

Policy # CPOE 101	Policy Name CPOE Protocols and Standing Orders
Policy Location *Company-Wide Policies	Responsible Department PT Safety and Qual Improve
Executive Owner Jeffrey Kuhlman (CE-VP CQSO AdventHealth)	Original Creation Date Not Set
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I. SCOPE: AdventHealth Facilities

II. PURPOSE: Computerized Provider Order Entry (CPOE) permits rule based evaluation of medication dosing and interaction, affords a legible time based record of order entry and promotes patient safety. AdventHealth facilities will utilize a common electronic health record and system based policies are needed for consistency. Orders grouped into protocols and standing orders, which are described below, will standardize care around best practices. Facility requests for new or modified orders, protocols and/or standing orders are guided by CW CPOE 103 Change Control for Order Sets.

III. POLICY:

Ordering providers shall place all orders electronically, using the ordering processes. There are exceptions when verbal or telephone orders are acceptable:

1. When the provider is actively engaged in attending a patient during an emergency (e.g. Code event).
–OR–
2. When the provider is actively engaged in a procedure.
–OR–
3. When the provider is offsite and has no ready access to an internet-connected device for entering the orders (e.g. attending a sporting event).
–OR–
4. When utilizing CPOE would compromise patient safety.

Any verbal or telephone orders shall be given to a licensed clinician (e.g. nurse, pharmacist, or other ordering provider) and are entered directly into the EMR during the conversation. Verbal order read back is required for the orders and any subsequent alerts. Verbal/telephone orders require a physician signature. These orders will be routed to the physician for review and signature.

The attending and consulting physician(s) are responsible for completing Medication Reconciliation.

The attending physician is responsible for providing a complete set of orders and

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prescriptions at the time of discharge, for the admitted patient, including disposition, home medications, activity, diet, follow-up and symptoms to report.

Exemption from CPOE shall exist for complex treatment protocols such as chemotherapy order sets with conditional orders until such time that these are fully integrated into the electronic health record.

Protocol Orders

Protocols are groups of orders that are developed to manage common scenarios and are driven by a provider order prior to the intervention. These order sets contain true/false logic, such that only objective and/or observable criteria may be used as conditions for initiation. None of the conditions or subsequent computer-generated clinical decision support alerts require clinical decision-making on the part of the RN; the potential existing or resulting conditions are already contained in the order set. Examples include:

Magnesium Replacement Protocol
Potassium Replacement Protocol

Once ordered by the provider, the nurse monitors the patient for any conditional use of these orders. If that condition is met, the nurse will open the order set of the same name and select one or more orders as directed by the protocol. As these orders have been authenticated prior to the implementation of the intervention, no additional provider signature is required.

Standing Orders

Standing orders are designed to be utilized by the nurse for safety and expediency. These standing orders are based in policy and or procedure and require approval by the facility Medical Executive Committee, Chief Nursing Officer, and Pharmacy Director and, because of this, do not require a provider order prior to initiation. Examples include

Hypoglycemia Treatment
ED Triage orders
Newborn Admission Orders

The nurse selects the appropriate order set based upon the patient's condition. As the provider signature is not required prior to the invention, the orders are routed to the provider for signature. Such orders are to be authenticated by the provider within 24 hours.

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