Guiding Principles:
- Keep patients at the center of our care
- Keep patients safe
- Address patients’ needs promptly, using a collaborative inter-professional approach to care
- Manage conflict away from the patient

Guidelines for order entry:
- Providers are encouraged and expected to use Epic order entry to place the majority of their orders – particularly admit, peri-operative and discharge order sets.
  - Rationale: Routine orders do not exist in Epic in the manner we have been accustomed to. Physicians/Providers can set up preferences in Epic that function similar to routines, but nursing cannot implement the physician preferences so the nurse would have to enter each order individually as the physician gives it and read back for accuracy which is very time consuming and prone to errors.
- There are, however, appropriate circumstances where a telephone/verbal order is necessary to provide timely care and nurses will have the training needed to do so. Examples include:
  1. The provider is inextricably engaged in direct clinical care or a procedure.
  2. The provider is NOT within reasonable proximity of a computer.
  3. The provider is driving.
  4. The urgency of an order supersedes the time it would take the provider to log on and place an order

General guideline for who should enter the order from inside the hospital:

For orders originating inside the hospital, the care team member initiating the call (and generally the one looking at the patient chart) is expected to enter the order. For example, if the RN initiated the call to the provider, the RN would enter the order as a telephone order. If the provider initiated the call, the provider would enter the order.

If there are concerns about practice, our expectation is we will do what is necessary to provide safe, timely, collegial care to patients and discuss concerns in private or by using the normal chain of command.

Please report concerns to the unit nursing and medical leaders so we can support you as you care for our patients!