

Texting Medical Orders: An On-going Debate

Last summer, we discussed the issues surrounding texting medical orders in the clinical workplace. While the practice of texting orders is prohibited by organizations such as The Joint Commission and the Centers for Medicare and Medicaid Services, it remains a prevalent mode of communication. The Institute for Safe Medical Practice (ISMP) conducted a survey of over 600 nurses and physicians and over 50 patient safety and quality/risk managers on the practice of texting medical orders.

The survey results uncovered the following:

- **Opinion:** Over 30% of respondents (more than 50% of medication/patient safety officers and risk/quality managers) believe the practice of texting medical orders should be prohibited in all circumstances. Forty percent of respondents felt the practice was acceptable when using an encrypted device application. Twenty-six percent of physicians believe texting should be allowed in all circumstances, while only 15% of nurses and pharmacists, and only 4% of medication/patient safety officers agreed.
- **Policies and Practices:** Over 50% of respondents stated that their facility had a policy prohibiting texted medical orders. About 19% reported that their facility had no policy and 16% were not certain if a policy was in place. Approximately 12% reported that texting was allowed. In addition, 45% of pharmacists and 35% of nurses reported that medical orders are routinely texted regardless of a policy.
- **Frequency:** Over half of respondents who received texted orders stated they received them either every day or every week.
- **Types:** Of the respondents who believe texted orders should be allowed, half felt that chemotherapy and complex orders such as parenteral nutrition should be forbidden to be communicated via text. One-fourth felt that texting high-alert medication and controlled substance orders should not be permitted.
- **Devices:** Over two-thirds of the respondents reported their facility allows the use of standard cell phones. Almost half reported they received texted orders by an encrypted device during the past year, but about 25% reported receiving texted orders from both a standard cell phone and an encrypted device.
- **Clarifying orders:** Texting has been used by more than half of the respondents to clarify orders.
- **Documentation:** Pharmacists and nurses reported almost always (98%) entering text orders into the patient's medical record, however the order was not recorded as a text message order.

Respondents reported several risks related to texting orders:

- **Accidental autocorrection:** Mobile devices will autocorrect text messages. While typically a useful feature, autocorrection of medical terms, abbreviations, drug names, or patient names could lead to a delay of care or error.
- **Abbreviated text terminology:** Individuals who text often abbreviate high use words (i.e. 2day for today, 2 for to, b/4 for before). Nurses and pharmacists reported almost 20% of texted orders contained abbreviations which can cause great confusion.
- **Wrong patient:** Texted orders often include only one patient identifier (i.e. patient name) or an abbreviated patient identifier (i.e. patient's initials, unit, room number) which could result in the administration of medications to the wrong patient.

References

1. Institute for Safe Medication Practices. (2017). *Nurse Advise-ERR*. Retrieved from Institute for Safe Medication Practices: <http://www.ismp.org/newsletters/nursing/issues/NurseAdviseERR201712.pdf>

- **Misspellings and Incomplete Orders:** Texted orders are typically entered as free-text without the convenience of drop-down menus, or by voice-recognition which may not transpose the verbal command correctly. In addition, mobile devices are not equipped with the same prompts designed in electronic order entry systems that force the prescriber to include requisite order elements such as route of administration or weight-based dosing. Therefore, orders entered by mobile text may result in spelling errors of patient names, drugs and doses, and may be missing critical components.
- **Security:** Unlike electronic order entry systems, text messages are not retained or documented in the patient medical record and the prescriber's identity cannot be authenticated.

There is little doubt that text messaging medical orders will continue despite the high risk for errors. Healthcare administrators should discourage, if not prohibit entirely, the texting of medical orders until clinical guidelines are established to ensure safe texting procedures.

References

1. Institute for Safe Medication Practices. (2017). *Nurse Advise-ERR*. Retrieved from Institute for Safe Medication Practices: <http://www.ismp.org/newsletters/nursing/issues/NurseAdviseERR201712.pdf>