

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/28/2019	NUMBER: E-40.1
	Replaces: 8/23/2016	Page 1 of 1
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<b>DIRECT MEDICAL ORDERS</b>		

PURPOSE: To ensure the compliance of applicable state law in regard to direct medical orders.

POLICY: The issuance of and compliance with direct medical orders from health care providers must be consistent with applicable statutes, standards and administrative policy.

PROCEDURE:

- I. Licensed personnel who are authorized to issue direct medical orders must:
  - A. Write and sign such orders, or
  - B. Verbally communicate medical orders for each individual patient to appropriate - licensed health care staff or credentialed respiratory personnel and have them countersigned during the next visit as specified by the Texas Medical Board.
  - C. Verbal orders may be countersigned by a non-ordering licensed practitioner in the absence of the ordering licensed practitioner.
  - D. If medical orders are faxed (transmitted by facsimile) or scanned into the Electronic Health Record (EHR), both the content and signature must be legible. These orders do not require co-signature by a licensed practitioner.
  - E. When a verbal order is communicated and documented using the “notebuilder” feature of the EHR, the individual transcribing the order must forward the EHR document using the “Select Recipient” feature of the EHR to the provider for electronic signature.
  - F. Upon completion of provider orders, designated health personnel will sign off orders (confirm reminder implementation in EHR) within 24 hours.
  
- II. Modifications to direct medical orders must be authorized by a licensed practitioner.

Reference: ACA Performance Standard & Expected Practice 5-6B-4382, Personnel Qualifications  
ACA Performance Standard & Expected Practice 5-6D-4410