

**Purpose:**

The purpose of this policy is:

- To provide a foundation for safe, consistent and efficient management and communication of orders (including medication, diagnostic, care activities, consult and referrals) reducing the potential for preventable errors or adverse events resulting in improved patient care.
- To ensure federal and provincial legislation and regulation of ordering are followed in all Island Health facilities. These include the following Acts and associated regulations:
 - [Accreditation Canada](#)
 - [Medical Staff Rules for the Vancouver Island Health Authority](#)
 - [British Columbia College of Nurses & Midwives](#)

Context:

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw Peoples.

As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.

The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

Scope:

Audience:

- All health care professionals authorized to interact with patient specific orders in Island Health. This includes:
 - Regulated health care professionals
 - Unregulated health care professionals
 - Nursing Unit Assistants/Medical Office Assistant (MOA)
 - Students
 - Prescribers/Ordering Providers (e.g. Physicians, Nurse Practitioners, Midwives, Pharmacists)
- Environment
 - All programs and services across Island Health, including contracted services
- Exceptions:
 - Excludes areas entering orders through Department Order Entry (i.e., Lab, Medical Imaging, etc.)

1.0 Policy

- All orders will be placed by an Authorized Health Care Professional who assumes responsibility for the accuracy and validity of the order, within their scope of practice, regulatory standards and Island Health policy and procedures (See [Medical Staff Rules Vancouver Island Health Authority 1.2.3](#)).
- In areas using Computerized Provider Order Entry (CPOE), all orders are entered and managed electronically.
 - Exceptions:
 - Information systems are not functional (e.g., Downtime and disasters);

Maintained by:	Medication Safety				
Issuing Authority:	Medication System & Therapeutics Quality Council				
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13
					Page 1 of 10



Orders Management

9.9P

POLICY

Policies direct required organizational practice/behaviour



- Patient emergency situations which preclude ordering providers or authorized professionals from entering orders (e.g., code procedures);
 - Exceptional situations which prevent secure, safe and timely ordering provider access to the electronic health record (e.g., during operative/interventional procedure, driving).
 - Orders in these exceptional circumstances may be verbal or include a paper based process (Downtime, codes) as per departmental processes.
 - Any format (e.g. PowerForms, CPOE, paper, e-forms) for medication ordering need to be approved by Medication Systems and Therapeutics Quality Council (MSTQC).
- Email and/or mobile (cell phone) text orders are not permitted (See [College of Physicians and Surgeons BC Prescribing Medications](#)).
- In areas without CPOE, orders should be recorded on an Island Health order form or approved paper order set.
 - [The Dangerous Abbreviations- Do Not Use Error Prone Abbreviations, Symbols and Dose Designations Policy](#) must be followed.
 - This applies to all written/faxed medication orders, clinical order sets and any accompanying documentation used when communicating order information.
- Orders must be documented in a manner to ensure clarity and legibility to avoid misinterpretation or transcription errors.
- Orders placed and pending results remain the responsibility of the most responsible ordering provider (MRP) or MRP service (e.g. Hospitalist, Endocrinology) until transfer of care is clearly communicated and accepted by the current or next MRP.

1.1 Roles and Responsibilities

- **All Clinicians**
 - Only authorized healthcare professionals can modify, initiate, complete or cancel orders, following appropriate clinical protocols, orders and guidelines within their scope of practice.
 - All clinicians, and ordering providers interacting with orders are responsible for:
 - Actively reviewing orders on an ongoing basis to ensure clinical relevance and accuracy;
 - Communicating any concerns and discrepancies with the most responsible ordering provider.
- **Ordering Providers**
 - All ordering providers are responsible for (See [College of Physicians and Surgeons Prescribing Medication](#), [BC College of Nurses and Midwives](#), and [BC College of Pharmacists](#)):
 - Reviewing current patient orders prior to entering new orders (e.g., to avoid duplication or adverse interactions, etc.) (See [Accreditation Canada](#)).
 - Discontinuing orders that are no longer relevant/required.
 - When applicable, the ordering provider (e.g. specialists) should contact the MRP prior to discontinuing the MRP's orders.
- **All Nursing and Allied Health Professionals**

Maintained by:	Medication Safety				
Issuing Authority:	Medication System & Therapeutics Quality Council				
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13
					Page 2 of 10

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health intranet.



Orders Management

9.9P

POLICY

Policies direct required organizational practice/behaviour



- Must implement orders safely and competently, following established protocols, policies, and evidence-based practices; including monitoring, documenting and communicating outcomes.
- Must ensure that the CPOE orders profile is maintained at least once per day (i.e., night shift chart check).
- Exceptions:
 - Long-term Care Nursing and Allied Health maintain orders at each shift if the chart is flagged with a new order, and regularly weekly.
 - Ambulatory/Outpatient orders must be reviewed during the next ambulatory/outpatient visit when appropriate (i.e. medication orders must be reviewed at any encounter of medications to be administered or prescribed, orders for new diagnostics).
- **Medical Students**
 - All medical students (e.g. medical, dentist, midwives etc.) must refer to their affiliated college or faculty requirements. Ordering providers supervising students must follow the Island Health Medical Staff Rules (see [Medical Staff Rules Vancouver Island Health Authority 2.6](#)).
- **Residents**
 - Years 3 and 4 can write proposed orders under appropriate supervision, where appropriate supervision is defined as previous discussion of such orders with a resident or attending staff ordering provider (see [Prescribing in Postgraduate Training Programs](#)).
- **Nurse Practitioner Students**
 - Nurse Practitioner Students should refer to Regulatory Supervision of Nurse Practitioner Student Restricted Activities in [Section 9\(1\) of the Nurses \(Registered\) and Nurse Practitioners Regulation](#)
- **All other clinical students (Nursing, Allied Health)**
 - Students shall follow the policy as outlined above and any standards set by their educational institution, with the following stipulations:
 - Students are not authorized to take verbal or telephone orders,
 - Students cannot enter orders into the patient health record,
 - Exception consult/referrals to Allied Health and Nursing services or orders/recommendations as per their scope of practice.
 - Students can enact/follow orders, provided it is appropriate within their role and function. Students will seek the guidance of their Clinical Instructor, Preceptor or Most Responsible Clinician when enacting/following any order(s), especially those which are high risk (e.g. narcotics, high alert medications). Please refer to [Student Practice Activities, Limits, and Conditions](#) and [Supervision of Students](#).

1.2 Maintaining Orders

- **Verbal Orders (Including telephone orders) (See [Accreditation Canada](#))**

Maintained by:	Medication Safety					
Issuing Authority:	Medication System & Therapeutics Quality Council					
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13	Page 3 of 10

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health intranet.



- Verbal orders are prone to errors and are only accepted in situations where there are no other reasonable alternatives and in the best interest of the patient to expedite ordering. Examples may include:
 - Patient emergencies which preclude ordering providers or authorized professionals from entering orders (i.e., code procedures).
 - In situations which prevent the safe, secure and timely entering of orders, including but not limited to:
 - During an operative/interventional procedure,
 - Ordering Provider has no access to electronic/paper record and timely action of the order is urgently required for safe patient care (e.g. in a procedure, unable to access computer),
 - Authorized professional initiated phone order and no timely access to the electronic/paper record.
- Verbal orders are not permitted for chemotherapeutic drugs including those used for non-oncological indications. (See [BC Cancer Agencies Remote Ordering Policies](#)).
- Verbal orders are only accepted and recorded by authorized health care professionals, in accordance with their scope of practice.
- Telephone orders must be received verbally directly from the ordering provider and not relayed through a third party, or left on voice mail, text, or with answering services.
 - Involved parties are to remain on the phone until all relevant information and alerts have been addressed and the order has been documented or entered.
 - Accuracy of the order should be validated through a read back process.
- The ordering Practitioner must ensure the order is co-signed in the paper Health Record or co-signed within 24 hours of the order having been dictated.
- Verbal orders are not permitted for placement of a new order set.
 - Exception verbal order may be given to initiate a phase of an order set that has already been placed or held.
- **Refused Co-signature of Orders (EHR)**
 - In situations where an ordering prescriber has received an order in error for co-signature through Message Centre, they will review the order and document the reason for refusal. (See [Management of Message Centre Notifications, External and eNotifications 1.2](#)).
 - Notifications of refused orders are sent to the patient location CareCompass to be reviewed by the MRN.
 - All refused orders placed via CPOE will be remediated by Health Information Management (HIM).
- **Alerts Management (See [Accreditation Canada](#)).**
 - Prescribers are responsible for reviewing all alerts encountered during CPOE.
 - Prescribers use clinical knowledge and judgment to decide whether to proceed with an order by overriding an alert.

Maintained by:	Medication Safety					
Issuing Authority:	Medication System & Therapeutics Quality Council					
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13	Page 4 of 10



Orders Management

9.9P

POLICY

Policies direct required organizational practice/behaviour



- Clinicians entering an order within their scope of practice must address all alerts encountered during order entry.
- **STAT Orders**
 - STAT orders are only to be used in an emergent situation.
 - Prescribers who order a STAT order will immediately notify the most responsible nurse and/or clinician either verbally or by telephone that a STAT order has been written or electronically entered.
- **Proposed Orders**
 - Proposed orders are a function of computerized prescriber order entry and are entered and proposed to an ordering prescriber and authorized professional within the EHR, based on scope of practice:
 - Proposed orders are not used for urgent or emergent situations.
- **Hold Orders**
 - Hold orders are valid until the prescriber:
 - discontinues the hold order,
 - or the parameters for the hold order are met (i.e. start stop date/time or clinical condition met).
 - It is not within the scope of Registered Nurses (RN) or License Practical Nurses (LPN) to hold or restart medication(s) without a patient specific order (See [Management of Medications Prior to Booked Surgical Procedures 4.3.2G Section 1.0](#)).
- **Range Dosing**
 - Range dosing for medications should clearly indicate the total dosing allowed within a time interval.
 - When administered, total dose amount cannot be exceeded within the specified time interval starting from each individual dose, rather than the first dose. Refer to the [Medication Administration Policy](#) for more information.
 - Example: Morphine 2-4 mg IV every two hours as needed for pain. In this example, the patient cannot receive more than 4mg in any 2 hour period.
 - Range frequency orders are not permitted in Island Health.
 - Example: Morphine 2-4 mg IV every two to four hours pro re nata (PRN) pain.
 - Refer to the [Opioid Prescribing Guideline](#) for more information.

1.3 Narcotics and Controlled Substances

- All ordering Prescribers must follow standards of practice for safe ordering of opioids and sedatives (See [College of Physicians and Surgeons of British Columbia \(CPSBC\) Safe Prescribing of Opioids and Sedatives](#) and [CPSBC Prescribing Methadone](#)).
- Health Care Professionals are responsible for safe ordering practices of opioids and sedatives within their scope. (See [BCCNM Practice Standards Medication](#)).

Maintained by:	Medication Safety				
Issuing Authority:	Medication System & Therapeutics Quality Council				
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13
					Page 5 of 10

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health intranet.



1.4 Transfer of Care/Orders Reconciliation

- A Prescriber must communicate relevant patient information, including active orders, pending results, and treatment plans, to the receiving prescriber or team (See [Medical Staff Rules Vancouver Island Health Authority 1.2 Transitions of Care & Patient Safety](#)).
- All orders need to be reviewed to ensure that they are clinically relevant by the MRP when a patient is transferred into their care (See [Medical Staff Rules Vancouver Island Health Authority MRP 1.2.1.6](#)).
- Orders should be transmitted to the receiving healthcare prescriber or team in a timely manner, ensuring continuity of care and minimizing delays in patient management (See [Medical Staff Rules Vancouver Island Urgency of Consultation 1.2.4.6, Long-term Care see 3.1.1.4 \(iii\)](#)).
- The receiving ordering provider, most responsible nurse (MRN), and pharmacist must review and verify the transferred orders, ensuring their appropriateness and compatibility with the patient's condition.
- Any discrepancies or conflicts between the transferred orders and the receiving prescriber's clinical judgment should be promptly addressed and resolved through appropriate communication channels.
- Reconciling patient orders as per the Island Health [Medication Reconciliation Policy 9.2.21P](#) at patient transition points, such as admission, transfer and discharge.

1.5 Non MRP Ordering Providers (e.g. Consulting Physicians or Specialists)

- If the patient's medical condition warrants consultation with other members of the Medical Staff, the MRP coordinates and facilitates that care. (See [Medical Staff Rules Vancouver Island Health Authority 1.2.4](#)).
- Those consulted are expected to collaborate with the MRP including communicating on care and end of consultation (See [Medical Staff Rules Vancouver Island Health Authority 1.2.3](#)).
 - Along with placing orders and verbal communication between the consulting non-MRP ordering provider and the MRP, the consulting non-MRP ordering provider must document their care and recommendations in a consult note ([CMPA Responsibility for documenting](#)).
 - Clear responsibility for monitoring of orders placed and/or when to contact the consultant should be outlined in the documentation.
- Consulting non-MRP ordering providers, who provide a consult where the care provided is beyond the scope of practice of the MRP (e.g. Midwives or Nurse Practitioners) will remain responsible for orders and results placed on the patient.

2.0 Monitoring and Evaluation

- The Medication System & Therapeutics Quality Council (MSTQC) sets Orders Management standards based upon organizations recognized for setting standards (e.g., Accreditation Canada, ISMP, CPSI).
 - The Combined Quality Oversight Council (CQOC), Island Health medical governance (HAMQC and HAMAC) and the Medication Systems and Therapeutics Quality Council (MSTQC) are responsible for:
 - Monitoring and evaluating metrics regularly.
 - Assisting quality councils in prioritizing work.
 - Geographic/program councils and local/regional quality bodies are responsible for regularly monitoring Orders Management metrics, evaluating and making recommendations to improve adoption, compliance

Maintained by:	Medication Safety				
Issuing Authority:	Medication System & Therapeutics Quality Council				
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13



and quality; they are accountable to MSTQC and Island Health medical governance (e.g., HAMQC) as appropriate.

3.0 Definitions

- **Change in Service:** A change in service refers to a transition in care area or facility, triggered by the transfer and acceptance from a new Most Responsible Provider (MRP).
 - Service areas (Addictions Medicine, Anesthesia, Acute Pain Service, Emergency/Trauma, Critical Care, Surgery, Medicine, Pediatrics, PICU, NICU/ Neonatal, Obstetrics, Long-term Care, Oncology, Palliative, Psychiatry, and Rehab)
- **Clinician:** Health care professional, such as a nurse, pharmacist etc. who has qualifications in an area of very skilled health work.
- **Consulting Ordering Provider:** An ordering provider that the MRP requests advice or help in managing the care of a patient.
- **Co-signature:** Indicates an ordering provider has reviewed orders placed on their behalf by a health care professional or medical student and confirmed the order is accurate and appropriate for that patient and is aligned with Island Health standards, and all affiliated colleges and regulatory associations.
- **Electronic Health Record (EHR):** This is the collective electronic medical records of a patient or a population of patients.
- **Emergency situation:** Any circumstance requiring immediate health care to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.
- **Health care professional:** Refers to all health care professionals authorized to interact with patient specific orders in Island Health including:
 - Regulated health care professionals: individuals who are part of a regulated health discipline, as defined by the *Health Professions Act*, and for whom it is within the scope of practice and Island Health employer controls to prescribe, transcribe, or receive and act on orders for patient specific care.
 - Unregulated health care professionals: non-regulated health care professionals who have formal approval, knowledge and skills to receive and act on orders for patient specific care based on Island Health employer controls (e.g. Respiratory Therapists or Medical Radiation Technologists).
 - Nursing Unit Assistants/MOA: have the knowledge and skills to transcribe orders for patient specific care
 - Students: those authorized to interact with patient/client specific orders as part of their clinical rotation or practicum, with the required regulatory and or discipline specific supervision.
- **Health Record:** is a record of care and treatment and directly related services created and/or collected by Health Care Professionals (HCP) while (or within a reasonable time frame of) providing patients with care through Island Health services. A Health Record includes documentation which may reside on/in physical (e.g., paper) or electronic mediums (e.g., electronic health records,). A Health Record may also include images and audio or video recordings. A Health Record is the legal record of care/treatment provided by Island Health in its ordinary course of activities, and is the legal business record as defined under the Evidence Act. A health record also typically includes information that is disclosed to Island Health by other organizations or persons from a patient’s health history that informs current or has informed past care.
- **High alert medication:** Drug that is recognized as having an increased risk of causing harm to patients when given

Maintained by:	Medication Safety					
Issuing Authority:	Medication System & Therapeutics Quality Council					
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13	Page 7 of 10



inappropriately. See [Island Health Medication Policy and Procedure D 22 Appendix 1](#) for the list of Island Health high alert medications.

- **Medication:** Refers to both prescribed and non-prescribed, over-the-counter medications.
- **Medication Management:** In the context of medication reconciliation, and in collaboration with patients and families, medication management may consist of any of the following: gathering and reconciling a medication history; dispensing, administering medications, and prescribing; patient and family education; monitoring medication side effects and effectiveness toward goals of care and documenting and communicating all interactions and plans.
- **Most Responsible Practitioner (MRP):** Most Responsible Practitioner (MRP): Refers to the practitioner who has overall responsibility for the management and coordination of care for a patient.
- **Nurse:** Refers to a registered nurse (RN), licensed practical nurse (LPN), and/or registered psychiatric nurse (RPN).
- **Order or Prescription:** A written or electronic directive (order) from an ordering provider, for a specific patient identified.
- **Ordering Provider:** A regulated health care professional who is authorized to prescribe medications and/or treatment as defined by federal and provincial legislation, their regulatory college, Island Health and the practice setting (where applicable). Includes physicians, midwives, nurse practitioners and pharmacists within their professional scope of practice.
- **Patient:** Refers to patient, client, resident or person in receipt of healthcare services within Island Health.
- **Planned Order Sets:** Planned order sets are groups of orders that are placed in a planned state by an ordering prescriber to be initiated at a later time based on pre-determined parameters or a transition in patient care.
- **Prescriber:** A regulated health care professional who is authorized to prescribe medications and/or treatment as defined by federal and provincial legislation, their regulatory college, Island Health and the practice setting (where applicable). Includes physicians, midwives, nurse practitioners, dentists and pharmacists within their professional scope of practice.
- **Proposed Orders:** Proposed Orders are a function of the CPOE in the EHR. Proposed orders are orders which are held in a proposed state within an electronic health record. They require prescriber review and signature prior to being initiated by an authorized professional. They are not to be used for urgent or emergent situations. They are a formal component of electronic order entry and more formal than a suggested order action.
- **Restricted activities:** Higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that have been granted specific legislative authority to do so, based on their education and competencies.
- **Specialist:** A physician who has completed advanced education and clinical training in a specific area of medicine.
- **STAT Order:** To be used in critical or emergency situations. To be actioned immediately.
- **Verbal Order:** A verbal communication of an order from an authorized prescriber/ prescriber to an authorized regulated health care professional, face to face or by telephone or other live verbal communication.

4.0 Related Island Health Policy Documents

- [Allergy and Sensitivity Identification and Documentation Policy](#)

Maintained by:	Medication Safety					
Issuing Authority:	Medication System & Therapeutics Quality Council					
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13	Page 8 of 10



- [Chemotherapy for Malignant Disease – Outpatient Therapy](#)
- [Clinical Documentation Policy](#)
- [Dangerous Abbreviations - Do Not Use Error Prone Abbreviations, Symbols and Dose Designations](#)
- [Discharge of a Patient/Client](#)
- [Electronic Health Record Downtime Procedure](#)
- [Home & Community Care Guidelines for Receiving Verbal Orders From Designated Prescribers and Obtaining Prescriber’s Signature for Verbal Orders Received](#)
- [Island Health Electronic Downtime Policy](#)
- [Management of Message Centre Notifications, External Distributions and eNotifications](#)
- [Medical Staff Rules for the Vancouver Island Health Authority](#)
- [Medication Reconciliation Policy](#)
- [Positive Patient Identification \(PPID\) at Point of Care Policy](#)
- [Prescription Requirements Policy](#)
- [Transfer of a Patient/Client](#)
- [Verbal Orders Policy](#)

5.0 References

- Accreditation Canada. (2022) [Required Organizational Practices](#).
- Barenfanger J, Sautter RL, Lang DL, Collins SM, Hacek DM, Peterson LR. Improving patient safety by repeating (read-back) telephone reports of critical information. *Am J Clin Pathol*. 2004 Jun;121(6):801-3. doi: 10.1309/9DYM-6R0T-M830-U95Q. PMID: 15198350.
- British Columbia College of Nurses & Midwives. (2023) [Medication Practice Standard](#).
- Hendrickson T. Verbal medication orders in the OR. *AORN J*. 2007 Oct;86(4):626-9. doi: 10.1016/j.aorn.2007.04.002. PMID: 17931542.
- Kaplan JM, Ancheta R, Jacobs BR; Clinical Informatics Outcomes Research Group. Inpatient verbal orders and the impact of computerized provider order entry. *J Pediatr*. 2006 Oct;149(4):461-7. doi: 10.1016/j.jpeds.2006.05.038. PMID: 17011314.
- Wakefield DS, Brokel J, Ward MM, *et al* An exploratory study measuring verbal order content and context *BMJ Quality & Safety* 2009;18:169-173.
- Wakefield DS, Wakefield BJ. Are verbal orders a threat to patient safety? *Qual Saf Health Care*. 2009 Jun;18(3):165-8. doi: 10.1136/qshc.2009.034041. PMID: 19467996.
- Wakefield DS, Ward MM, Groath D, Schwichtenberg T, Magdits L, Brokel J, Crandall D. Complexity of medication-related verbal orders. *Am J Med Qual*. 2008 Jan-Feb;23(1):7-17. doi: 10.1177/1062860607310922. PMID: 18187586.

6.0 Resources

- Ask a lawyer: Texting updates to other health professionals, March 2023 Canadian Nurses Protective Society <https://cnps.ca/article/ask-a-lawyer-texting-updates-to-other-health-professionals/>

Maintained by:	Medication Safety				
Issuing Authority:	Medication System & Therapeutics Quality Council				
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13
					Page 9 of 10



Orders Management

9.9P

POLICY

Policies direct required organizational practice/behaviour



island health

- [BC Cancer Agencies Remote Ordering Policies](#)
- [Canadian Medical Protective Association](#)
- [Medical Students: Documenting, Ordering and Supporting Distribution \(Island Health\)](#)
- [Prescribing Methadone \(College of Physicians and Surgeons of British Columbia\)](#)
- [Safe Prescribing of Opioids and Sedatives \(College of Physicians and Surgeons of British Columbia\)](#)
- [Student Practice Activities, Limits, and Conditions \(Health Sciences Placement Canada\)](#)
- [Supervision of Students \(Health Sciences Placement Canada\)](#)
- [Telephone and Verbal Orders \(Providence Health Care\)](#)

Maintained by:	Medication Safety					
Issuing Authority:	Medication System & Therapeutics Quality Council					
Last Revised:	2023-SEP-20	Last Reviewed:	2023-SEP-20	First Issued:	2016-APR-13	Page 10 of 10

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health intranet.