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Owner **Andrea Darr: Vice President and General Manager, Pharmacy Services**
Area **Pharmacy**

Order Entry, Patient Assessment and Monitoring

PURPOSE

All patient medication orders are reviewed and approved by a pharmacist in the EMR prior to dispensing any medication to a patient.

SCOPE

This Order Entry, Patient Assessment and Monitoring policy applies to Avel eCare, LLC.

POLICY

1. Each medication order is reviewed for completeness, legibility, unapproved abbreviations and appropriateness. If indicated, appropriate monitoring will be recommended to the prescriber.
2. Incomplete orders, blanket orders, orders with abbreviation violations and those needing clarification are clarified prior to order entry or verification and will be communicated to the site in the site's preferred manner.
 - a. For sites where we are able to fax back and feel there is time for site personnel to clarify the order in a reasonable time frame, the concern/clarification is faxed to the site.
 - b. For orders requiring prompt clarification, the pharmacist will call the site or provider directly to pursue clarification.
 - c. The order should be Saved as In Process in the order management system with comments clearly indicating what clarification is needed.
 - d. If no clarification is received after four hours, the site will be contacted via phone to confirm the fax was received and pursue clarification. This activity will be documented in the order management system.

- e. If order still not clarified at end of contacting pharmacist's shift, they will make a second attempt to contact the site via phone for clarification, if appropriate, and then communicate this to a colleague for follow-up in their absence.
- 3. Upon receipt of a complete medication order, the pharmacist accesses the patient's medical record in the EMR via name and/or account number. The pharmacist verifies that the appropriate patient is selected by checking two patient identifiers in the computer against the copy of the physician order where available.
- 4. The pharmacist will review the pertinent elements below as needed to assess the appropriateness of the order:
 - a. Patient Age, Height, Weight & Pregnancy/Lactation status
 - b. Patient Medication Allergies & Sensitivities
 - c. Patient Laboratory Values
 - d. Admitting Diagnosis and other disease states or comorbid conditions
 - e. Home Medication List
 - f. Current Patient Medication Profile
 - g. History & Physical, Progress Notes
- 5. Any clinical recommendations will be communicated to the prescriber in the site's preferred manner.
 - a. For medications that are renally cleared, the patient's estimated creatinine clearance will be evaluated to consider appropriateness of the order or potential need for dose adjustment.
 - b. The patient's medication profile will also be reviewed for duplication of therapy, drug/drug interactions or potential adverse drug reactions. If the pharmacist believes these to be clinically significant, s/he will contact the patient's nurse or provider to express their concern and recommend changes to the medication regimen. These recommendations will be documented in the intervention tracking tool as appropriate.
 - c. Clinical recommendations communicated to the site will be documented in Trax as appropriate. These recommendations may be retained in the work queue based on the pharmacist's judgment to ensure follow-up occurs.
 - d. For recommendations that are retained in the work queue for greater than four hours and to which no response has been received, the site will be contacted via phone to confirm the recommendation was received and pursue a response. This activity will be documented in the order management system.
 - e. If there is still no response at the end of the contacting pharmacist's shift, they will make a second attempt to contact the site via phone for clarification, if appropriate, and then communicate this to a colleague for follow-up in their absence.
- 6. The specific data related to drug administration, dose, interval, route, and individual instructions is entered or verified. Care is taken to time medication administration to avoid any known drug-drug interactions or intravenous incompatibilities. If last dose taken information is

available, this will be considered when entering/verifying medication orders

7. Medication orders which are complete, but are not stocked by the facility or addressed in their therapeutic sub policy will be entered as non-formulary unless the site's policy gives different direction.
8. All medication orders must have a specific start and/or stop order.
 - a. The receipt of one order should not be interpreted as an automatic discontinuation of another order.
 - b. A change in patient status and/or location is not deemed to be an order change. eCare Pharmacy will not automatically start or discontinue medications based upon room change or transfer in level of care (e.g. pre-partum to post-partum) without specific orders.
9. All patient care records including documentation of orders and order clarifications are the responsibility of the client hospital.
10. Avel eCare Pharmacy collects policies and procedures relative to order entry for each supported facility. The facility must alert eCare Pharmacy to any changes to site processes, policies, procedures, and preferences. eCare pharmacists should refer to this guide for any questions regarding order entry practices.

RELATED DOCUMENTS

None

DEFINITIONS

None

REFERENCES

None

This policy was developed as a guide for the delivery of telehealth services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although originating site or Avel eCare personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

Approval Signatures

Step Description	Approver	Date
Policy Owner	Andrea Darr: Vice President and General Manager, Pharmacy Servi	10/2024

Manager Approval

Cari Davis: Pharmacy Manager

10/2024

Manager Approval

Jeremy Mueller: Pharmacy
Manager

08/2024

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