

**Regulatory Citation(s):** | None  
**L-Tag(s):** | None

**POLICY:** Physician orders are obtained as needed and received from the physician within the time frames required by laws and regulations.

**PROCEDURE:**

1. The hospice receives a verbal order from the patient’s attending physician, or referring physician, to admit the patient to hospice.
2. The nurse receiving the order documents its receipt, reads back the order for clarification of content and signs order receipt as a t/o or v/o. A verbal order confirmation is sent to the admitting physician for signature.
3. Reasons orders are obtained from physicians include, but are not limited to:
  - a. Initiate new medication, change medication, or discontinuance of medication;
  - b. change in visit frequency if not within the range specified in the patient’s plan of care;
  - c. care, treatment and services
  - d. dressing changes/ wound care; and/or
  - e. added disciplines or services or equipment to meet the needs of the patient.
4. Documentation of receipt of verbal orders and of written orders sent to the physician for signature is maintained in the patient’s clinical record.
5. When the signed order is returned, it is filed in the patient’s clinical record and the unsigned order is removed.
6. When the signed order has not been faxed or mailed to the hospice within 5 working days, a telephone call reminder is made to the physician’s office and the order is refaxed to the physician’s office for signature.
7. If the hospice still does not receive signatures on physician orders, then the hospice will continue to call the physician’s office or will send a teammate to the office to obtain signatures on orders. Verbal/Telephone orders should be signed and in the clinical record within 7 days of receipt.

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8. Documentation is maintained of all efforts to obtain signed orders from physicians in a timely manner, including fax confirmations and or documentation of visit to the physician's office.
9. Texting of physician orders is prohibited.

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