



Consultants Placing Orders

Save or Sign?

Whether a consulting prescriber is expected to “write” orders, or just leave “suggestions” will vary from institution to institution, and service to service. This is an easy concept to understand in a world of paper-based orders, but it’s less clear what should be done in the Connect Care clinical information system (CIS).

When placing orders for a patient in the CIS, a consulting prescriber has three options:

1. **SAVE the orders as “NOT READY”**
The orders are saved but are visible only to the prescriber who placed them and are NOT ACTIVE in the system.
2. **SAVE the orders as “READY”**
The orders are saved and are visible to the treatment team responsible for the patient, but they are NOT ACTIVE in the system until a prescribing member of the patient’s treatment team signs them.
3. **SIGN the orders**
The orders are saved and are ACTIVE in the system, bypassing any review or authorization by the patient’s treatment team or most responsible provider.

The Connect Care equivalent of “writing orders” would be SIGN.

The Connect Care equivalent of “suggesting orders” would be SAVE READY.

Consultants Mostly Save Orders

In general, consulting prescribers are expected to SAVE READY (“suggest”) their orders, and to communicate the nature and urgency of those orders to the patient’s treatment team by whatever means is most appropriate at the time (including telephone, secure chat, etc.). Other arrangements can be negotiated on a service by service basis.

Consultants Sometimes Sign Orders

The primary consideration when deciding whether to SAVE READY (“suggest”) or SIGN (“write”) orders relates to whether the ordering provider is the most responsible provider in a given context.

If a patient undergoes an intervention in diagnostic imaging, for example, the radiologist is likely the most responsible provider, and would SIGN for what is needed during the procedure, even though there is a different most responsible provider for the hospitalization.

In the Emergency Department (for non-admitted patients) and on the wards (for admitted patients), ordering relationships are usually clear, and the most responsible provider is the ER or the admitting physician. However, it is possible for an ER physician to consult about a patient and, in discussion with the consultant, delegate signing for the tasks asked of the consultant.

Indeed, when placing a consultation request, there is an order property to indicate whether the consultant is asked for an opinion only (SAVE READY orders), opinion and management (SIGN orders) or opinion and transfer (SIGN and take over most responsible physician). Use of this field can make ordering expectations explicit and clear.

BOTTOM LINE

Most responsible providers SIGN orders, while consultants usually SAVE READY orders, unless authorized by context or request to SIGN orders.