STANDING ORDERS

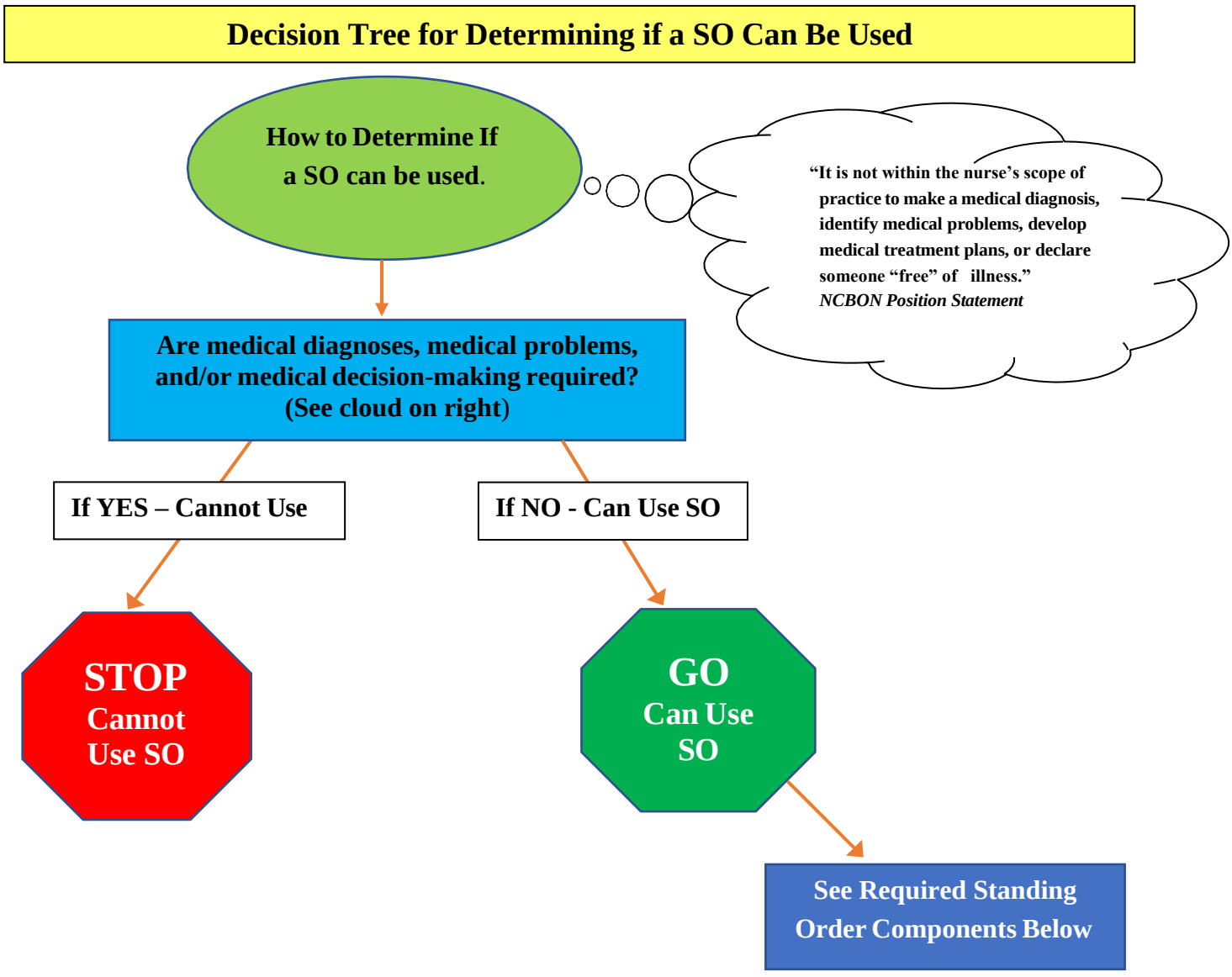
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Purpose

The purpose of a Standing Orders (SO) is to provide a means for a physician or Advanced Practice Provider (APP) to legally convey to a registered nurse (RN) or licensed practical nurse (LPN) the ability to provide routine medical interventions to a client based on subjective and objective findings, screening standards and/or age-appropriate vaccinations.

The NC Board of Nursing, in its position statement on Standing Orders, lists specific components that must be included in SOs. Agencies should also have policies and procedures in place that support the use of SOs and describe the process for the development and approval of SOs. See STANDING ORDERS Position Statement for RN and LPN Practice at: https://www.ncbon.com/vdownloads/position-statements-decisiontrees/standing-orders.pdf

The first step in writing a SO is to determine if a SO is needed. The decision tree below will guide you through the process to determine if a SO can be used.



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Required Components of a Standing Order

See STANDING ORDERS Position Statement for RN and LPN Practice

Standing Order Component	Standing Order Component Content
Condition for Use	• **State to whom the SO applies and under what situation or circumstance the SO will be implemented**
Assessment	• **Identified parameters of the subjective and objective findings that must be in place to implement the SO**
Subjective Findings	• **Information provided by the patient which could be situational (e.g., or "I want a flu shot") or related to a sign or symptom**
Objective Findings	• **Information gathered by the nurse related to signs or symptoms**
Plan of Care	• **Medical Treatment or Pharmaceutical Regimen** • **Nursing Actions** • **Follow-up Requirements** • **Contraindications and/or Precautions**
Criteria for Calling Physician/APP	• **States when the nurse will notify/ consult with the Physician/APP regarding whether to implement the SO or if problem or concern occurred after implementation**

Standing Order Components Described

Title of Standing Order

State the purpose of the SO and who, what, where, when and to whom the SO is directed (patient) and to whom (nurse) the authority is given to carry out the SO. (See Naloxone SO example on page 4 of this document).

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	State to whom the SO applies and under what circumstance(s) the SO will be implemented.
Assessment	
Assessment Criteria	Define the parameters that will need to be assessed which will then be outlined under the subjective and objective findings that must be in place to implement the SO.
	Subjective
Subjective	List information provided by the patient which could be situational or related to a sign or symptom (e.g., Pt. c/o pain, Pt. states, "I missed my period and I think I might be pregnant"). *Subjective data* are information from the patient's point of view, including feelings, perceptions and concerns.
	Objective
Objective	List information gathered by the nurse related to signs (things the nurse can see or observe such as cut, sweating, bruise, rash, etc.), objective findings associated with symptoms (e.g., pain scale results), test results, vital signs, or documentation of physical assessment or diagnostic findings. *Objective data* are observable and measurable data obtained through observation, physical examination, and/or laboratory and diagnostic testing. This may include an observation that the patient presented to the clinic for a specific treatment.
Nursing Plan of Care	
Contraindications for Use of this Order	Define under what conditions the SO cannot be implemented (e.g., Patient is allergic to a treatment prescribed in the SO; Patient cannot receive the injection in the anatomical area specified r/t physical anomaly, etc.).
Medical Treatment	Describes the medical treatment and/or pharmaceutical regimen the nurse will follow (e.g., Follow XXX specimen collection procedures; Give Tdap IM in Deltoid muscle using 1 inch 22-gauge needle for adults, etc.).
Nursing Actions	Include here: 1) information on education provided to patient's situation, condition or disease in which the SO covers; 2) lists pertinent after-care instructions to be provided to the patient (e.g., "Call the office if develop a fever of 101F or greater after Tdap" or "If you experience any signs or symptoms of premature labor before you have your first OB appointment, call the office or go to your nearest emergency department"); 3) note how the patient tolerated treatment or procedures provided under the SO.
Follow-up	List here, instructions for patient follow-up (e.g., Nurse will contact patient within XXX days), any follow-up appointments, referrals if indicated, etc.

	Criteria for Notifying the Physician/APP
Criteria for Notifying the Physician/APP	State when the nurse will notify or consult with the physician/APP regarding whether to implement the SO or if a problem or concern occurred before or after implementation.

Approved by Physician/APP: The agency Physician or Advanced Practice Provider **must** sign SOs initially and review and revise (if needed) at least annually. Revisions require new signatures.

Date Written: Denotes the date written or approved. Agency policy must state how SOs are written, reviewed, and/or revised. SOs must be reviewed and signed at least annually.

Example Standing Order

The following example standing order (**provided for illustrative purposes only)** was developed in accordance with the guidance detailed in the *STANDING ORDERS Position Statement for RN and LPN Practice* at: https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf

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Naloxone HCl Standing Order (SO) for Emergency Use in the Local Health Department

This Standing Order is for all Registered Nurses (RN's) and Licensed Practical Nurses (LPN's) practicing in local health departments in North Carolina to administer *Narcan (naloxone HCl) from the emergency cart (or equivalent) to any person who is possibly experiencing an opioid over-dose. Naloxone HCl is indicated for the reversal of opioid overdose induced by natural or synthetic opioids.
(**If agency stocks a different formulary, insert that formulary here instead.*

For the purposes of this SO, "opioid" is defined as any natural or synthetic opioid product.

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	Anyone who presents in a NC local health department who is or becomes unresponsive, loses consciousness, is not breathing or has no pulse. Emergency procedures will be initiated, and Narcan nasal spray 4 mg/0.1 mL will be administered to the person per agency emergency policy. (*If agency stocks a different formulary, insert that formulary here instead.*)
Assessment	
Assessment Criteria	Assess the client for: 1. Responsiveness by speaking and touching the person. 2. Pulse - for presence/absence
	Subjective
Subjective	Anyone who presents with **any** of the following: 1. Known or suspected opioid over-dose 2. becomes unresponsive 3. has loss of consciousness 4. has no assessable respirations
	Objective
Objective	Anyone who presents with **any** of the following: 1. unresponsive –does not respond to verbal or physical stimulation 2. unconscious – does not respond to touch 3. does not have a pulse 4. does not have respirations

Nursing Plan of Care	
Contraindications for Use of this Order	Known allergy to Narcan (*If agency stocks a different formulary, insert that formulary here instead*.)
Medical Treatment	If **one** of the subjective **or** objective findings are present: 1. **Call 911 immediately** 2. Administer Narcan nasal spray (4 mg/0.1 mL) intranasally into one (1) nostril and initiate CPR as indicated. (*If agency stocks a different formulary, insert that formulary here instead*.) 3. If the person is unresponsive to voice or touch, has no respirations or no pulse or relapses to such conditions, repeat Narcan nasal spray (*If agency stocks a different formulary, insert that formulary here instead*.) using a new nasal spray up to (2) two doses in alternating nostrils, continue CPR as indicated until person becomes responsive or emergency medical services (EMS) arrives and takes over.
Nursing Actions	1. **Call 911 immediately** 2. Follow emergency policy and procedure for the health department. 3. Request staff person to obtain Narcan nasal spray. (*If agency stocks a different formulary, insert that formulary here instead*.) 4. Move the emergency cart or equivalent to the person. 5. Initiate CPR as indicated until EMS arrives and takes over. 6. Move the person on their side (recovery position) after giving nasal spray. Continue to assess the person's responsiveness, respiration and pulse.
Follow-up	1. Document actions taken in the electronic health record, including vital signs, medications and treatments, the time of administration, the time event was observed, name of personnel administering or observing, and the person's response. 2. Support the person as they recover and encourage further medical evaluation. 3. Report the events and actions taken to first responders/EMS when they arrive.
	Criteria for Notifying the Physician/APP
Criteria for Notifying the Physician/APP	1. Consult with the medical provider of a known allergy to Narcan. (*If agency stocks a different formulary, insert that formulary here instead*.) 2. Report use of this SO to the medical director per agency emergency policy after implementation.

Approved by: _____ Date approved (or last reviewed): _____
Local Health Department Physician/APP Signature

Standing Order Maintenance: Approved by Medical Director, Reviewed Annually and Revised as Necessary, Cites Legal Authority

Points to Remember

1. Agencies should have policies, including procedures in place for how SOs are developed, reviewed, approved, signed, and managed. This is required under NC Accreditation Activity, 15.3.
2. SOs **must** be reviewed, signed, and dated at least annually and revised when necessary.
3. NC BON does not require the LHD lead nurse to sign Standing Orders, but it is strongly encouraged that they be involved in development, review, and revision of SOs.
4. SOs should be developed for services that occur frequently such as those that occur on a daily, weekly, or monthly basis as allowed by nursing scope of practice.
5. Ensure the SO identifies the number of parameters or elements that must be met to implement the SO.
6. Be careful when using certain terms to eliminate confusion.
   Example:
   Criteria vs. Criterion: "Criteria" is the plural of "Criterion." Use the word "criteria" if there is more than one objective finding required to be present to implement the SO. Use "criterion" if there is only one objective finding required to be present to implement the SO. Since these two terms can be confusing at times, an alternative would be to simple state, "if **one** of the following is present, then implement the SO" or "if **all** of the following are present, then implement the SO."
7. SOs shall not be written in such a way as to give nurses a choice as this would potentially put the nurse in a position of exceeding their scope of practice.
   Example:
   Should vs. **Shall**: "Should" allows the nurse to choose whether the SO or a component of the SO is to be implemented. "Shall" is definitive and removes choice from the nursing action. The same is true for "**may"** versus "**must"** or "**can**" versus "**will**."
8. SOs must state specific parameters as to when the physician needs to be notified or consulted.
9. If a nursing action must be performed in sequence, then assure steps are in the correct sequence and numbered. If the steps are performed out of order, the SO becomes invalid.
10. Do not put unnecessary information in the SO such as coding and billing information, quoting articles, or studies or historical background.
11. Do not copy and paste drug information from package inserts (pharmaceutical product information) into the SO. These inserts are not written in such a way that would allow nurses to implement the SO.

Consult your regional OCPHN Regional Nurse Consultant for further guidance and related memorandum issued on SOs.