



Effective Date of This Revision: July 1, 2017

Contact:	Medical Director 310-679-9126	Administration
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Applies to:	<input type="checkbox"/> Officers	<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Student clinicians	<input checked="" type="checkbox"/> Volunteers
	<input type="checkbox"/> Other agents	<input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Contractors	<input type="checkbox"/> Subcontractors / Business Associates

PURPOSE:

The purpose of this document is to outline policy for orders for treatment in the detoxification/ withdrawal management units of BHS's Chemical Dependency Recovery Hospitals.

POLICY:

All orders for treatment shall be in writing. A verbal order shall be considered to be in writing if dictated to a duly authorized person functioning within their sphere of competence and signed by the responsible practitioner. Only urgent orders may be given verbally. All orders dictated over the telephone shall be signed by the authorized person to whom dictated, with the name of the practitioner per their own name.

A person lawfully authorized to give such an order shall give verbal orders for drugs only to a physician, licensed nurse, or pharmacist. The order shall be entered promptly in the patient record, noting the name of the person giving the verbal order and the signature of the person receiving the order. The prescriber shall countersign the order within 48 hours.

All drugs which the staff administers or the patient self-administers shall be upon the order of a person lawfully authorized by that person's respective practice act to give such an order and shall be with the approval of the Medical Director, or in the absence of the Medical Director, the alternate physician.

There shall be self-administration by patients only when the order so specifies and upon the approval of the Medical Director or in the absence of the Medical Director, the alternate physician.

PROCEDURES

All orders for drugs and medications shall include: the name of the drug, quantity or duration of therapy, dosage and time of administration, route of administration, if other than oral, the date, time and name of the person prescribing. The use of "Renew," "Repeat," and "Continue" orders are acceptable only when followed by a complete medication order.



All drugs and medications administered to patients shall be those listed in the latest edition of the Recovery Center formulary. These shall be used in full accordance with the policies and procedures set forth by the facility's Pharmacy and Therapeutics Committee.

The prescribing physician must sign all orders for drugs within 48 hours.