UNIVERSITY MEDICAL CENTER

STANDARD POLICY AND/OR PROCEDURE SPP #PC-33

TITLE: Questioning Physician’s Orders and Reporting Deviations from Standards

APPROVED BY: David G. Allison

Chief Executive Officer

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| EFFECTIVE DATE: July 16, 1984 | |
| Revised: June 8, 1987 | Reviewed: May 27, 1999 |
| Revised: September 1, 1989 | Reviewed: August 8, 2001 |
| Revised: March 1, 1990 | Reviewed: August 23, 2003 |
| Reviewed: June 17, 1991 | Reviewed: October 3, 2005 |
| Revised: May 30, 1992 | Reviewed: November 30, 2010 |
| Revised: July 7, 1994 | Reviewed: July 7, 2016 |
| Revised: September 29, 1997 | Reviewed: December 4, 2017 |
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STATEMENT OF PURPOSE:

To provide routine guidelines for questioning physician’s orders and reporting deviations from usual practice standards.

TEXT:

1. Hospital employees with direct patient care responsibilities are prepared to recognize and interpret the significance of changes in a patient’s condition within the scope of their education and experience. Nursing employees should report these changes immediately to the Charge Nurse. Non-nursing employees will report changes to the patient’s assigned nurse. Reportable changes in patient status include, but are not limited to the following:
   1. Signs of respiratory distress
   2. High or low temperature, blood pressure, pulse, pulmonary artery, pulmonary wedge or central venous pressure
   3. Elevated intracranial pressure
   4. Low urine output after Foley is checked for position and irrigated
   5. Abnormal laboratory or blood gas results
   6. Seizure activity
   7. Serious or life-threatening dysrhythmias
   8. Adverse drug reactions
   9. Transfusion reactions
   10. Change in neurological status
   11. Large amount or increases from normal drainage from chest tubes or other drains or wounds
   12. Any other serious or life threatening condition

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1. Courts have held that the primary duty of hospital personnel is to follow physician’s orders and hospitals are normally protected from tort liability if its staff follows the orders. An exception to the rule would exist if the hospital staff knows that the physician’s orders are so clearly contraindicated by normal practice that ordinary prudence requires inquiry into the correctness of the order. The courts do not place a burden on the hospital staff to have knowledge beyond the scope of their professions.
   1. Nursing staff and other appropriate Hospital personnel have the responsibility to question physician’s orders believed to be inappropriate or potentially harmful to the patient.
   2. Hospital personnel should report concerns to the resident physician responsible for the patient. If not satisfied with the resident’s response, the chain of command should flow to the chief resident and/or attending physician. An employee should notify his/her immediate supervisor when concerns are such that he/she feels the chief resident or attending physician should be notified.
   3. If an acceptable response is not received when the matter reaches the attending physician, the appropriate Administrator should be consulted. At the discretion of the Administrator, the Chief of Service or the Chief of Staff will be notified.
   4. Courts have held that an employee’s responsibility does not end when he/she notifies someone in authority. If the situation is not corrected, the employee has the obligation to follow the chain of command until the problem is resolved.

APPROVED BY:

ORIGINALLY SIGNED BY CEO

David G. Allison

Chief Executive Officer