Texas Board of Nursing

Safe Harbor
Request to Determine Medical Reasonableness
of a Physician's Order

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Complete this form when you question the medical reasonableness of a physician's order with regard to accuracy, safety, and/or effectiveness of an order(s) for a given patient or set of patients [ie: nurse believes carrying out the physician's order may violate the nurse's duty to the patient to provide a safe environment for the patient(s). It is the nurse's responsibility to keep a copy of the request he/she submits for review.

Minimum Required Information to Make Initial Request Invoking Safe Harbor

The following information must be in writing, but may be on <u>any form</u> and in any format provided it is in writing (includes electronic transmittals such as e-mail):

1. Nurse(s) Name(s) invoking Safe Harbor;
2. Date/Time of Request;
3. Location of requested conduct/assignment;
4. Name of physician issuing order;
5. Brief explanation of why invoking Safe Harbor (It may be helpful to review rules 217.11 and 217.12.

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1. Nurse(s) Name(s) invoking Safe Harbor (print name(s) : _____

_____

Date/Time of Request: _____

Location of requested conduct/assignment: _____

_____

☐   Name of physician (and specialty) writing order:
                                            ☐ Patient Specific   ☐ Standing Order

_____

Brief explanation of why invoking Safe Harbor (It may be helpful to review rules 217.11 and 217.12):

_____
_____
_____
_____
_____

I(we):   ☐   Believe it is safe to carry out this order pending determination of medical reasonableness, **or**

          ☐   Believe it would place a patient or patients at unjustifiable risk of harm, and therefore, have notified the ordering physician, charge nurse, and any other necessary staff that I (we) refuse to carry out this order as given.

Signature(s) of Nurse(s) Invoking Safe Harbor: _____   _____

_____   _____   _____

☐ (2) Submit the Request to Determine Medical Reasonableness of a Physician's Order by the end of the work period or before leaving the work setting. The nurse(s) may include other supporting documents at a later time, but *the written request to question medical reasonableness of a physician order must be submitted to the supervisor or peer review chairperson by the end of the work period or prior to leaving the work setting.* **REMEMBER TO KEEP A COPY.**

☐ (3) The Supervisor or Peer Review Chairperson should sign the form and the nurse's copy, and submit the form to the appropriate medical staff physician or medical director at the soonest opportunity, as an appropriate physician (as determined by facility policy) must review the request within 14 days of the nurse invoking Safe Harbor in order to make a determination regarding the medical reasonableness of the physician order.

☐ (4) Even if a satisfactory solution is worked out at the time, the nurse(s) still has the option of continuing with the request for physician review of the order. The nurse(s) may also choose to withdraw his/her request; however, written documentation of this decision with signatures must still be turned over to the peer review chair for record keeping purposes.

PHYSICIAN'S DETERMINATION OF THE MEDICAL REASONABLENESS OF A PHYSICIAN'S ORDER

(1) On_____(date/time) I delivered this Request to Determine Medical Reasonableness for Safe Harbor along with any accompanying documents supplied by the nurse(s) invoking Safe Harbor to the_____M.D. This physician's medical specialty is_____, and his/her title or position is:_____.

_____
(Name of Peer Review Chairperson)   date/time

(2) On_____(date/time) I received this request to determine the medical reasonableness of the following (and/or attached) physician order [include full name of ordering practitioner]:   _____

_____

_____

_____

_____

_____

(3) I have reviewed the order in question together with the patient's record (if applicable) and I have determined that the order:

☐ Is/Was medically reasonable for the patient situation in question; or

☐ Is/Was not medically reasonable for the patient situation in question.

Rationale:_____

_____

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_____

_____

_____

_____

_____

(4)   I returned this form and attachments to _____

                                        (Chairperson of Peer Review Committee or Nurse's Administrator)

_____

(Print physician's name)   **Physician Reviewing Medical Order**   **Date/time**

(5)   On_____(date/time {must be no later than 48-hours after receiving determination from the Reviewing Physician}), this form and attachments were returned to:

☐ The nurse(s) who initiated the request for determination of Medical Reasonableness (original to nurse); and

☐ The Peer Review Chair Person for maintenance with peer review committee records retention policy (permanent scanned electronic retention recommended) (copy of original).

_____

Signature of Nurse's Administrator   Date

_____

Signature of Peer Review Chairperson   (date/time)

Safe Harbor Protections Termination Date

The protections from Board of Nursing action on a nurse's license under Texas Occupations Code, Section 301.352 and Chapter 303 end for the nurse(s) making the request 48 hours after the peer review committee's determination is received by the nurse(s) who initiated the Safe Harbor.

(1)   On_____(date/time) I received the findings regarding the Medical Reasonableness of a physician's order in writing as noted in Section IV of this form.

_____

Nurse(s) Who Initiated Peer Review   **Date/time**

Any request for safe harbor, be it on this form or in any other written form or format, is subject to confidentiality requirements of NPA (TOC) §303.006, §303.007, §303.0075, and Rule 217.20.

This document is part of the confidential records of peer review, and must be retained in the files of the Peer Review Chairperson. The timeline for retention of records is to be determined by the facility records retention policy; however, scanning or other methods of permanent electronic preservation are recommended.