



Homecare Order “To Do” List

- Verify the attending physician’s name and contact information with the patient during the first visit
- Verify that the correct physician is listed as the “attending” physician
- Use the “Request to Add a Physician” coordination note if you need to add a new physician or change the physician’s information
- Remember the importance of:
 - Communicating with the attending physician
 - Sending orders that require signature to the ordering physician in a timely manner
 - Receiving signed orders timely from the physician

Plan-of-Care Orders (485)

- All blanks must be completed, including all:
 - Supply categories
 - Visit frequencies
 - Disciplines
 - Medications
- Include ALL medications to avoid needing additional orders later

Medication Order Tips

Physician’s Signature Required

- If a patient informs you of a doctor-recommended change in his/her medication/dosage (without prescription)
 - Ask who the prescribing physician is and assign order
 - The order should read: "Verbal Order received from Dr. _____; phone number: _____"
 - Clinician must make edit to medication profile
- If the patient is taking a non-prescription drug that is not on the 485
 - The verbal order should read "Patient started to take _____"
 - Clinician must make edit to medication profile
- **Medication reconciliation orders:**
 - Example: The clinician finds out that the patient is taking a prescription drug, but it is not listed on the 485. The clinicians should:
 - Write a Physician Verbal Order and send it to the physician for signature
 - The order should say, "Medication not included on Start of Care order"
 - List the drug name and dosage
 - Add the medication to the medication profile
- Verbal order must be written for discontinued medications unless end date was included in original order (e.g. antibiotics)

Physician’s Signature is **NOT** Required

- Example: Patient shows you a recent prescription or Rx bottle of eye drops from the ophthalmologist. Clinician should:
 - Write a Physician Verbal Order to generate workflow
 - Check the “NO” box next to “Send to Physician”
 - The language should read "Prescription found in home..."
 - Add the medication to the medication profile

Verbal Order Guidelines

- **Ask Yourself:** *Before I write a verbal order, is this really something that requires a physician’s signature to proceed? If I just need to communicate with a doctor, the verbal order is not necessary.*
- **Verbal Orders Must Have:**
 - Frequency with duration
 - Why the change/addition is being made
 - Identifying information: “Spoke with _____ in Dr _____’s office.”

Verbal Order Guidelines (continued)

Write a Verbal Order	Do NOT Write a Verbal Order
<p>These examples require a physician's signature:</p> <ul style="list-style-type: none">• Adding visits• Making a permanent change in frequency• Change in wound care or other treatment• Change in medications• Lab work not included on the 485 <p>(Note: not all types of verbal orders are listed here)</p>	<ul style="list-style-type: none">• Moving a visit to another day within the same week• The visit code changes• Visit is missed• Hospital hold• Schedule resumption of Care (ROC)• Discharge

FAX'ed Signed Order Guidelines:

- When an order signed by a physician is faxed to the MedStar VNA office, a verbal order must be written to generate workflow. (Note: this ONLY applies to faxed signed orders)
- Always check the "NO" box next to "Send to Physician."

Supply Order Guidelines:

- A supply order is required when adding a new supply category
- The physician's signature is required when orders contain wound care AND a supply category addition
- Check the "NO" box next to "Send to Physician" for supply orders only
 - If the order contains wound care orders, this does not apply
- To avoid writing supply orders, add all needed supply categories on the 485

Wound Care Order Guidelines:

- Requires physician signature
- A complete order for wound care must include the following items:
 - Wound location
 - Type of wound
 - Type of cleaning/irrigation solution
 - Whether skin prep is being used
 - Type of primary dressing being applied (hydrogel, hydrofiber, calcium alginate, etc.)
 - Type of secondary dressing being applied, if needed (ABD, border gauze, foam, etc.)
 - How dressing is being secured (tape, bordered gauze, etc.)
 - Wound care frequency
 - The following statement: "Patient/Caregiver to perform wound care in the absence of nurse when competent."
- **Not Acceptable:**
 - A verbal order that says, "no new orders"
 - A verbal order that says, "continue previous orders"

NOT A Verbal Order

Discharge Orders Guidelines – Discipline and Agency:

- All discipline and agency discharges require written discharge orders.
- The order should include language, such as: "For informational purposes only; signature not required"
- Always check the "YES" box next to "Send to Physician"

Hospital Hold Order Guidelines:

- Required when the patient is admitted to the hospital
- This order initiates workflow to Operations Directors
- Always check the "NO" box next to "Send to Physician"
 - The Customer Service Representatives (CSRs) send an Episode Summary Report to notify the physician of the hospitalization

Scheduled Resumption of Care (ROC) Visit Order Guidelines:

- Required to resume a patient's care
- This order generates scheduling workflow
- Always check the "NO" box next to "Send to Physician"