

Attention: Physicians, Nurse Practitioners, Physician Assistants
New CMS Rule Regarding Signing of Physician Preprinted Orders

WHAT IS THE NEW CMS RULE:

From the Center for Medicaid and State Operations/Survey and Certification Group - Ref: S&C-09-10. State Operations Manual (SOM) for the SOM Hospital Appendix A. §482.24(c)(1)

The CMS Rule - "Where a practitioner has written a set of orders or is using a preprinted order set contained on one page, or on several pages, the physician must sign, date, and time each page of orders."

10/24/2008 CMS Interpretation of the rule - "When a practitioner is using a preprinted order set, the ordering practitioner may be in compliance with the requirement at §482.24(c)(1) to date, time and authenticate an order if the practitioner accomplishes the following:

- a. **Last page:** Sign, date, and time the last page of the orders, with the last page also identifying the total number of pages in the order set.
- b. **Pages with Internal Selections:** Sign or initial any other (internal) pages of the order set where selections or changes have been made.
 - The practitioner should initial/sign the bottom of the pertinent page(s)
 - The practitioner should also initial each place in the preprinted order set where changes, such as additions, deletions, or strike-outs of components that do not apply, have been made
 - It is not necessary to initial every preprinted box that is checked to indicate selection of an order option, so long as there are no changes made to the option(s) selected.

IMPLEMENTATION AT SETON FAMILY OF HOSPITALS:

What does it mean for Seton Family of Hospital Physicians, Nurse Practitioners, & Physician Assistants? You will:

- Continue to sign, date, & time all preprinted orders on the last page of a multipage order set.
- Start initialing each addition, deletion, or strike out on the preprinted order (like a legal document).
- Start initialing the bottom right corner of each page of a multipage order set if you have checked any boxes or made any additions, deletions, or strike outs on the page.

ORDER FORM CHANGES:

All Preprinted Orders & Protocols *on the Seton approved & managed intranet site* have been revised to include the following statement (see attached sample)

Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering physician for the order to be valid.. Strike outs are defined as a single line thru section to be stricken

and a place at the bottom of each page of a multi-page order for the physician to initial has been added:

MD Initials: _____
(initial line to be on every page)

WHEN: Phased Implementation:

June 30-July 3, 2009 – begin uploading orders in the new revised format.

July 2009 – communication to all stakeholders

August 2009 – HIM will begin auditing the new process

COMPASS process is in compliance with this CMS regulation.

If you have questions regarding this new CMS Rule, please contact Diana Sellers (45715), Karen Burkman (45711) or Teresa Benavidez (45991).

IMPORTANT ORDERS

Dr. Bone

Date: _____ Time: _____ Wt: _____ Kg Ht: _____

ALLERGIES and REACTIONS: _____

- Observation: Is there significant likelihood that the patient's need for hospital stay could be less than or equal to 24 hours?
- Admission: Is the acute care that this patient is to receive requiring **more** than 24 hours? * Document failed outpatient treatment.
- Return to unit
- Admit to: Bone Ortho
- Diagnosis: _____

Very Important Addition: CMS and The Joint Commission REQUIRED! Applies to All Pages of Orders.

ITEMS WITH BOXES MUST BE CHECKED TO BE ORDERED

Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering physician for the order to be valid. Strike outs are defined as a single line thru section to be stricken.

MEDICATIONS / IV FLUIDS:

Formulary substitutions acceptable as approved by the Pharmacy and Therapeutics committee. Generic equivalents may be used.

IV's:

NS at _____ ml/hr Other: _____ Saline lock when tolerating PO.

Other Meds:

- Heparin 5000 units subcutaneously every 8 hours
- Enoxaparin (Lovenox) 30 mg subcutaneously every 12 hours
- Cefazolin (Ancef) 1 gram IV every 8 hours x _____ doses. If allergic to cephalosporins, give clindamycin (Cleocin) 600mg IV every 8 hours x _____ doses.
- Seton Network IVPCA <http://intranet.seton.net/clinicalres/aspDocs/NetworkIVPCAandNarc109E.asp>
- Morphine 2-6 mg IV every 2 hours PRN severe pain
- Hydrocodone 10 mg & Acetaminophen 325 mg (Norco 10/325) 1-2 tabs PO every 4 hours PRN moderate/severe pain. **Max 4 grams Acetaminophen in 24 hours. Maximum of 12 tabs per 24 hours. Consider all sources.**
- Ketorolac (Toradol) 30 mg IV every 8 hours PRN severe pain. **Maximum of 3 doses.**
- Other _____
- Other _____

Comfort Medications: Use if not contraindicated or duplicated by Primary Service:

Acetaminophen (Tylenol) 650 mg PO every 4 hours PRN mild pain, headache or fever greater than 101 degrees oral.

Maximum of 4 grams Acetaminophen in 24 hours. Consider all sources.

Ondansetron (Zofran) 4 mg IV every 6 hours PRN nausea or vomiting.

Promethazine (Phenergan) 6.25 mg IV every 4 hours PRN nausea or vomiting.

Diphenhydramine (Benadryl) 25 mg IV or PO every 4 hours PRN itching.

Senna 8.6mg/Docusate Sodium 50mg (Senokot-S) 2 tabs PO at bedtime.

Laxative of choice

Zolpidem (Ambien) 5-10 mg PO at bedtime PRN insomnia.

Nicotine patch 21 mg topical daily.

Other _____

ASSESSMENT AND MONITORING:

Vital signs & Neuro vital signs per routine;

Foot pumps to: bilateral left right

Elevate upper lower extremity higher than heart

VAC at _____ mmHg Consult Wound Care for VAC change on floor in 48 hours.

NEW! Initials are required for any boxes checked and/or for the change requirements highlighted above.

400

Physician Orders

MD Initials: _____

IMPORTANT ORDERS

Dr. Bone

Database Number: 1000.00

Pharmacy Mnemonic: 1000.00

Review Date: 05/2008

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See Additional Information Below

ORDERS CONTINUED:

Incentive spirometry 10 times every hour while awake.
 If unable to void, in and out catheterization x 3. Insert foley catheter third time.
 Other: _____

TESTS / DIAGNOSTICS / PROCEDURES:

LAB: _____

IMAGING: Reason for exam: Surgery / Fracture Mode of transport: amb str IV O₂

- | | <i>Left</i> | <i>Right</i> | | <i>Left</i> | <i>Right</i> |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Clavicle (AP/upshot) | <input type="checkbox"/> | <input type="checkbox"/> | Hip-AP/Lat. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shoulder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> traumatic injury-crosstable view | | |
| (true AP, scapula Y, axillary lateral) | | | <input type="checkbox"/> atraumatic injury-frog-leg view | | |
| Humerus-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> | Femur-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> |
| Elbow-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> | Knee-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> |
| Forearm-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> | Tibia/fibula-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist-AP/Lat | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| THREE views: | <i>Left</i> | <i>Right</i> | <input type="checkbox"/> AP and Judet View of Pelvis | | |
| Hand-PA/Lat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> AP, Inlet and Outlet Views of Pelvis | | |
| Ankle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> AP of Pelvis | | |
| Foot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Low AP of Pelvis - include all hardware | | |

Other: _____

TREATMENTS:

Physical Therapy/Weight Bearing Status Evaluate and treat

Occupational Therapy/Weight Bearing Status Evaluate and treat , ADLs

DIET / SUPPLEMENTS:

NPO Advance as tolerated Per Primary Service

ACTIVITY:

Out of bed with PT/Nursing Ambulate ad lib Bedrest with affected extremity(ies) elevated
 Other: _____

MISCELLANEOUS: _____

MD SIGNATURE _____ DATE/TIME _____ RN/LVN SIGNATURE _____ DATE/TIME _____
 FAXED TO PHARMACY: _____ DATE/TIME AND INITIALS _____

All entries into the medical record REQUIRE date and time as part of the signature, it is incomplete without.