Practice Sting Verbal medication order

This Practice Sting is particularly relevant for healthcare professionals who may encounter verbal medication orders. It is also relevant for committees involved in medication safety.

Ensure a safe procedure for administering medication based on verbal orders.

Incident

A child is admitted because of multiple seizures per hour. The paediatric neurologist gives a verbal order to a nurse. The nurse understands that the child should receive levetiracetam. This corresponds with a medication order from approximately 12 hours earlier in the emergency department. She prepares the infusion and starts administration. At that time, no medication order has yet been entered in the administration registration system.

Later that day, a fellow nurse notices that the medication order does not correspond with what the patient is receiving. When asked, the paediatric neurologist denies having given an order for levetiracetam. By then, half of the infusion has been administered. The paediatric neurologist advises stopping the levetiracetam and starting another medicine.

Recommendations

For healthcare professionals who administer medication

- Preferably use medication orders entered in the administration registration system.
- Use the read-back method for verbal orders.
- Record the administrations and have them authorised retrospectively by the prescriber.

For prescribers

- Limit verbal medication orders to emergency situations.
- Check that the recipient of the order has understood it correctly by using the read-back method.
- Check as soon as possible that the order has been entered correctly.

For committees involved in medication safety

- Establish a policy defining the situations in which medication may be administered based on a verbal medication order.
- Include the appropriate procedure in the policy, including how retrospective checks are performed.

Analysis

Prescribing, changing or discontinuing a medication order must always be recorded in the patient's medical record to ensure an up-to-date and complete medication overview. In this case, the nurse

carries out the verbal medication order and does not wait until it has been entered in the administration registration system. She does not later check whether the medication order in the administration registration system corresponds with the medication administered. If the nurse had waited for a medication order in the administration registration system, the levetiracetam would not have been administered. However, this could have caused additional delay in terminating the seizures.

In situations where it is not possible to wait for a medication order to be entered, the read-back method can be used. With the read-back method, the nurse first writes down the verbal medication order given by the prescriber. The nurse then reads it back and asks whether it is correct. The paediatric neurologist must then confirm or correct the repeated medication order. Writing down the order also allows it to be checked, for example by a second nurse.