has not been achieved under the current medical plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication.
7. Nurse has no authority to change the medical management plan or orders.

RN Role Only:

In some settings, policies may allow RNs to recommend OTC meds and non-prescriptive devices.

Agency Role:

1. Agencies establish policies regarding what constitutes a valid, complete order (e.g., date, patient/client/resident's full name, name of medication, dose, frequency, route, indication, specific directions for administration, special conditions such as pulse rate, and the prescriber's name with credentials).
2. Agencies decide whether to accept verbal/telephone orders and the time span for the prescriber to authenticate the order is an agency issue.

3. Agencies establish policies and protocols to guide nurses when orders include a medication dose and/or frequency range but the orders do not include instructions on how the nurse determines the appropriate administration dose or time frame.

Note:

In certain limited situations (e.g., adult and child care, and summer camp), it is within the licensed nurse's (RN or LPN) discretion to accept an original pharmacy-labeled container, in lieu of an order from a duly authorized prescriber. At a minimum, the agency must have a policy/procedure allowing this practice; the medication container must have a completely written and legible label; the medication must be within its prescription expiration date; and, when indicated, the parent/guardian must give written consent.

References:

G.S. 90-171.20 – Nursing Practice Act

NCBON Position Statement – “Over-the-Counter Medications and Non-Prescriptive Devices”

Origin: 8/90

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