



Verbal Medication Orders

Robert Fusco, RPh, CCP, FASCP

Assisted living originally was intended to service those older individuals needing minimal assistance with activities of daily living, while allowing residents to age in place. In recent years, because of higher acuity levels, assisted living facilities have come to resemble skilled nursing homes in many ways. As the acuity level of our residents has changed, however, standards to support the efforts of ALFs to care for these residents have been slow to follow. Verbal orders is one issue in particular that needs to be addressed.

In a typical nursing home setting, nurses usually call the prescriber to address specific problems related to medications and other aspects of resident care. This dialogue between the nurse and the prescriber often results in a verbal prescription or order for treatments. A prescription refers to drugs or medications intended for treatment or disease prevention. An order encompasses other aspects of health care such as changing a diet, ordering labs, changing the position of a resident, or other actions that may not have anything to do with medication.

According to the Board of Nursing Regulations in New Jersey, nurses may take verbal orders. The problem with this is that the nurse is not an agent of the prescriber unless he or she is employed by that prescriber. Consequently, anything that the nurse puts in writing without the prescriber's signature is subject to liability and is considered an invalid prescription.

According to statutes in most states, prescriptions for controlled or non-controlled medications can be given or transmitted to pharma-

cists in person, via telephone, or by other means of communication (ie, ePrescription) without the signature of a physician, dentist, veterinarian, other medical practitioner, certified nurse midwife, nurse practitioner/clinical nurse specialist, or a physician assistant. These prescriptions must be transcribed in writing by a pharmacist, and this document serves as the written prescription from the licensed practitioner.

Faxes can serve as the original prescription if they are signed and come directly from the licensed prescriber. Conversely, when a prescription is handed to a nurse in a facility, there needs to be a signature on the prescription to attest to its validity and accuracy. This is where skilled nursing and assisted living facilities differ.

The nurse in an assisted living facility calls the prescriber regarding a problem with a resident. After some discussion, the prescriber implements a remedy—often in the form of a prescription medication. If the nurse or prescriber makes an error during the verbal transmission and the nurse faxes or calls in that erroneous prescription to the pharmacy, both the physician and nurse are liable for any problems the error causes. The pharmacist is also liable for accepting a prescription without a prescriber signature.

This issue presents many potential problems. If the nurse asks the prescriber to call the pharmacy and relay the prescription verbally or fax a signed order to the pharmacist, the prescriber may not comply with this request. In this case, the pharmacist must contact the prescriber to verify the unsigned prescription. This can be done legally with a phone call or a signed fax.

The problem with this is that the pharmacist may not be able to reach the prescriber in a timely manner. This ultimately may delay the delivery of needed medication to the resident. Of course, it is important to emphasize that government agencies and third party regulations require a prescriber's signature for reimbursement to the pharmacy.

Unlike assisted living facilities, skilled nursing facilities have a window of time in which to get the prescription signed, so the script can be filled without the signature. This allows medications to be dispensed in a timely manner. There is no reason that this same window of time can't be afforded to assisted living facilities. While ALFs and nursing facilities differ in many ways, some rules can be applied appropriately to both.

Why don't more states set standards regarding verbal orders in ALFs? One main reason is that most states equate assisted living facility residents with community-dwelling elderly and apply the same standards to both. Therefore, since verbal orders don't exist in the community, they don't apply in ALFs either. This is one situation where nursing home rules are more appropriate than community standards. In fact, ALF residents would benefit from a national standard of care regarding verbal orders.

Readers of *Assisted Living Consult* owe it to our residents to look at this issue more closely. Working together, perhaps we can develop possible solutions and propose regulations through national organizations to standardize this and other issues related to assisted living facilities.

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