Emergency physicians are available to provide care to patients in the emergency department (ED) 24 hours per day, 7 days per week, 365 days per year. The American College of Emergency Physicians (ACEP) believes that orders for ED patients that are received from a physician, nurse practitioner (NP), or physician assistant (PA) not physically present in the ED risk complicating or hindering patient care. Outside orders could create legal liability and restrict appropriate assessment and treatment in the ED.

Therefore, ACEP endorses the following principles:

- Hospital policy should specify the criteria for receiving telephone, electronic, or written orders from providers outside the ED.
- Orders regarding ED patients received from physicians, NPs, or PAs not physically present in the ED should be communicated to and coordinated with the treating emergency physician and may be modified by the emergency physician before implementation.
- If orders are placed for an ED patient by an outside physician, NP, or PA, it is the responsibility of the outside ordering physician, NP, or PA to follow up and act upon any results obtained from these orders.
- Patients sent to the ED by an outside physician, NP, or PA for the purpose of specific stated testing should be evaluated by a treating emergency physician with orders placed at the discretion of the treating physician.

The scope of this policy does not include hospital admitting orders given by a physician, NP, or PA outside the ED following completion of ED assessment and treatment. Transmittal of hospital admitting orders establishes the transfer of care from the emergency physician to the admitting physician. Such orders should be governed by applicable hospital policy and state law.