Advisory Opinion 29.01 Verbal Orders
Adopted: 11-12-2021
Reviewed/Revised: 11-17-2023
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The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and//or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.
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Advisory Opinion:

Purpose

The advisory opinion provides guidance about the roles and scope of practice for the registered nurse (RN) and licensed practical nurse (LPN) in following verbal orders.

Background

The Washington State nursing laws and rules do not address the use of verbal orders. The method of communicating orders under the direction of an authorized practitioner is not addressed or defined. Other state laws and rules define requirements for verbal orders for specific settings. Examples include (but not limited to):

- Nursing Homes RCW 74.42.230
- Residential Treatment Facilities WAC 246-337-105
- Private Psychiatric and Alcoholism Hospitals WAC 246-322-210

The nurse implements diagnostic and therapeutic regimens in response to orders or prescriptions by an authorized health care practitioner. The nurse is responsible and accountable for the care they give regardless of the way orders are communicated. Computerized provider order enter (CPOE) is the preferred method for submitting orders (Centers for Medicare and Medicaid Services, 2017). A verbal order is acceptable only when a CPOE or written order cannot be submitted. Verbal orders are real-time oral communication between the prescriber (sender) and a licensed nurse (receiver) with the authority to receive and record/transcribe the orders in the medical record. The implication is that the licensed receiver has the knowledge and judgment to seek clarification in real time if needed from the sender. Verbal orders require immediate action by individuals who are practicing within the scope of their licensure, certification, or practice following laws and rules, and organizational policy (Joint Commission (2020).

Verbal orders are inherently subject to risk of error. The potential for verbal orders to be misunderstood, misheard, or transcribed incorrectly is augmented in the presence of different accents, dialects, and pronunciations used by prescribers and recipients of the order. Factors such as sound-alike drug names, background noise, fatigue, workload, and interruptions are

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associated with the potential for error (Institute of Safe Medication Practices, 2017). Telephonic and electronic audio connections may obscure clarity and eliminate visualizing nonverbal cues and behaviors that support effective communication.

Facilities are responsible for policies and procedures that identify conditions of the acceptance of verbal orders. The patient medical record must necessarily allow for documentation that provide a retrievable record of the communication between the prescriber and the nurse, as well as the action or nursing interventions that occurred consequent to the receipt and implementation of verbal orders.

Statement of Scope

The RN and LPN may, based on their individual judgment of each situation, accept verbal orders from an authorized health care practitioner or a direct immediate intermediary or agent. The nurse is responsible for ensuring there is a valid, complete medication/treatment order prior to the administration of prescriptive medications or the implementation of a medical intervention/treatment. The nurse has the right and responsibility to confirm orders when there is a question of authenticity or accuracy of the orders. The nurse is 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. Orders must be complete enough so that there is no further medical judgment needed when the order is implemented.

Requirements and Recommendations

The following strategies are recommended to decrease the risk of error associated with verbal orders (ISMP, 2017, National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP), 2015, National Quality Forum 2010.

Prescribers

1. Respond to a request from the nurse for clarification or compliance with facility policies for the acceptance of verbal orders.
2. Confirm patient and allergies: Identify the patient, using full name, birth date, and confirm allergies with the order receiver before issuing orders.

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3. Be vigilant about the risks associated with medication orders:
    a. Avoid drug name abbreviations
    b. Spell out drug names and use a phonetic alphabet for sound-alike letters.
    c. Give the indication for medications which are likely to be unfamiliar and/or help distinguish sound-alike drug names.
    d. Avoid abbreviations for dose, route, or frequency.
    e. Communicate doses individually and not as a total daily dose.
    f. Use weight-based doses.
    g. Allow time for direct order entry.
    h. Participate in read-back.
    i. Request patient verification.

Nurses (Receivers)

1. Identify the prescriber and confirm that there is a known provider relationship with the patient even if the order is delivered by another provider.
2. Confirm orders when there is a question of authenticity or accuracy of the orders.
3. Transcribe directly into the medical record including the date, time, and signature and if the order was given directly by the prescriber or by an intermediary or agent.
4. Read back the order to the prescriber for verification even if the receiver is confident that they heard the order correctly.
5. Understand the indication for the order. Ask the prescriber if the indication is not clear in the context of the patient's condition and problem list and document this is the record.
6. Discourage misuse of accepting verbal orders when the prescriber is present and physically able to write or enter the order. Verbal orders should be used infrequently when the prescriber has access to CPOE.
7. Do not transcribe abbreviations or clinical jargon.
8. Avoid verbal orders for new or changes in existing medical orders. Ask the prescriber to send the order electronically or by facsimile.

Policies and Procedures

1. Identify health care practitioners authorized to prescribe and accept verbal orders.
2. Explicitly limit verbal orders to a single transaction between the prescriber and the nurse. Transcribe separate entries into the medical record for subsequent clarification or changes.

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3. Limit verbal orders by identifying circumstances where verbal orders are unavoidable such as during procedures or emergencies where the prescriber is physically unable to provide a CPOE or written orders.
4. Prohibit verbal orders for convenience, or to circumvent an electronic order system.
5. Limit verbal orders for standing order sets.
6. Prohibit verbal orders for chemotherapy.
7. Require read-back.
8. Develop standards of “Do Not Use” abbreviations, acronyms, symbols, and dose designations that cannot be used.
9. Define the elements of a complete verbal order.
10. Identify the required time frame for review and co-signature or authentication of verbal orders by the prescriber.

References and Resources

- Chapter 18.79 RCW: NURSING CARE (wa.gov)
- Chapter 246-840 WAC:
- Support for Practicing Nurses | Washington State Board of Nursing
- Practice Guidance | Washington State Board of Nursing
- Commonly Asked Questions | Washington State Board of Nursing
- Verbal Orders-Nebraska Board of Nursing
- Order Authentication Requirements - JE Part B - Noridian (noridianmedicare.com)
- Ethical Standards for Clinical Documentation
- Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions | NCC MERP
- Documentation Assistance Provided by Scribes | Hospital and Hospital Clinics | Record of Care Treatment and Services RC | The Joint Commission

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