



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY	
Transcribing		605	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Rehabilitation			
DEPARTMENT	REFERENCE		
Rehabilitation Services			

SCOPE: All PT/OT/ST staff responsible for receiving physicians verbal or telephone orders at Mangum Regional Medical Center.

PURPOSE: To improve communication and care of the patient receiving rehabilitation services. In addition, to aid in receiving complete and specific orders concerning therapy treatments consistent with facility and regulatory guidelines and policies.

POLICY: Verbal or phone orders are part of the medical record which is a legal document. Only physician orders concerning therapy treatment may be received and transcribed by the therapist.

Physician signature of all verbal and phone therapy orders is required within 72 hours.

PROCEDURE:

1. General: For each order, write the following:
 - a. Date of order:
 - b. Time of order:
 - c. Write the order as stated by the physician:
 - d. Number the orders if more than one order received:
 - e. Assure that writing is legible:
 - f. At the end of the order:
 - 1.f.1 Record as either "Read Back Telephone Order" or RBTO.
 - 1.f.2 Record the physicians name, then slash (/),
 - 1.f.3 Therapists first initial, last name, and credentials.
2. Person receiving the verbal or telephone order will read back the complete order for verification and record.
3. Inpatient orders are written on the physician order sheet in the patient's chart and flagged for physician signature.
 - a. Notify nursing order has been written.
4. Outpatient orders are written on an approved prescription pad/form or clinical notes form.

- a. Document telephone/verbal order on clinical notes form. Request signed prescription to be faxed by physician's office to the Department, or
- b. Document telephone/verbal order on prescription pad/form. Therapy clerical staff to fax completed prescription pad/form to referring physician for signature and request physician's office to return via fax the signed prescription. A copy of the completed prescription pad/form will be kept in the patient's file pending return of the original signed prescription along with the FAX confirmation sheet.
- c. If physician's office does not have a fax machine, request prescription to be sent via mail.
- d. Physician countersignature may also be obtained per physician certification of the therapy plan of care.

REVISIONS/UPDATES

Date	Brief Description of Revision/Change