The Joint Commission Clarifies Expectations for Implementing Medication Titration Orders

The clinical care of patients can require the use of complex medication orders such as titration orders. To continue its efforts to keep its standards up to date and increase quality and safety of patient care, The Joint Commission recently collaborated with accredited organizations and key stakeholders to identify risks associated with ordering and implementing these order types. As a result, The Joint Commission revised its requirements to clarify administration and documentation of titrated medications, along with the minimum elements of a complete medication order.

Ordering Titratable Medications

The Joint Commission modified "Medication Management" (MM) Standard MM.04.01.01, Element of Performance (EP) EP 2, to clarify the minimum components of a medication order for **ambulatory health care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, **home care** organizations, **hospitals**, and **nursing care centers**. In addition, further guidance is provided for orders written for administering titrated medications for health care organizations with policies stipulating titration orders acceptable for use. These revisions (*see* the underlined text in the following box) are **effective January 1, 2021**.

Joint Commission Requirement

Official Publication of Joint Commission Requirements

Revised Requirements Related to Medication Titration Orders

APPLICABLE TO AMBULATORY HEALTH CARE ORGANIZATIONS, BEHAVIORAL HEALTH CARE AND HUMAN SERVICES ORGANIZATIONS, CRITICAL ACCESS HOSPITALS, HOME CARE ORGANIZATIONS, HOSPITALS, AND NURSING CARE CENTERS

Effective January 1, 2021

Medication Management (MM)

Standard MM.04.01.01: Medication orders [or prescriptions] are clear and accurate.

Element of Performance for MM.04.01.01

2 Ⓓ The [organization] follows a written policy that defines the following:

- The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency
- When indication for use is required on a medication order
- The precautions for ordering medications with look-alike or sound-alike names
- Actions to take when medication orders are incomplete, illegible, or unclear
- For medication titration orders, required elements include the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes

Note: *Examples of objective clinical measures to be used to guide titration changes include blood pressure, Richmond Agitation–Sedation Scale (RASS), and the Confusion Assessment Method (CAM).*

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Documenting Titrated Medication Administration in Time-Limited Urgent/Emergent Situations

In unique scenarios where frequent adjustments to one or more medications are necessary in a critical care or procedural setting, charting each individual rate change can potentially create undue burden when a patient requires frequent titrations of a medication(s). The following two notes have been added to "Record of Care, Treatment, and Services" (RC) Standard RC.02.01.01, EP 2, clarifying that block charting is an acceptable form of documentation in unique situations for **ambulatory surgical centers**, **critical access hospitals**, **hospitals**, and **psychiatric hospitals**. In addition, the following definition of *block charting* (which follows the two new notes) has been added to the glossary of the affected accreditation manuals. The two notes and definition are **effective immediately** and will publish online in September.

> **Note 1:** *When rapid titration of a medication is necessary, the [organization] defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation.*
> **Note 2:** *For the definition and a further explanation of* block charting*, refer to the Glossary.*
>
> **block charting** *A documentation method that can be used when rapid titration of medication is necessary in specific urgent/emergent situations defined in organizational policy. A single "block" charting episode does not extend beyond a four-hour time frame. If a patient's urgent/emergent situation extends beyond four hours and block charting is continued, a new charting "block" period must be started. The following minimum elements must be documented in each block charting episode:*
> - *Time of initiation of the charting block*
> - *Name(s) of medications administered during the block*
> - *Starting rates and ending rates of medications administered during the charting block*
> - *Maximum rate (dose) of medications administered during the charting block*
> - *Time of completion of the charting block*
> - *Physiological parameters evaluated to determine the administration of titratable medications during the charting block*

Clarification Related to Administering Titrated Medications in Critical Care/Procedural Settings

While medication orders must be clear and accurate, the uniqueness when administering titrated medications in critical care settings may make the instructional order writing problematic to cover the limitless possible scenarios. In the presence of a clear and accurate medication order, the acuity and uniqueness of the patient's response may require adjustments in titrations to a specificity difficult to obtain in the order. The Joint Commission wants to clarify that in critical care/procedural settings **only**, for titrated vasoactive (including inotropes) medications, titrated pain infusions, and titrated sedative agents, the nurse may select between the ordered agents based on the patient's condition and unique physiological response if all the following criteria are met:

- An order exists for the medication that is written in accordance with organizational policy **and**
- It is not prohibited by state law **and**
- It is allowed by hospital policy **or** the medication order **and**

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- Competency, as defined by the organization, is complete and documented **and**
- The nurse must stay within the defined parameters of the order

Situations can occur where similarly acting agents are ordered or medications are ordered for the same indication for the same patient. To ensure compliance with Joint Commission standards, organizations should have a process where all care providers are aware of the intent for multi-modal therapy versus unintended therapeutic duplication.

Managing Infusions When Pausing Titrated Medications

In any care setting where medications may be titrated, it is acceptable to intermittently pause the infusion of a titrated medication if the patient no longer meets criteria for the infusion based on assessed physiological parameters. Pausing the infusion is not the same as discontinuing the infusion, however. If the infusion needs to be restarted based on assessed physiological parameters, a physician order must be present specifying how to restart the infusion or the organization must have a policy defining how to restart it. Examples of options organizations may consider include restarting at the last infusion rate, restarting the infusion at the rate listed in the order for the start, or receiving a new order from the provider.

An infusion should be discontinued from the medication administration record only in the following situations:

- Order provided by a physician
- Order provided by another authorized provider
- Based on criteria defined in the organization's policy (for example, an automatic stop order as listed in MM.04.01.01, EP 1)

The revisions to the MM and RC requirements will be posted in separate reports on the Prepublication Standards page of The Joint Commission's website. Revisions to MM.04.01.01, which are effective January 1, 2021, will publish online with the regularly scheduled fall 2020 E-dition® release in October for the following manuals:

- *Comprehensive Accreditation Manual for Ambulatory Care* (*CAMAC*)
- *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services* (*CAMBHC*)
- *Comprehensive Accreditation Manual for Critical Access Hospitals* (*CAMCAH*)
- *Comprehensive Accreditation Manual for Home Care* (*CAMHC*)
- *Comprehensive Accreditation Manual for Hospitals* (*CAMH*)
- *Comprehensive Accreditation Manual for Nursing Care Centers* (*CAMNCC*)

Revisions to RC.02.01.01 are effective immediately and will publish online in E-dition by September 13, 2020, for *CAMAC*, *CAMCAH*, and *CAMH*. For those customers who purchase it, the fall 2020 hard-copy update service for *CAMAC*, *CAMBHC*, *CAMHC*, and *CAMH* and the 2021 hard-copy *CAMHC*, *CAMH*, and *CAMNCC* will include all 2020 revisions.

Note that examples used in this article are for illustrative purposes only. Questions may be directed to Maureen Vance, MSN, RN, project director – clinical, Department of Standards and Survey Methods. P

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