### **PHYSICIAN ORDERS**

Any time the doctor writes down instructions for us to follow, these instructions are a Physician Order. Physician Orders come in a variety of formats (i.e. Telephone/Fax Orders, Physician Visit Orders Forms, 180-Day Orders, etc.). If there are instructions and the physician has signed it, this is a physician order and we are required to follow the instructions.

Medical Abbreviations: Many Physician Orders and instructions contain medical abbreviations. Pages 3a and 3b contain a list of these abbreviations and their meanings for you to use as a reference. Several of these abbreviations, however, are so commonly used that we will ask you to memorize them. They are as follows:

- 1. PRN—As needed
- 2. PO—By mouth
- 3. BID—Twice a day (during waking hours, unless otherwise specified by MD)
- 4. TID-Three times a day (during waking hours, unless otherwise specified by MD)
- 5. QID—Four times a day (during waking hours, unless otherwise specified by MD)
- 6. q Every
- 7. HS—Hour of Sleep (or bedtime)

#### **Routine Medication Orders:**

We are required to have a signed Physician Order for every medication/treatment that we administer. This means the person's doctor must specifically tell us (in writing) specific information for each routine (scheduled—always given at a specified time) medication and treatment:

### Each Physician Order requires/is not complete unless it has the following parts:

- 1. Name of the Medication
- 2. <u>Dosage of the Medication</u>—The dosage must be specific and require no staff judgment. If applicable include the dosage of individual pills/tabs and the dosage you are to administer (i.e. some meds, like multivitamins, do not have a single dosage). Again, the dosage must be specific and require no staff judgment (i.e. orders like 1-2 tabs is <u>not</u> acceptable).
- 3. Route/Method of administration (tells you how to give the medication, including):
  - a. By Mouth
  - b. In Ears
  - c. In Eyes
  - d. Topically (on top)
  - e. Rectally
  - f. Vaginally
  - g. Buccal—in the cheek
  - h. Sublingual-under the tongue
  - i. Per G-Tube (can only be done as delegated by a Program RN)
  - i. In each nostril
- 4. Frequency (tells us how often to administer the medication/treatment). Frequency must be defined specifically by the MD. Orders like "up to TID" or "administer 2-3 times per day" are <u>not</u> OK. Examples which are okay include:
  - a. BID (twice a day)
  - b. Daily
  - c. Every other day
  - d. On the 1st day of every 3rd month

All routine medication orders are required (by the OAR's) to contain all of the four parts listed above. Each part must be specific and require staff to use no judgment.

## COMMONLY USED ABBREVIATIONS

<u>Lab Work</u>							
ACL	Anti-Convulsant levels	CBC	Complete Blood Count				
ph	Hydrogen Ion Concentration or degree of acidity	RBC	Red Blood Cells				
UA	Urinalysis	URI	Upper Respiratory Infection				
UTI	Urinary Tract Infection	WBC	White Blood Cells				
Route that Medication or Treatment is given							
0	0.1	po	By mouth				
O R	Oral	ax	Auxiliary				
O.S.	Right	L	Left				
0.5.	Left eye	O.D.	Right eye				
		O.U.	Both eyes				
	Miscellan	<u>eous</u>					
BM	Bowel Movement	₹	with				
CIV	Class Four Narcotic	c/o	Complaint of				
DC	Discontinue	E/R	Emergency Room				
Fe	Iron	med	Medication				
NPO	Nothing by mouth	NKA	No Known Allergies				
Rx	Prescription	ξ	Without				
$S_X$	Symptoms	х	Times				
Tx	Treatment	SOB	Shortness of Breath				
Hx	History	N/V	Nausea and vomiting				
R/O	Rule out	CNS	Central Nervous System				
Δ	Changes	ā	before				
<b>*</b>	Increase	НОВ	Head of Bed				
<b>-</b>	Decrease						
o	Degree(s)						

# COMMONLY USED ABBREVIATIONS

	Time R	<u>leference</u>	
ac	Before meals	ad lib	As desired
bid	Twice a day	h	Hour
hs	At bedtime or hours of sleep	Indef	Indefinitely
prn	As needed; as desired	рс	After meals
pm	After noon	q	Every
am	Before noon	qh	Every hour
q 2h	Every two (2) hours	q 3h	Every three (3) hours
qd	Every day	qid	Four times a day
qod	Every other day	stat	Immediately
tid	Three times a day	noc	night
p	after		5

	Form of Medication			
crm	Cream	tab	Tablet	
oint./ung.	Ointment	cap	Capsule	
gtts.	Drops	soln	Solution	
Supp	Suppository	susp	Suspension shake well!	

		<u>Measurement</u>		
amt	Amount	BP		Blood pressure
cc	Cubic centimeter	mg		Milligram
SS	Half	Wt		Weight
1  tsp =	5 cc's/ 5 ml	2 tsp	=	10 cc's
		<u>•</u>	=	1
		<u> </u>	==	2
		III	<u></u>	3, etc. (i.e. 4, 5, 6)

### THE SIX RIGHTS:

(for All Medications/Treatments)

- 1. The Right Medication
- 2. The Right Dose
- 3. The Right Method/Route (method: person-specific method, i.e. in ice-cream, juice, etc.)
- 4. The Right Time
- 5. The Right Person
- 6. The Right Documentation

### The SEVENTH RIGHT:

(Only for PRN - as needed - Medications/Treatments)

7. The Right Reason

There is no room for error when giving any medication. Errors can lead to under or over medicating, effecting the level of medication in the body, or worse, it could mean the wrong person getting the wrong medications which could have potentially fatal side effects. This could result in seizure activity, anxiety, behavior, high blood pressure, etc., depending upon the medications and conditions involved. Errors can result in serious consequences so we must give setting up medication our full attention in a quiet, uninterrupted environment. Ensure other staff know you will be passing medications, so they will be available to meet other needs, answer the phone, etc.