

SAFE MEDICATION ORDER WRITING

- Double-check you have the correct patient chart
- For newly admitted or transferred patients, complete or consult the “Medication Reconciliation Form” prior to prescribing
- Review the hospital approved patient allergy and adverse reaction form

Unacceptable Abbreviations and Symbols	Correct Term or Method
Drug Name Abbreviations	Print generic drug name fully
U or IU	unit
QD or OD or QOD	daily or every other day
OS, OD, OU	left eye, right eye, both eyes
D/C when intended for patient discharge	Write “discharge patient” (D/C for discontinuation of a medication order is acceptable)
cc	mL or milliliter or millilitre
µg	microgram or mcg
@	at
> or <	greater than, less than
Trailing Zero (X.0 mg)	X mg
Lack of Leading Zero (.X mg)	0.X mg
Dosage fractions ½ or ¼ to designate part units	0.5 or 0.25
IT	intrathecal
No abbreviations for parenteral solutions, except correct terminology	NS or NaCl 0.9%, NaCl 0.45%, D5W, D10W, D50W, D5 RL, D5-NaCl 0.45%, D5-NaCl 0.9%, D5NS

Key Required Medication Order Elements	Notes
Patient Name and Medical Record Number	
Date and Time	
Generic Drug Name	Except combination products
Dose with Correct SI units	Use SI units and measures Provide increments and clinical dosing criteria for range orders
Route of Administration	
Frequency of Dosing	
Prescriber Signature, Printed Last Name, College ID	Add pager or phone number whenever possible
Example of a complete medication order: ibuprofen 200 mg PO q6h (10 mg/kg/dose)	

No Verbal or Telephone medication orders, except in emergent care:

- Repeat back orders to prescriber, attempt to have a second RN or pharmacist overhear
- Prescriber to counter-sign all such orders as soon as possible (maximum 24 hours)