Expectations of Nurse Review of an Order

There have been numerous Safety Learning Reports (SLRs) submitted where the nurse has completed the task of signing the nurse review but does not implement the ordered intervention that was prescribed. The most common occurrence of this is when there is an order to change an IV fluid rate or medication rate. The order is reviewed by the nurse and intervention of actually changing the rate at the pump is not completed. The result is patients receiving doses of medications that are under or over the prescribed dose which can result in harm or change patient outcomes. Another situation occurs when there is a test (specimen collection) or treatment intervention (dressing change) and the order is reviewed and no intervention is provided, and the intervention is not included in the handoff of care resulting in a delay of treatment.

When reviewing the order:

- A registered nurse must verify that the order entry/transcription is accurate by reviewing the order for appropriateness based on the patient's conditions (Policy # 1104) If appropriate then click review.
- The nurse must seek clarification if an order(s) is unclear you can choose to not accept the order for review by un-clicking the box on the left side, contact the provider and get clarification before reviewing
- Provide the ordered intervention as prescribed some interventions should be performed at the time the order is being reviewed (or as soon as possible)
- If you cannot provide the ordered intervention review the order and provide the needed information to complete the order in the handoff of care

When handing off care of the patient it is best practice to review the orders with the nurse that is taking over the patient's care. This can be done by viewing the EMR together and through verbal report. It is also best practice for both nurses to review the IV solutions, rates and vascular access together.

If you have questions please contact the Office of Patient Safety at OOPS@childrensmn.org