

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

2 Health Facilities Regulation Division

3 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

4 CHAPTER IV - GENERAL HOSPITALS

5 6 CCR 1011-1 Chap 04

6

7 11.102 PROGRAMMATIC FUNCTIONS

8

9 (5) Orders

10 (a) Medications and treatments shall be given only on the order of a physician or
11 other practitioner authorized by law.

12 ~~(b) Verbal orders. Verbal orders shall be:~~

13 ~~(i) received by members of the appropriate discipline as specified by law and~~
14 ~~approved by the medical staff, nursing services, and the governing~~
15 ~~board. Orders shall be documented.~~

16 ~~(ii) transferred to the medical record by a member of the specific discipline~~
17 ~~responsible for implementing the order.~~

18 ~~(iii) authenticated within 48 hours.~~

19 (eb) EXCEPT AS SPECIFIED IN SUBPARAGRAPH (e) BELOW, Orders shall be
20 written and shall include the date, time, practitioner giving the order, and
21 specifications of the order. For medications, the name, strength, dosage,
22 frequency and route of administration shall be indicated.

23 (ec) Orders prescribing high-risk drugs, i.e., narcotics, sedatives, anticoagulants,
24 antibiotics, etc., shall include a time limit. Such time limit shall be agreed upon by
25 the medical staff and shall be so recorded in the rules and regulations of the
26 organized medical staff.

27 (ed) Medical staff in conjunction with the pharmacist shall establish standard stop
28 orders for all medications not specifically prescribed as to time or number of
29 doses.

30 ***[The following proposed amendment has been copied verbatim from language contained***
31 ***in House Bill 10-1229 which was codified as C.R.S. 25-3-111(1)]***

1 (e) ALL VERBAL ORDERS SHALL BE AUTHENTICATED BY A PHYSICIAN OR RESPONSIBLE
2 INDIVIDUAL WHO HAS THE AUTHORITY TO ISSUE VERBAL ORDERS IN ACCORDANCE WITH
3 HOSPITAL AND MEDICAL STAFF POLICIES OR BYLAWS. THE POLICIES OR BYLAWS SHALL
4 REQUIRE THAT:

5 (i) AUTHENTICATION OF A VERBAL ORDER OCCURS WITHIN 48 HOURS AFTER THE
6 TIME THE ORDER IS MADE UNLESS A READ-BACK AND VERIFY PROCESS
7 PURSUANT TO PARAGRAPH (ii) OF THIS SUBSECTION (e) IS USED.

8 (ii) A HOSPITAL POLICY MAY PROVIDE FOR A READ-BACK AND VERIFY PROCESS
9 FOR VERBAL ORDERS. A READ-BACK AND VERIFY PROCESS SHALL REQUIRE
10 THAT THE INDIVIDUAL RECEIVING THE ORDER IMMEDIATELY READ BACK THE
11 ORDER TO THE PHYSICIAN OR RESPONSIBLE INDIVIDUAL, WHO SHALL
12 IMMEDIATELY VERIFY THAT THE READ-BACK ORDER IS CORRECT. THE
13 INDIVIDUAL RECEIVING THE VERBAL ORDER SHALL RECORD IN WRITING THAT
14 THE ORDER WAS READ BACK AND VERIFIED. IF THE READ-BACK AND VERIFY
15 PROCESS IS FOLLOWED, THE VERBAL ORDER SHALL BE AUTHENTICATED WITHIN
16 30 DAYS AFTER THE DATE OF THE PATIENT'S DISCHARGE.

17 (iii) VERBAL ORDERS SHALL BE USED INFREQUENTLY. NOTHING IN THIS SECTION
18 SHALL BE INTERPRETED TO ENCOURAGE THE MORE FREQUENT USE OF VERBAL
19 ORDERS BY THE MEDICAL STAFF AT A HOSPITAL.

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