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Chapter 61@ DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Subchapter 61-17@ STANDARDS FOR LICENSING NURSING HOMES

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Sec2 61-17.800@ RESIDENT RECORDS

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Section 61-17.800.802@ Physician Orders (II)

61-17.800.802 Physician Orders (II)

A.

Physician Orders. The resident's physician shall sign and date all treatment, care, and medication orders, including standing orders. 1. The use of a rubber stamp signature or electronic representation is acceptable under the following conditions:

a. The physician whose signature the rubber stamp or electronic representation denotes is the only one who has possession of the stamp or electronic representation and is the only one who uses it; and b. The physician places in the administrative offices of the facility a signed statement to the effect that he or she is the only one who has the stamp or electronic representation and is the only one who will use it. 2. The use of rubber stamp signatures is not permissible on orders for "controlled substances." 3. Consultative reports and diagnostic procedures requested by a physician, for example, radiological, laboratory reports, shall be acknowledged by the physician signature. (I)

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Consultative reports and diagnostic procedures requested by a physician, for example, radiological, laboratory reports, shall be acknowledged by the physician signature. (I)

B.

Verbal Orders. (I) 1. All orders for medication, treatment, care and diet shall be signed and dated by the individual receiving the orders. 2. Verbal orders received shall include the date of the order, description of the order, and identification of the physician or other legally authorized healthcare provider and the individual receiving the order. 3. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be received by those departments or services, for example, orders pertaining to physical therapy may be received by a physical therapist. 4. A committee (to include representation by physicians treating residents at the facility, a pharmacist, and the Director of Nursing) shall identify and list categories of diagnostic or therapeutic verbal orders

(associated with any potential hazard to the resident) that shall be authenticated by the prescriber within a limited time period (within two (2) days after the order is given). A copy of this list shall be maintained at each staff work area. a. Verbal orders designated by the committee as requiring authentication within a limited time period shall be authenticated and countersigned and dated by the prescriber or designee within a time period defined in facility policies and procedures, but in no case more than two (2) days after the order was given. b. All other verbal orders shall be countersigned and dated by the prescriber or his or her designee within sixty (60) days. c. Verbal orders for restraints shall be authenticated in the manner prescribed in Section 1012.B.

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A committee (to include representation by physicians treating residents at the facility, a pharmacist, and the Director of Nursing) shall identify and list categories of diagnostic or therapeutic verbal orders (associated with any potential hazard to the resident) that shall be authenticated by the prescriber within a limited time period (within two (2) days

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All other verbal orders shall be countersigned and dated by the prescriber or his or her designee within sixty (60) days.

c.

Verbal orders for restraints shall be authenticated in the manner prescribed in Section 1012.B.

C.

Standing Orders. (I) 1. Physician's standing orders, except for restraints, are permissible but shall take into consideration specific circumstances such as medication allergies, gender-specific orders, and the pertinent physical condition of the resident, when appropriate. 2. Over-the-counter medications may be utilized on a physician's standing orders. Controlled or legend medications shall be an individual order reduced to writing on the physician's order sheet as either a routine or pro re nata (prn) order and shall not be utilized on a physician's standing

order unless the medications have been identified by the facility as those commonly used in routine situations. Each standing order shall include on the order sheet the following, as appropriate: a. Name of the medication; b. Strength of the medication; c. Specific dose (or dose range) of the medication; d. Mode of administration; e. Reason for administration; f. Time interval between doses for administering the medication; and g. Maximum dosage or number of times to be administered in a specific time period. 3. Standing orders shall be signed and dated by the prescribing physician initially and reviewed at least annually thereafter.

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b.

Strength of the medication;

c.

Specific dose (or dose range) of the medication;

d.

Mode of administration;

e.

Reason for administration;

f.

Time interval between doses for administering the medication; and

g.

Maximum dosage or number of times to be administered in a specific time period.

3.

Standing orders shall be signed and dated by the prescribing physician initially and reviewed at least annually thereafter.

D.

Standing orders regarding restraints are prohibited.