



INODAYA Hospitals - Kakinada

Documentation code:

INH/MOM.Doc.No.13

Policy on Verbal orders

Prepared date: 11/11/2025

Reference: MOM.4.f.NABH Standards – 6th Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

1.0 POLICY:

Verbal orders for medication shall be used only when necessary and shall not substitute written medication order. Only primary consultant of the patient can give verbal orders and only medical officer / senior staff nurse can receive the verbal orders. Verbal order shall not be given for high risk medicines.

2.0 PURPOSE:

To develop and maintain processes for prescription ordering by the Medical Staff and House Staff within the Hospital.

3.0 SCOPE:

All patient areas

4.0 RESPONSIBILITY:

Treating consultant

5.0 DISTRIBUTION:

All patient care areas and pharmacy

6.0 PROCESS DETAILS:

6.1 DESCRIPTION OF THE PROCESS:

Verbal orders may be taken only when the life of a patient would be jeopardized by failure to take immediate action. All verbal orders shall be documented by person receiving orders in patient's medical file and properly endorsed with date, time, name and signature of the person making entry. The name of the doctor who has given the verbal order shall also be documented. These documented orders shall be cross checked as soon as possible (within 24 hours) by the consultant

Prepared by: 	Verified by: 	Approved by : 
Mr.Naresh	Dr.Gowtham Krishna	Mrs.Lakshmi Lavanya
Incharge - Pharmacy	Medical Director	Chief Executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/MOM.Doc.No.13

Policy on Verbal orders

Prepared date: 11/11/2025

Reference: MOM.4.f.NABH Standards – 6th Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

who has given the verbal orders. The cross check shall be endorsed by sign, name, date and time of the consultant.

6.2 ACTIVITY AND RESPONSIBILITY:

S. No.	Procedural steps	Responsibility
1.	The floor doctor takes the verbal order from the patient's consultant if situation warrants the need of a verbal order	Floor doctor/consultant
2.	The floor doctor repeats the verbal order to confirm the patient's name, medication, strength, route of administration, and dosing, with the consultant	Floor doctor
3.	The verbal order should be documented to written prescription in the treatment sheet immediately with documentation of time and date of consultant call.	Floor doctor
4.	Thereafter follow the medication dispensing procedural steps	Pharmacist
5.	Consultant who has given verbal orders shall cross check the documentation on his visit	Consultant / Floor doctor

Prepared by:

Mr. Naresh

Incharge - Pharmacy

Verified by:

Dr. Gowtham Krishna

Medical Director

Approved by :

Mrs. Lakshmi Lavanya

Chief Executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/MOM.Doc.No.13

Policy on Verbal orders

Prepared date: 11/11/2025

Reference: MOM.4.f.NABH Standards – 6th Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

VERBAL ORDER DRUGS:

1. Analgesics:

- Morphine
- Fentanyl
- Paracetamol (Acetaminophen)

2. Anti-emetics:

- Ondansetron (Zofran)
- Metoclopramide (Perinorm)

3. Anti-hypertensives:

- Labetalol
- Amlodipine

4. Sedatives:

- Midazolam
- Lorazepam

5. Anti-arrhythmics:

- Amiodarone
- Adenosine

Records & Formats: Verbal order Form

Prepared by: 	Verified by: 	Approved by : 
Mr.Naresh	Dr.Gowtham Krishna	Mrs.Lakshmi Lavanya
Incharge - Pharmacy	Medical Director	Chief Executive Officer