

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.02	Page 1 of 6
	Original Effective Date: 10/01/02	New Effective Date: 12/08/17
	Supersedes: 500.80.02	Dated: 03/09/15
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Transcription of Orders		

POLICY

The Division of Adult Institutions shall ensure inmate patients receive appropriate care and treatment. They shall ensure Advanced Care Provider orders are appropriate for the health needs of inmate patients and are written and transcribed accurately and timely.

REFERENCES

DAI Policy 500.30.51 – Intravenous

DAI Policy 500.80.06 – Obtaining Medications

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – A health care provider with prescriptive authority.

BID – Two times per day

DOC – Department of Corrections

DOC-3023 – Prescriber's Orders

DOC-3026 – Medication/Treatment Record

DOC-3026A – IV Administration Record

DOC-3034 – Patient Medication Profile

DOC-3441 – Diabetic Log

DOC-3441A – Staff Administered Insulin Log

DOC-3341 – Modified Diet Consent/Refusal

ACP – Advanced Care Provider

HS – Bed time

IV – Intravenous

KOP – Keep on person

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PRN – As needed

PSU – Psychological Services Unit

QID – Four times per day

RN – Registered Nurse

STAT – To be completed within a time period of one hour.

TID – Three times per day

TODAY (Code 1) – To be completed within the calendar day.

Transcription – The copying and recording of all written or verbal orders in the approved DOC format.

WHEN ARRIVES – OK to complete when arrives from Central Pharmacy Services.

PROCEDURE

- I. **General Guidelines** - ACP orders shall be inmate patient specific. All orders shall be accurate, thorough and written legibly, clear, completely, and include the signature of the ACP.
 - A. The patient name, DOC number, date of birth and allergies shall be included on the DOC-3023 – Prescriber Orders.
 - B. A DOC-3023 shall be utilized when writing orders. A medication order shall include:
 1. Date.
 2. Time.
 3. Generic name of the medication.
 4. Strength of the medication.
 5. Dose of the medication.
 6. Route
 7. Frequency
 8. Duration
 9. Reason/diagnosis
 10. The ACP shall indicate when an order is new, renewed, changed, or discontinued on the order.
 - C. It is the responsibility of the ACP to communicate STAT orders to the transcribing staff.
 - D. Transcription of orders shall be completed as soon as possible and within 24 hours after being written, unless the order is STAT or Today.

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- E. Prior to proceeding with transcription, any concerns shall be clarified by the ACP.
- F. After consulting with the ACP, the nurse or ACP shall make a separate entry to clarify the order including date, time and signature of the nurse/ACP or ACP depending how order was received.
- G. At no time is it permissible to cross out or write over an original ACP order.
- H. Non-licensed health staff may transcribe orders or parts of orders providing they are trained and have documented competency of the procedure.
- I. Once each individual order is transcribed the staff member responsible for completing the order transcription shall place a check mark, date, time and initial on the line of the order.
- J. Once all items in the order are processed, a line shall be drawn underneath the entire ACP order. Under that line, a licensed nurse shall sign their name, credentials, date and time indicating the order is complete.
- K. If the ACP is not present the licensed nurse shall contact the physician on-call to clarify the order.
- L. When an ACP is not on site or it is an emergency, telephone and verbal orders may be taken.
 - 1. Only licensed staff shall take telephone or verbal orders.
 - 2. A verbal order read back (VORB) to the ACP for accuracy shall be completed documented by licensed staff on the DOC-3023.
 - 3. The licensed staff shall sign the order with his/her full name along with the full name of the ACP. All telephone and verbal orders shall comply with direction as stated in section I.
 - 4. The next day an ACP is on-site they shall sign the order, regardless if they are the ordering ACP from the verbal/telephone order.
 - 5. If the on-site ACP deems the order is incongruent with the appropriate plan of care, the ACP shall sign the order and amend the plan of care as determined appropriate.
 - 6. If the ACP at the facility finds the on-call order is outside a reasonable scope of practice and is not comfortable co-signing the order, the occurrence shall be reported to the Medical Director or Associate Medical Director.

II. Transcription Process for Medication Orders

- A. All orders shall be transcribed on DOC-3034 – Patient Medication Profile.
 - 1. Write the order on the DOC-3034 – Patient Medication Profile in pen as prescribed:
 - a. If the order is staff controlled, write the order (entry) in red ink.

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- b. If the order is KOP, write the order (entry) in black ink. Record:
 - c. Date of order with initials of the transcriber
 - d. Medication name
 - e. Dosage ordered
 - f. Frequency
 - g. ACP's first and last name
 - h. Stop date
 - i. Highlight (in yellow ONLY) out any old or discontinued orders and initial and date the highlight.

- B. All staff controlled medications shall be transcribed on the DOC-c026 – Medication /Treatment Record.
 - 1. Write the order on the DOC–3026 Medication /Treatment Record
 - 2. Write a start date in the box on the lower left side
 - 3. Write the stop date on the lower right hand side of the box.
 - 4. The transcriber shall document their initials in the box.
 - 5. Draw arrows representing the start and stop dates of the medications as appropriate.

IV. Blood Glucose Monitoring and Insulin Orders

- A. Complete DOC-3441A – Staff Administered Insulin Log if inmate patient requires nursing monitoring of blood glucose and administration of insulin.
- B. Document the insulin dosage per order on the DOC-3026 – Medication/ Treatment Record, DOC-3034 – Patient Medication Profile and the DOC-3441 – Diabetic Record.
- C. Complete a DOC-3441 – Diabetic Log if the inmate patient is competent and performs glucose monitoring and insulin administration independently with minimal nurse oversight.

VIII. Intravenous Orders

- A. Record on DOC-3034 – Patient Medication Profile.
- B. Record all IVs and IV administered medication on the DOC-3026A – IV Administration Record.

V. Offsite Appointment Orders

- A. Complete DOC-3001 – Offsite Service Request and Report if not already completed.
- B. Forward completed DOC-3001 and carbon copy to offsite scheduler.
- C. Schedule any labs or pre-operative treatment/preps as necessary.

VI. Psychological Services Referral

- A. Complete DOC-3183 – Referral for On-Site Medical/Mental Health Services.

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- B. Place a copy of completed form under Psychiatric Service tab of medical Chart.
- C. Send original form to PSU.
- D. Call PSU if referral needs to be expedited.

VII. Lab Orders

- A. Complete lab requisition for appropriate laboratory test.
 - 1. Complete the lab requisition with patient first name, last name, and middle initial, DOC number and date of birth
 - 2. Record the ordering ACP on the requisition.
- B. STAT labs shall be taken to a local vendor following the local vendor procedure.
- C. Schedule labs to be drawn according to ACP order. For recurrent scheduled labs assure scheduling as ordered.

VIII. Modified Diet Order

- A. Complete the DOC-3345 – Modified Diet Consent/Refusal
- B. Complete DOC-3334 – Modified Diet Order.
- C. File original DOC3334 in the database section of the medical chart.

IX. Additional Services/Miscellaneous including, But Not Limited to Dental, Optical, Diagnostic Imaging, Therapy, and Psychiatry

- A. Copy the DOC-3023 – Prescriber's Orders and forward to appropriate department/individual.
- B. If order is for scheduling, forward information to scheduler for these disciplines.

Bureau of Health Services: _____ **Date Signed:** _____
 James Greer, Director

_____ **Date Signed:** _____
 Medical Director

_____ **Date Signed:** _____
 Mary Muse, Nursing Director

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.80.02	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Transcription of Orders		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.