Homecare Order Tip Sheet

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 clinician 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)

<table>
<thead>
<tr>
<th>Write a Verbal Order</th>
<th>Do NOT Write a Verbal Order</th>
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</thead>
<tbody>
<tr>
<td>These examples require a physician’s signature:</td>
<td>• Moving a visit to another day within the same week</td>
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<td>• Adding visits</td>
<td>• The visit code changes</td>
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<td>• Making a permanent change in frequency</td>
<td>• Visit is missed</td>
</tr>
<tr>
<td>• Change in wound care or other treatment</td>
<td>• Hospital hold</td>
</tr>
<tr>
<td>• Change in medications</td>
<td>• Schedule resumption of Care (ROC)</td>
</tr>
<tr>
<td>• Lab work not included on the 485</td>
<td>• Discharge</td>
</tr>
<tr>
<td>(Note: not all types of verbal orders are listed here)</td>
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</tr>
</tbody>
</table>

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

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”
  o 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”