MSRT POSITION STATEMENT

As Adopted in 1985

Retired Aug 2018 - replicated in Statute

MEDICATION ADMINISTRATION AND VERBAL ORDERS

The MSRT believes our historical practice of administering medications, accepting and transcribing verbal orders of a physician pertaining to the practice of respiratory care is appropriate and should be continued.

We understand the concerns expressed by nursing regarding the lack of legal standards for respiratory care personnel. We share many of those concerns and support legislation aimed at the establishment of essential standards for respiratory care practitioners not so much because of specific procedural details, like verbal orders, but rather because the nature of the job itself requires a form of pre-control as to who may practice respiratory care. The highly technical skills, patient assessment and judgment expected of a respiratory therapist are far more substantive issues and should only be performed by persons who have demonstrated competence in the field. State credentialing of respiratory care practitioners would also serve to eliminate or minimize additional concerns such as this one over verbal orders.

Pending further clarification of who should practice respiratory care, we believe that only NBRC credentialed personnel should be allowed to accept verbal orders or administer medications and this policy should be clearly outlined in the medical staff rules of the hospital in question.

We feel this practice with regard to verbal orders is entirely legitimate under our State Public Health Code because of the delegatory principle. Our services are provided under medical direction. Furthermore, the HCFA Conditions of Participation referenced are specifically contained within the section referring to nursing service. Respiratory care is generally considered an autonomous department working directly with the medical director of the service who provides the necessary delegation of responsibility.

More important, from the aspect of patient care, the acceptance of verbal orders by respiratory care personnel expedites communication, allows for the use of team work and expertise in the delivery of respiratory care. The JCAH recognizes the practicability of verbal orders and provides standards pertinent to their use in both the pharmaceutical services and medical records sections of their accreditation manual. They are as follows:

1) "Drugs shall be administered only on the order of the medical staff, an authorized member of the house staff or other individual who has been granted clinical privileges to write such orders. Verbal orders for drugs may be accepted only by personnel so designated in the medical staff rules and regulations and must be authenticated by the prescribing practitioner within the stated period of time."

2) "Diagnostic and therapeutic orders. These orders shall include those written by medical staff members, by physicians in training status and by other practitioners within the authority of their clinical privileges. Verbal orders of authorized practitioners shall be accepted and transcribed by qualified personnel who shall be identified by title or category in the medical staff rules and regulations. The medical staff should define any category of diagnostic or therapeutic verbal orders associated with any potential hazard to the patient which orders shall be authenticated by the responsible practitioners within twenty-four hours…

In summary, it is our position that the current practice, which has evolved over the past ten years, of having respiratory care personnel accept and transcribe verbal orders continue without threat of citation to the hospitals involved. The specifics regarding who may accept verbal orders should be clearly outlined within the guidelines of the medical staff rules.