
 <b>وزارة الصحة</b> <b>Ministry of Health</b>	المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي	 <b>الطب المنزلي</b> <b>Home Medical Care</b>
	<b>Policy Number: HMC-IPSG-PPGs-2(3)</b>	<b>Issue Date : 11/05/2016</b>
<b>Title :verbal communication/ Reporting Critical findings</b>	<b>Replaces Number : 2</b>	
<b>Applied To: All HMC Staff</b>	<b>Page:1of 4</b>	<b>Review Date: 11/05/2019</b>

### 1. **Purpose:**

- 1.1 To regulate verbal/ telephone communication between medical care team members regarding laboratory, radiological critical investigation results and giving verbal orders for administering drugs to Home Medical Care (HMC) patients.
- 1.2 To improve patient safety

### 2. **Definition:**

- 2.1 To reduce the rate of avoidable errors during telephone calls with misunderstood critical results or drug orders constitute one area in which opportunities for improvement exist .

### 3. **Policy:**



- 3.1 Any verbal / telephone orders between medical care providers should adhere to the read back technique and to be documented in critical findings registry book & patient file.
- 3.2 Critical radiological or laboratory result should be reported immediately to the HMC Nursing Team by telephone (write down complete order and read back technique should be used).
- 3.3 Emergency patient condition should be reported through the patient family by phone to the Nursing Team of HMC. The read back technique should be used and documented in the patient file.

### 4. **Procedure:**



Verbal orders/ telephone orders are prescriptions, medication orders or reported laboratory/ radiology test result that are communicated as a verbal communication between senders and receivers face to face, by telephone , or by other auditory devices.

#### 4.1 In case of prescribing medication the following should be included:

- 4.1.1 Name of patient
- 4.1.2 Age of patient
- 4.1.3 Drug name.(generic name)
- 4.1.4 Dosage from (e.g. tablets, capsules, inhalants)
- 4.1.5 Exact strength or concentration in words
- 4.1.6 Dose, frequency , and route .
- 4.1.7 Quantity and / or duration.
- 4.1.8 Purpose or indication (unless disclosure is considered inappropriate by the prescriber)
- 4.1.9 Specific instruction for use
- 4.1.10 Name of prescriber , and telephone number when appropriate
- 4.1.11 Name of individual transmitting the order , if different from the prescriber

 <p>وزارة الصحة Ministry of Health</p>	<p>المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي</p>	 <p>الطب المنزلي Home Medical Care</p>
<p><b>Title :verbal communication/ Reporting Critical findings</b></p>	<p><b>Policy Number: HMC-IPSG-PPGs-2(3)</b> <b>Replaces Number : 2</b></p>	<p><b>Issue Date : 11/05/2016</b></p>
<p><b>Applied To: All HMC Staff</b></p>	<p><b>Page:2of 4</b></p>	<p><b>Review Date: 11/05/2019</b></p>

- 4.1.11.1 The time and date of receiving the order.
- 4.1.12. Name of the receiver .
- 4.2 The content of verbal orders should be clearly communicated . The name drug should be confirmed by any of the following :
- 4.2.1 Spelling
- 4.2.2 Providing both the brand and generic names of the medication
- 4.2.3 Providing the indication for use
- 4.3 In order to avoid confusion with spoken numbers , a dose such as 50 mg should be dictated as "fifty milligrams .. five zero milligrams to distinguish from fifteen milligrams .. one five milligrams".
- 4.4 In order to avoid confusion with drug name modifiers, such as prefixes and suffixes , additional spelling – assistance methods should be used (i.e. , S as in Sam , X as in x- ray)
- 4.5 Instructions for use should be provided without abbreviations . For example , "I tab tid" should be communicated as "take / give one tablet three times daily".
- 4.6 Any verbal / telephone orders or reported critical lab or radiological imaging results should be documented in the patient file by the nursing team and approved by the ordering physician.
- 4.7 The read – back technique states that , any verbal / telephone order should be documented by the receiver in the patient file , if possible or in the critical findings registry logbook (after identifying the patient using two identifiers, name and medical record number) then read back from the documented message and then confirmed by the sender, names of the receiver and sender should be documented , timed and dated.
- 4.8 Critical lab / imaging result should be reported by team leader to the technical supervisor on phone number (014-8475365 ext . 206)
- 4.9 The Technical Supervisor should use the read technique and document the message in his critical findings registry logbook and as soon as possible in the patient file .
- 4.10 Elements that should be included in the reported critical test result registry booklet:
- 4.10.1 All three names of patients and the patient medical identification number .
- 4.10.2 The critical lab / radiologic investigation result .
- 4.10.3 Name of sender and receiver of the message.
- 4.10.4 Time and date of receiving the message.

 <b>وزارة الصحة</b> Ministry of Health	المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي	 <b>الطب المنزلي</b> Home Medical Care
	<b>Policy Number: HMC-IPSG-PPGs-2(3)</b>	<b>Issue Date : 11/05/2016</b>
<b>Title :verbal communication/ Reporting Critical findings</b>	<b>Replaces Number : 2</b>	
<b>Applied To: All HMC Staff</b>	<b>Page:3of 4</b>	<b>Review Date: 11/05/2019</b>

4.10.5 Action taken timed and dated.

4.11 Emergency / Urgent HMC patient conditions should be reported to the HMC team leader through phone by the patient family , and she / he has to document the condition in the critical findings registry logbook , and reported immediately to the technical supervisor of HMC.

4.12 After working hours (1500hrs) , if the HMC patient develops an urgent or emergency condition , the patient families / caregivers are educated to take the patient directly to A&E department .

## 5. **Responsibilities :**

All Home Medical Care Professionals

## 6. **Forms :**

**6.1 Telephone/Verbal Order.** (HMC-IPSG-FORM-2.1).

## 7. **References :**



7.1 Paine SJ & Benator SG. JCAHO Initiative Seeks to improve patient Safety. Drug Benefit Trends 15 (1) : 23-24, 2003. ( Accessed July 2013)

7.2 National Coordinating Council for Medication Error Reporting and Prevention. Recommendations to reduce medication errors associated with verbal medication orders and prescriptions . Available at : <http://www.nccmerp.org/pdf/reportfinal2005-11-29.pdf>( Accessed September , 2013)

7.3 Committee on Quality Health Care in America. Using information technology Crossing the quality chasm : A new health system for the 21st century Washington. DC : Institute of Medicine ; 2001 [Accessed September . 2013]

7.4 Joint Commission on Accreditation of Healthcare Organizations . 2004 National patient safety Goals . Available at :[http://www.jcaho.com / accredited + organization / laboratory services / standards / revisions / npsg\\_lab.htm](http://www.jcaho.com / accredited + organization / laboratory services / standards / revisions / npsg_lab.htm).[Accessed Septmber,2013]

7.5 Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016

 <b>وزارة الصحة</b> Ministry of Health	المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي	 <b>الطب المنزلي</b> Home Medical Care
	<b>Policy Number: HMC-IPSG-PPGs-2(3)</b>	<b>Issue Date : 11/05/2016</b>
<b>Title :verbal communication/ Reporting Critical findings</b>	<b>Replaces Number : 2</b>	
<b>Applied To: All HMC Staff</b>	<b>Page:4of 4</b>	<b>Review Date: 11/05/2019</b>

7.6 Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals,2014

7.7 Joint Commission International Accreditation Standards for Home Care, 2012

7.8 MOH Home Medical Care Standard, 2015

<b>Prepared by:</b> Dr. Hashem Sayed Al-Masrey Incharge , Technical Affairs Home Medical Care Administration Medina Munwara Region	<b>Signature:</b>	<b>Date:</b>
<b>Reviewed By:</b> Dr . Aeshah I. Al-Saghier Training And Development Advisor Home Medical Care General Administration Ministry Of Health , Riyadh	<b>Signature:</b>	<b>Date:</b>
<b>Approved by:</b> Dr . Ali Magboul Alarabi Alghamdi Director General Of Home Medical Care MOH Headquarter , Riyadh	<b>Signature:</b>	<b>Date:</b>