

PHYSICIANS ORDERS: DOCUMENTATION

ACTIONS	Provider	Program Manager	Nurse	Executive Director	Comments
Changes in Medication, Diet, Therapies, Allergies 1. Person receiving information will notify nurse of medication changes immediately	X				
2. All orders will be forwarded to Metro Support Services, Inc. within 24 hours via fax, scan, in person or attached in Therap to consultation form	X				
3. Orders requiring changes will be input into the computer and copies will be distributed to appropriate persons/agencies		X		X	
4. Make changes to 90 day Medication Review to reflect new order	X				
5. Semi annually Print form and take to appropriate physician		X		X	
6. Forward a copy to appropriate persons/agencies		X	X	X	
7. If there are changes made: Make changes in the computer and forward a copy to appropriate persons/agencies		X	X	X	