

A STUDY OF THE INTERPRETATION OF SOME
SPECIFIC ORDERS BY PHYSICIANS
AND PROFESSIONAL NURSES

by

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A paper submitted to the Faculty of
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of

MASTER OF NURSING

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ABSTRACT

This study proposed (1) to examine the stated standard of action and the practical standard of action of registered professional nurses relevant to their interpretation of physicians' specific orders written as "stat" and "routine", and (2) the different interpretation the individual physician placed against these terms.

Major findings for the nurses were that there was a difference between the stated standard of action and the practical standard of action of the nurse. At certain times, under certain conditions, the nurse was observed to have been unable to practice as she claimed to hold desirable. What she stated that she would like to do and what she was observed to have done was affected by factors external to the nurse, some of these being: other personnel, policies relating to the pharmacy, and the action of the physicians.

Major findings for the physicians were that (1) the time interval which was acceptable action relevant to a "stat" order differed and (2) the majority of the physicians seldom or never used the term "routine".

CHAPTER I

INTRODUCTION

"The practice of nursing more and more requires judgment based on knowledge. The time has passed when professional nurses are expected only to carry out orders."¹

In the early days of nursing, the physician possessed the knowledge and the only duty of the nurse was to follow his orders blindly. Out of this grew a "Master and Servant" attitude that became an established part of nursing ethics. As a result of the increased educational requirements, the nurse has a general education that compares very favorably with that of the physician. As a result, he respects and trusts knowledge and opinions of a co-worker whose common aim is the care of the patient.²

It may be of practical information to learn that the courts do not recognize this master-servant attitude of professional ethics in nursing. They acknowledge the responsibility of the physician, but they take the stand that we are first citizens and second nurses and that no citizen has a right to carry out orders or watch another do so when these acts jeopardize human life, no matter who says so.³

¹Elsie E. Krug and Hugh Alister McGuigan, Pharmacology In Nursing (St. Louis: C. V. Mosby Co., 1955), pp. 19-24.

²Lena Dietz Dixon, Professional Adjustments (Philadelphia: F. A. Davis Co., 1954), p. 161.

³Ibid., p. 162.

As the profession of nursing has advanced in the twentieth century, many facets of tradition have been replaced by the application of scientific principles, which show how nurses may be helped to develop a greater understanding of the relevance of the sciences to effective nursing care.

The professional nurse of today must possess the ability to implement the techniques of problem solving and critical thinking within the realm of nursing and to intelligently administer professional nursing care to the patient as an individual.

The purposes of the study are (1) to examine some of the factors which may influence the nurse in the administration of physicians' specific orders, (2) to examine the avenue of communication which gives precedence to the action of the nurse, and (3) to determine what these physicians mean as they order "Stat" and "Routine" medications and procedures. Relative to communication, Hildegard Peplau stated:

The aim in communication is the selection of symbols or concepts that convey both the reference or meaning in the mind of the individual, and the referent, the object or actions symbolized in the concept. ... When two individuals using the same word hold the same meaning and identify the same operations of the meaning in action, communication is fruitful. Words are symbols that can be used to facilitate relations between people or they may serve to disunite them further. Consciousness of the meaning and use of words requires awareness of self.⁴

Peplau points out that the ability to recognize the meaning and the actions implied in words, concepts or principles, and to relate

⁴Hildegard Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 290.

them to daily nursing practice eventually leads to sounder personality organization.⁵

Harrison states:

"It is true that some nurses are working so closely in connection with certain physicians that they know almost certainly what the doctor would wish to have done under all ordinary circumstances. Some doctors give routine orders to trusted and well qualified nurses; but routine orders are orders, after all. The nurse must use more judgment than with specific orders; and yet it is necessary at all times for the nurse to use her best judgment, for it is she, rather than the doctor, who knows whether conditions are the same as they were when the order was given."⁶

A survey of available literature revealed no specific information with reference to the interpretation of physicians' orders by professional nurses. Many of the articles referred to the legal aspects involving the nurse in the maintenance of safe nursing practice. Other articles reviewed were in relation to errors in medications and the modification of systems relevant to the dispensing of drugs. Suggestions were indicated for various methods of improving procedures in medication as a means of eliminating these errors.

In the July, 1963, issue of Nursing Outlook, Hoynak stated, "The combined efforts of hospital pharmacy and nursing services are directed toward offering the best possible care and protection to the patient."⁷ In support of this statement it would appear that the wide disparity

⁵Ibid., p. 298.

⁶Gene Harrison, The Nurse and the Law (Philadelphia: F. A. Davis Co., 1945), pp. 41-42.

⁷Rose Mary Hoynak, "Promoting Medication Safety", Nursing Outlook, July, 1963, p. 497.

between the stated standard of the nurses action and the practical standard of action may be brought into closer correlation through clarification of terminology rather than additional nursing instruction.

Statement of the Problem

Stimulus for this study was provided by the continuous emphasis which nursing leaders are placing upon the need for a collegiate education within the basic nursing curriculum. It was believed that collegiate education in nursing should give direction to rational action on the part of the nurse as she practices her profession. The writers attempted to study the extent to which nurses differed in their stated standard of action and practical standard of action as these apply to interpretation of physicians' orders, and to learn what factors were influential in determining their action. This study posed the following problems:

1. Do nurses differ in their stated standard of action and practical standard of action as related to the terms "stat" and "routine" as these are applied to physicians' orders?

2. Individual physicians use these terms "stat" and "routine" in ways which are specific to their own interpretation. What are these different interpretations as expressed in "time interval" and "specific intent?"

Hypotheses

These hypotheses were tested:

1. The nurses stated standard of action and practical standard of action to the terms "stat" and "routine" will differ:

- a) By Nursing Education
 - (1) Diploma
 - (2) Associate Degree
 - (3) Post-graduate Education
- b) By Age
- c) By Experience in Nursing
 - (1) Years of experience
 - (2) Years since graduation
 - (3) Types of positions held

2. Individual physicians intend different meanings when they use the terms "stat" and "routine" in their orders:

- a) By time interval
- b) By specific intent

Definition of Terms

The following terms used in the study are defined as follows:

Stat: "At once, immediately, now."⁸

Routine: "Once a day. Three or four times a day."⁸

Pro re nata (prn): According to the circumstances.⁹

⁸Walter Modell and Doris J. Place, The Use of Drugs (New York: The Springer Publishing Co., 1954), p. 281.

⁹Clarence Wilbur Taber, Taber's Cyclopedic Medical Dictionary, (Philadelphia: F. A. Davis Co., 1958), p. 106.

Order: "The direction of the physician to the nurse to dispense certain medications to the patient."¹⁰

Time interval: The period between the time of writing the order and the administration of the procedure.

Method of Research

In line with the purposes of the study the methods of research which were deemed most appropriate to the study of this problem were those which employed observation, personal interview, and descriptive or survey techniques.

Observation is the most direct means of studying subjects, when the interviewer is interested in their overt behavior. Certain types of information can be secured only by direct contact with people; for example, intimate facts of personal history, or personal habits and characteristics of family life, and opinions and beliefs.¹¹

"In a survey one of the most common and most effective means of obtaining necessary data is the personal interview. The descriptive or survey method is a way of obtaining exact facts and figures about a current situation."¹²

What nurses claim to believe is good nursing practice and the

¹⁰Ruth D. Musser and Joseph G. Bird, Modern Pharmacology and Therapeutics (New York: The Mac Millan Co., 1958), p. 78.

¹¹Carter B. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p. 647.

¹²Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Co., 1956), p. 187.

action they take can best be determined by first hand observation and personal expression by the nurse. Hence it was decided to prepare a program in which the writers would observe the nurses practical standard of action, have them complete a questionnaire in which they state their standard of action and compare these findings.

The sample selected for the study consisted of thirteen professional registered nurses and six physicians actively engaged within the same hospital. The observation of the nurses was undertaken for a consecutive period of forty-hours, followed by a questionnaire which was relevant to the activity in which they had been observed.

The physicians were interviewed and each completed a brief questionnaire regarding his specific interpretations of the terms "stat" and "routine". A total of twenty-one nurses were observed and each received a questionnaire. Of this number, thirteen questionnaires were completed and returned.

Since eight of the observed nurses did not return the questionnaire, the analysis of the findings are based upon the responses from these thirteen nurses who did return the questionnaire. However, the observed action of these eight were similar to those who completed the questionnaires.

The findings from this sample were described rather than statistically interpreted as the material collected seemed to be more appropriately examined through this method. The primary focus of the nurses description was to determine whether these differences related to age, education, or the nursing experience of the nurse.

The description of the physicians dealt with their interpretation as focused on a time interval and specific intent when using the terms "stat" and "routine".

Assumptions

The study is based on the following assumptions:

1. In the professional education of the physician and nurse, communication symbols provide relationship in an indirect manner.
2. What the nurse practitioner does and what she believes to be desirable may be influenced by factors which are external to her.
3. Medical orders and the terms used are a focus of the nurse's perception and interpretation and give direction to some aspects of patient care.

Qualifications

The sample in this study was small and select and while it is representative of the physicians and nurses, it does not permit projection of the findings beyond the limit of this group.

The questionnaire is in itself another limiting factor in the study. Because of the indiscriminate use of questionnaires, many individuals react indifferently towards them.

Limitations might have been inherent within the observer's themselves (e.g. skill of observation) and could affect the degree of accuracy of the responses obtained through the interview and questionnaire.

The time involved in the total study and the fact that only the medical and surgical areas of the hospital were used, also limits the

findings of the study.

Chapter two presents an analysis of the findings obtained from the physicians and nurses questionnaires with a summary of observations; chapter three includes the conclusions and recommendations for further study.

CHAPTER II

ANALYSIS OF FINDINGS

Physicians' Questionnaire

In answer to the question, "For this study will it be permissible to use charts of patients who are presently under your care in the hospital?", all of the physicians granted permission to do so.

In answer to the question, "What is your interpretation of a "stat" order?", five of the physicians stated that they believed "stat" to mean immediately. One physician said it would depend upon the type of order and the patient involved.

In answer to question three which inquired as to the time interval acceptable between writing a "stat" order and the commission or carrying out of the order, two of the physicians stated that from one second to five minutes was acceptable, two physicians indicated that a fifteen minute interval was permitted, and one stated a time period of from one second to one hour was permissible.

In answer to the question, "What is your interpretation of a "routine" order?", four of the physicians believed that this term referred to a "List of orders of the individual physician applicable to a patient without specific authorization at the time the patient is admitted to the hospital." One believed "routine" implied "A treatment or medication which is given at specific times during a twenty-four hour period." Another did not comment except to say that he seldom uses "routine" orders.

In answer to the question, "Do you have any specific qualifications with reference to "routine" orders?", two physicians said they did not use them but would rather write specific orders for each patient. Three of the physicians did not comment, and one said he used "routine" orders only in certain circumstances.

Because of the nature of the study the investigators deem it necessary to present the analysis of the findings in relation to the physicians' questionnaire as these findings have a direct bearing upon the stated standard of action and the practical standard of action of the nurses included in the study.

Nurses Questionnaire

Within a period of six weeks, thirteen (61.90%) of the questionnaires were completed and returned to the investigators.

Question 1. "From what School of Nursing did you graduate? Year.

Answer: Ten of the thirteen nurses were graduates of Montana Schools of Nursing and three were from out of the state. The years since graduation ranged from 1937 to 1962, covering a span of twenty-five years.

Question 2. "What type of Nursing Program?"

Answer: Eleven (84.16%) were graduates of the three year Diploma program and two had completed their Associate Degree. Three (23.07%) of the thirteen had attained a Baccalaureate Degree at a later date and one (7.69%) a Master of Nursing.

Question 3. "Age at present time?"

Answer: Six (46.15%) of the nurses were in the 20-30 year age

group, two (15.38%) were in the 30-40 year age group, and five (38.46%) were in the 40-50 year age group.

Question 4. "How many years of nursing experience have you had since graduation?"

Answer: Years of nursing practice included a period of time which extended from six months for the most recent graduate, through twenty years for the most experienced nurse practitioner.

Questions 5 and 6. Asked the nurses to indicate the types of nursing positions in which they have worked ... or other employment in which they engaged.

Answer: Eleven (84.61%) of the thirteen have held staff positions, eight (61.53%) functioned as a Head Nurse, three (23.07%) have held positions of Office Nurse, two (15.38%) held the position of Supervisor, and one (7.69%) has worked in the Operating Room. This data is clarified by stating that many of the thirteen have held one or more positions during their professional career, indicating duplication in some specific cases.

Question 7. "Do you believe your nursing education and/or training effects the way you interpret physicians' orders?"

Answer: Twelve nurses (92.30%) indicated that they believed their nursing education was influential in their interpretation, one (7.69%) did not answer the question.

Comments of the nurses with reference to this question included statements which implied that their nursing education emphasized the legal aspects involved in the process of interpretation of orders.

Some stated that the more education the nurse possesses, the more confidence she manifests and can therefore anticipate some of the wishes of the physician. Others believed that nursing education is intrinsic in proper and accurate interpretation of orders and this function should not be entrusted to those who lack the necessary knowledge and background.

One nurse stated that nurses are trained under various circumstances and therefore, have individual concepts regarding the interpretation of orders. Another commented that by knowledge of the drug and its action, the nurse knows whether it is actually a "stat" or "routine" medication.

Question 8. "What do you believe to be the basis of your judgment as you interpret physicians' orders?"

Answer: The basis of the nurse's judgment as she interprets physicians' orders, indicated that education of the nurse was the most influential factor in her interpretation and decision for action. The combination of education and experience was advocated by the nurses as being essential in exercising professional judgment. Two of the respondents considered experience as the most important of the criteria for action.

Question 9. "The length of service or experience in patient care makes a difference in the way doctor's orders are interpreted."

Answer: Twelve (92.30%) answered in the affirmative and one (7.69%) believed that it may have a partial influence.

Some of the comments about experience, as related to the nurse's

interpretation of orders, identified the following factors. The longer the nurse has worked with a certain doctor, the more she realizes just what "he" desires. This kind of knowledge is acquired through experience. A nurse sees things in different ways as she matures in age and wisdom. The nurse who believed experience may have a partial influence qualified her answer by making the comment, "Only several years after training."

Question 10. "The time limit for giving of a "Stat" order should be within: 10 min. _____. 20 min. _____. 30 min. _____."

Answer: Six (46.15%) of the nurses believed that ten minutes would be acceptable. Two (15.38%) checked the twenty-minute limit, one (7.69%) believed that a thirty minute interval was within reason, and four (30.77%) did not make any definite reply to the question.

Some of the nurses stated that the length of time permissible for giving a "stat" medication would depend upon the medication that was ordered, the need of the patient for the medication, such as a narcotic and/or a stimulant, and the availability of the medication ordered.

Other replies inferred that time was not an important factor because many of the physicians order everything "stat" and use the term loosely.

Question 11. "Does Professional practice permit "stat" orders to be delayed until the Pharmacy opens?"

Answer: Eleven (84.61%) replied with a negative response and two (15.38%) nurses did not answer the question.

Question 12. "Do you believe that you interpret all "routine" orders as you were taught?"

Answer: Six (46.15%) of the nurses replied in the affirmative and the same number gave a negative response. One (7.69%) did not attempt to answer the question.

Question 13. "Do you believe that your interpretation is guided by your knowledge of the habits of various doctors?"

Answer: Twelve (92.30%) nurses stated that they believed their interpretation of physicians orders is guided by their knowledge of the habits of various physicians and one (7.69%) gave a negative response. Several of the nurses stated that the physician relies upon the judgment of the nurse and other implied that experience governed their action.

Question 14. "What is the most common error you are aware of with reference to "stat" and "routine" medications?"

Answer: All of the nurses agreed that the most frequent error in "stat" medications was that the order was not carried out immediately because of the delay incurred in obtaining the medication. The most common error in administration of "routine" medication was that many medications ordered in this fashion could be given too frequently if the nurse was not familiar with the drug and was unaware of its toxic symptoms. Several made the statement that many times a medication which is scheduled to be given routinely may be overlooked if orders are not checked frequently.

Question 15. "Do you check all "routine" orders when you check charts daily?"

Answer: Five (38.46%) stated that they check all "routine" orders frequently, six (46.15%) said occasionally, and two (15.38%)

indicated they seldom did so.

Comments relative to question number fifteen showed that some of the nurses believed it was important to check the "routine" orders because they are frequently changed or discontinued. Other nurses seemed to feel that "routine" orders are usually standing orders and are in part, a matter of the nurse's professional judgment. One nurse stated that most medications were ordered specifically and therefore she did not check the "routine" orders frequently.

Question 16. stated that routine prn orders are to be carried out regardless of the components of the drug. Eleven (84.61%) of the nurses did not agree with the statement and two (15.38%) gave no reply.

Question 17. "To your knowledge has the illegibility of the physicians written orders ever been the cause of an error in giving a "stat" order?

Answer: Nine (69.23%) said they had no knowledge of illegible writing being the cause of an error and four (30.76%) did not answer the question.

Questions eighteen through twenty-one deal with the hospital policy which may give direction to the administration of medications and so influence the nurse's interpretation of a physician's order.

Question 18. "Is there a Hospital Policy which gives direction to the administration of "stat" and "routine" orders, within the institution where you are employed?"

Answer: Five (38.46%) nurses answered "yes", two (15.38%) said "no", two (15.38%) stated they did not know of such a policy, and four

(30.76%) did not respond to the question.

Question 19. "Where is the policy located within the hospital?"

Answer: Four (30.76%) stated it could be found in the procedure manual which is at the desk. One (7.69%) said it could be found at each nursing station, one (7.69%) answered that it was in the Nursing Office, five (38.46%) indicated they did not know of such a policy, and two (15.38%) did not give a response.

Comments regarding the question show that if there is such a policy many of the nurses are unaware of it.

Question 20. "Do you believe that there should be such a policy?"

Answer: Eight (61.53%) believed a policy was necessary, one (7.69%) replied that such a policy would not facilitate the interpretation of the physicians' orders and four (30.76%) did not reply.

The nurses stated that such a policy should be kept up to date and readily available for use. Another nurse believed that such a policy should be adhered to and respected by the physicians.

Question 21. "Does this policy effect your interpretation of "stat" and "routine" orders?"

Answer: Three (23.07%) believed the policy effected their interpretation of orders, four (40.76%) gave a negative response, and six did not respond to the question.

Question 22. "List factors which may effect your interpretation of Doctors' orders, according to their importance."

Answer: Nine (69.23%) indicated that the factor of most importance was the condition of the patient and was most influential in their interpretation of orders. Six (46.15%) indicated that the Nursing education factor was influential in their interpretation of orders, three (23.07%) believed that the type of medication or treatment which is ordered was most influential. Previous nursing experience, availability of the drug and knowing the physician were also selected as influential factors. This data is clarified by noting that one or more factors were selected by individual nurses and were ranked accordingly.

SUMMARY OF OBSERVATIONS

One hundred twenty-seven "routine" orders and forty-six "stat" orders were reviewed over a forty-hour period of observation, in an attempt to ascertain if the stated standard of action coincided with the practical standard of action of the nurses.

Those factors which were identified as being influential in determining the nurses' actions, as they dealt with the physicians' orders designated as "stat" and "routine" are presented:

1. External factors relating to the personnel included the services of Orderlies who were employed on an "On Call" basis, necessitating a lapse of time before procedures usually administered by these persons could be undertaken.

2. Supervisors with multiple responsibilities in other areas of the hospital was another factor which entered into the practical action of the nurse as this relates to the time element.

3. When more than one "stat" order was written consecutively, the professional judgment of the nurse in carrying out these orders in a manner most beneficial to the patient influenced her standard of action.

4. Factors pertaining to the Pharmacy revealed that a Registered Pharmacist was not available on a twenty-four hour schedule and certain prescriptions were delayed until they could be filled by a local pharmacist.

5. Illegibility of written orders required the nurse to contact the physician for clarification of the order before it could be administered safely to the patient.

6. At times the physician desired to personally perform a procedure for the patient, his action affected the stated standard of action of the nurse.

7. The nurse who was responsible for carrying out the order was not present in the department at the time the order was written, due to policies concerning the nurses schedule for meals or when the nurse was assisting with an emergency within another area. On occasion, the nurse, of necessity, leaves her station and the administration of medication orders written during this time may be delayed.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The purpose of this study was (1) to gain insight into the relationship between the nurses stated standard of action and the practical standard of action as applied to their interpretation of physicians' orders; and the extent to which their nursing education, age, and experience may have influenced the relationship. (2) To explore the common understanding or differences in understanding which existed among a selected group of physicians and nurses in one small hospital.

The nursing care of patients frequently requires the nurse to take action on the basis of a physicians order which utilizes the terms "stat" and "routine". The investigation was focused on actions and understandings related to these terms.

This study proposed (1) to examine the stated standard of action and the practical standard of action of registered professional nurses relevant to their interpretation of physicians' specific orders written as "stat" and "routine" and (2) the different interpretation the individual physician placed against these terms.

Observations of the nurses revealed that there was a difference between the stated standard of action and the practical standard of action. A greater time interval did exist in the practical standard of action than the nurses had stated as a desirable standard of action.

Observation of these nurses revealed a span of twenty minutes to sixty-five minutes from the writing of the order until it was carried out. It was observed that at certain times under certain conditions the nurse may have been unable to practice as she claimed to hold desirable. What she stated that she would do and what was observed to have done was affected by factors external to the nurse, some of these being: other personnel, policies relating to the pharmacy, and the action of the physicians.

The findings based on the analysis of the questionnaires revealed that (1) the physicians did not agree on any basic predisposition for routine orders but indicated that this was a prerogative of the individual practitioner. (2) Four of the five physicians indicated a time interval of one second to fifteen minutes was acceptable action relevant to a "stat" order. (3) The nurses' interpretation of "routine" orders reflected the influence of their nursing education. In some instances the term "routine" was applied only to established hospital policy as this relates to the laboratory and X-ray departments within the hospital. (4) The nurses indicated that for "stat" orders a time lapse of from ten to thirty minutes was their stated standard of action.

The analysis of the findings seemed to suggest that the age and professional experience of the nurse were the greatest factors influencing their interpretation of physicians' specific orders.

The nurses' responses, in their identification of those factors which affected their interpretation of physicians' orders, may be most

significant. Their perception of the condition of the patient was, they believed, the most influential force in their interpretation of the doctors' orders.

As Dolores E. Little states:

If the ultimate goal of treatment is to employ measures which provide the patient the opportunity to receive adequate and safe drug therapy, can this goal be achieved if there is a difference of expectations among those who prescribed the drug and those who administer it--using knowledge of facts as a measure?¹³

Recommendations

It is difficult to make any recommendations for this study because of the limitations of the sample. However, the following are suggested, as the investigators recognize the need for a study which would lend more depth to the interpretation of physicians' orders as they effect the nurses action.

1. A study could be done which would attempt to discover how the individual nurse feels with regards to the external factors which inhibit her desired action in the administration of physicians' orders, and what action on the part of the nurse or others might alleviate such conditions.

2. Because of the apparent discrepancy between what the nurses are taught and their individual interpretations of physicians' orders after a few years of age and experience, we feel that a more thorough

¹³Dolores E. Little, "Facts and Follies About Medications", Nursing Outlook, July, 1963, pp. 495-496.

study of this aspect of the findings could be made.

3. If future studies substantiate this trend among professional registered nurses, then education of future nurses should place more stress on the basic principles of nursing.

4. A study which would entail more scientific observation and recording of nurses action in the carrying out of physicians' orders might help to develop the criteria and criterion methods needed to increase the use of scientific principles on which to base the clinical practice of nursing.

APPENDIX

APPENDIX A

MONTANA STATE COLLEGE

Bozeman

April 11, 1963

Mr. Lee
Administrator
Bozeman Deaconess Hospital
Bozeman, Montana

Dear Mr. Lee:

We are enrolled at Montana State College, Graduate Division, Department of Nursing Education. As partial fulfillment of the requirements for a Master of Nursing degree we are doing a study of the interpretation of Physicians' specific orders by professional nurses. This study will require our observation in the hospital facilities and a review of records for a period of approximately forty consecutive hours.

We are asking your consideration of our request to do some of the required research at the Bozeman Deaconess Hospital on the following dates: April 28, 29, and 30th.

A personal interview with you and the Director of Nursing Service would enable us to explain our project in detail and can be arranged at your convenience.

Would you contact us by telephoning Mrs. Harold Krause, Phone No. 587-4158. We sincerely appreciate your consideration of our request.

Sincerely,

(Miss) Marie Bradley

(Mrs.) Ella Krause

This study is being made under the guidance of the Montana State College School of Nursing faculty. Any consideration you can give Mrs. Krause and Miss Bradley will be appreciated.

Anna Pearl Sherrick, R. N., Ed. D.
Director, School of Nursing

APPENDIX B

PHYSICIANS QUESTIONNAIRE

For use in personal interviews for Technical Paper for Master Degree
in Nursing.

(Ella Krause, R.N., Marie Bradley, R.N.)

1. For this Study, will it be permissible to use charts of patients
who are presently under your care in the hospital?
2. What is your interpretation of a "Stat" order?
3. Time interval acceptable between writing "Stat" order and
admission of same.
4. What is your interpretation of a "Routine" order?
5. Do you have any specific qualifications with reference to "Routine"
orders?

Signature: _____

Date: _____

APPENDIX C

1114 South Third St.
Bozeman, Montana
May 27, 1963

Dear Registered Nurse:

We are students enrolled in the master program, Department of Nursing Education, Montana State College, Bozeman, Montana. As partial fulfillment of the requirements for a Master of Nursing degree we are doing a study of the interpretation of physicians' specific orders by professional nurses.

A survey is being made for the purpose of obtaining opinions of professional nurses as to the amount of time involved in the administration of "stat" and "routine" medications as prescribed by the physician. It is hoped that such a study will reveal certain factors which may or may not affect the action of the nurse in this procedure.

We will be most appreciative of your assistance in this survey. Enclosed is a stamped self-addressed envelope. Please fill out the questionnaire and return it as soon as possible.

Sincerely,

s/ Marie Bradley

Marie Bradley

s/ Ella C. Krause

(Mrs.) Ella C. Krause

This study is being made under the guidance of the Montana State College School of Nursing Faculty. Any consideration you can give Mrs. Krause and Miss Bradley will be appreciated.

s/Anna Pearl Sherrick

Anna Pearl Sherrick, R.N., Ed. D.
Director, School of Nursing

NURSES QUESTIONNAIRE

EXPLANATION: This study is related to the amount of time involved in administration of "Stat" and "Routine" medications as prescribed by the Physician.

1. From what School of Nursing did you graduate? _____

Year: _____

2. What type of Nursing Program:

2 year Associate Degree _____

3 year Diploma _____

Baccalaureate Degree Program _____

Master Program _____

3. Age at present time: 20-30 _____, 30-40 _____, 40-50 _____,
Over 50 _____.

4. How many years of Nursing experience have you had since graduation?

5. Positions held:

	<u>Administrator</u>	<u>Supervisor</u>	<u>Head Nurse</u>	<u>Staff</u>	<u>Public Health</u>
Medical	_____	_____	_____	_____	_____
Surgical	_____	_____	_____	_____	_____
Obstetrics	_____	_____	_____	_____	_____
Pediatric	_____	_____	_____	_____	_____

6. What other employment have you had? _____

NURSES QUESTIONNAIRE (Continued)

7. Do you believe that your nursing education and/or training effects the way you interpret Physicians' Orders? Yes _____ No _____
No opinion _____.

Explain: _____

8. What do you believe to be the basis of your judgment as you interpret Physicians' Orders? _____

9. The length of service or experience in patient care makes a difference in the way Doctor's Orders are interpreted: Yes _____, No _____,
No opinion _____.

Explain: _____

10. The time limit for giving of a "Stat" order should be within:
10 min. _____, 20 min. _____, 30 min. _____.

Comment: _____

11. Professional practice permits "Stat" orders to be delayed until the Pharmacy opens: Yes _____, No _____, No opinion _____.

Comment: _____

NURSES QUESTIONNAIRE (Continued)

12. Do you believe that you interpret all "routine" orders as you were taught? Yes _____, No _____, No opinion.
13. Do you believe that your interpretation is guided by your knowledge of the habits of various Doctors? Yes _____, No _____, No opinion _____.
- Comment: _____

14. What is the most common error you are aware of with reference to:
Stat Medications _____

Routine Medications _____

15. Do you check all "routine" orders when you check charts daily?
_____ Frequently _____ Occasionally _____ Seldom _____ Never
Explain: _____

16. Routine prn orders are to be carried out regardless of the components of the drug: Yes _____, No _____, No opinion _____.
17. To your knowledge has the illegibility of the Physician's written

NURSES QUESTIONNAIRE (Continued)

orders ever been the cause of an error in giving of a "Stat" order? Yes _____, No _____, No opinion _____.

Comment: _____

18. Is there a Hospital Policy which gives direction to the administration of "Stat" and "Routine" orders, within the institution where you are employed? Yes _____, No _____, No Opinion _____.

19. Where is the policy located within the hospital? _____

20. Do you believe that there should be such a policy? Yes _____, No _____, No opinion _____.

Comment: _____

21. Does this policy effect your interpretation of "Stat" and "routine" orders? Yes _____, No _____, No opinion _____.

22. List factors which may effect your interpretation of Doctors' orders according to their importance:

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