

Receipt of Prescriptions/Orders from Long-Term Care Facilities

This communication is directed to all Minnesota pharmacies serving long term care facilities, including skilled nursing, supervised living, group home, board and care or assisted living facilities where written or verbal prescription orders are being received from the facilities by electronic means or by fax. The Minnesota Board of Pharmacy is aware that there are many different software vendors serving these facilities and that a high percentage of these facilities now have software systems in place to manage the electronic health records (EHR) and electronic patient medication records (eMARs).

Several serious medication errors have occurred in the past couple months. Several of these vendors have software products that automatically send the pharmacy a copy of the eMAR whether the order is written or verbal. The eMARs cause confusion because they appear in a format similar to an electronic prescription order and some eMARs might say “New Rx” or “New E-Rx” or something similar as the header. These eMARs are not valid prescriptions.

Orders can be “written” either on paper or entered into an electronic prescribing system. While written prescriptions can be prepared by someone other than the prescriber, **they must be signed by the prescriber in order to be valid.** Paper prescriptions **must** be manually signed; electronic prescriptions **must** be electronically signed. Nobody but the prescriber can sign or affix a signature to a written prescription. For paper prescriptions, rubber stamp signatures or having someone “sign” for the prescriber and then include their initials, is not allowed. For electronic prescriptions, only the prescriber can enter his/her signature into the system.

Written or faxed discharge orders, must be provided to the pharmacy. They can delivered or faxed to the pharmacy. Nurses can enter these orders into the eMAR system, but the eMAR is not a valid prescription and cannot be used by the pharmacy to dispense the drug.

If a patient is discharged from a hospital and is transferred to a skilled nursing facility, an interagency transfer form (ITF) may be used as a chart order (as defined in Minn. Stats. §151.01, subd. 16b). For a pharmacy to use the ITF for the purpose of filling prescriptions, the following information must be included:

“the name of the patient, another patient identifier such as birth date or medical record number, the drug ordered, and any directions that the practitioner may prescribe concerning strength, dosage, frequency, and route of administration.”

A chart order differs from a prescription in that when an electronically generated prescription is printed out on paper it must be manually signed by the prescriber. The statutory definition referenced above states that a chart order must be manually or electronically signed – but it does not state that an electronically generated chart order that is printed out on paper must be manually signed. Consequently, an ITF that is electronically signed can be used by a pharmacy to dispense drugs if it is either manually signed or if a statement such as “electronically signed by prescriber” is printed on the ITF. (**NOTE: this section of this document does NOT apply to controlled substance prescriptions. See below for the handling of controlled substance prescriptions.**)

For verbal or telephone orders, a licensed pharmacist, registered nurse, or licensed practical nurse who is employed by a licensed facility and who is “authorized” by the facilities administrator and acting on behalf of the prescriber, **may** fax or send a copy of the verbal order to the pharmacy, in the format in which it was received. This order is to be signed by the prescriber at a later date. The pharmacy provider **shall** record on the prescription drug order, the name of the person who transmitted the order in addition to all the requirements of a prescription. Note that other facility personnel such as health unit coordinators and trained medication assistants cannot be involved, in any manner, in receiving, transcribing, or transmitting prescriptions. In addition, it has come to our attention that some facility nurses may be changing written orders to verbal orders. Verbal orders are only to be used on an infrequent basis for truly emergent situations, not for the convenience of the facility or the practitioner.

Written orders for **CII controlled substances** must go directly to the pharmacy. Verbal or written orders for **CIII-V controlled substances** must go directly to the pharmacy unless the nurse is an “agent” of the provider as defined by the DEA. However, an “agent” is not allowed to transmit the order as an electronic prescription.

Facilities must either deliver or fax the prescriber's written and/or faxed order to the pharmacy. Any verbal order or telephone order that was reduced to writing by the nurse will also need to be delivered or faxed to the pharmacy.

References:

Minnesota Rules 6800.6200 Subpart 1, Subpart 2 and Subpart 3 – Verbal, Phone or Written Orders
Minnesota Rules 6800.3000 Subpart 2 and Subpart 3 – Use of Fax Machines, Electronic Prescriptions
Minnesota Rules 6800.0100 Subpart 11a – Definition of a Prescription
Minnesota Rules 4658.0455 – Telephone and Electronic Orders
Minnesota Statutes §151.01, Subd. 16b – Definition of “chart order”
Minnesota Statutes 151.37 – Who can authorize a prescription drug order
Minnesota Statutes §151.01, Subd. 33 – Electronic Signature
Minnesota Statutes §151.01 Subd. 27 – Practice of Pharmacy – Interpretation and Evaluation
Minnesota Statutes §62J.497 – Electronic Prescription Drug Program (NCPDP requirements)
21 CFR 1311 – DEA requirements for electronic orders.

Please contact the Minnesota Board of Pharmacy Surveyors with questions about this communication.