

Abstract

The topic of this work is the administration of medicine following a face-to-face and telephone medication-related orders at hospitals.

The methods used in the theoretic part of this work included both discussions with representatives of health care providers and the analysis of documents. Based on the description and analysis of the set-up of verbal medication-related orders as featured in the accreditation standards of four healthcare accreditation organisations and internal rules of five hospitals, the author of this work seeks to identify any possible risk elements of verbal orders, and to propose ways how to modify such parts of standards and rules so as to make the verbal ordination less risky.

Whether or not the verbal medication-related orders at hospitals is a *lege artis* procedur depends first of all on the situation in which the verbal order is issued, on the authorization or qualifications of health employees who are involved in the implementation of such verbal order, and on the strict observance of procedures concerning the communication (including its recording into the medical documentation).

Although verbal medication-related order represents risk arising from the ordinance's communication, forensic, or specialist consequence, no greater attention has been paid to them so far. There exists only one document constituting the national standard applying to verbal medication-related orders. The author hereof has found out that the Czech Accreditation Associations do not deal with the determining of procedures for verbal orders as a separate item, nor do hospitals themselves lay down such regulations in greater detail. On the other hand, the rising awareness concerning verbal orders in the Czech Republic, but especially abroad indicates that more comprehensive analyses will be carried out and the applicable rules and procedures will be modified accordingly. The forthcoming creation and application of security elements will increase the safety of verbal instructions, and thus enhance the overall provision of health service.

Key words

lege artis, face-to-face and telephone medication-related orders, health care quality and safety, indication based on telephone, health care documentation.