Standing Orders

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Purpose

To facilitate timely medical interventions and decrease barriers to care for diverse patient populations in various inpatient and outpatient settings, such as local health departments.

Definition

Standing orders (SO) are the signed instructions of a provider authorized by state law to prescribe a medical treatment and/or pharmaceutical regimen. They describe the parameters of specified situations under which the nurse may carry out specific orders for a specified patient population presenting with symptoms or needs. Standing Orders outline the assessment criteria and the intervention that a registered nurse (RN) or licensed practical nurse (LPN) may perform.

Standing orders must be signed and dated by the provider. It is **not** within the nurse's scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness. Standing Orders are an effective means for the nurse to provide timely, routine medical interventions or treatments as specified by the conditions of the order.

Roadmap to Developing Standing Orders

1. Identify Need

- Patient needs that occur routinely, with little variability (e.g., administering immunizations, treating common health problems, lab orders, nurse-on-call services).
- Routine patient presentations that nurse frequently handles.
- A need to streamline or remove barriers to care for clients and remove delays.

2. Check Scope Feasibility

- Must be within the legal scope of practice of the nurse
- Nurses cannot make a medical diagnosis or declare someone "free" of illness.
- Refer to NCBON Scope of Practice Decision Tree for RN and LPN Standing Order Position Statement

3. Secure Policy

- Ensure agency has documented policies and procedures supporting SO creation, approval, and review.
- If absent, develop or update policies before continuing.

4. Define "Why", "Who" & "When

- **"Why":** Define purpose of the order and what it achieves
  (e.g., "Influenza Vaccination for Adults")
- "**Who":** Define who order applies to and by whom it will be carried out
  (e.g., "Adults 18 years and older, Rose County Health Department public health nurses (PHNs).
- **"When":** Define situation or condition when the SO will apply
  (e.g., Adults presenting to the clinic requesting influenza vaccination).

5. Outline Components

- Must include all components outlined in the NCBON Position Statement for RN and LPN Practice: Standing Orders, organized in a standard format.
  1. **Condition/Situation**: Define patient population or scenario.
  2. **Assessment Criteria**: Define assessment criteria (e.g., Assess immunization status)
  3. **Subjective Findings**: Define what patients should report (e.g., Assess need, or symptoms reported)
  4. **Objective Findings**: Define what the nurse should observe or measure (e.g., Assess respiratory status)
  5. **Plan of Care**:
     a) Define medical treatment/pharmaceutical regimen
     b) Define nursing actions (e.g., Education, sequenced steps of ordered treatment), **and,**
     c) Define follow-up or monitoring requirements (e.g., Return appointment or post-injection observation period)
  6. **Notification Criteria**: Define when provider must be notified or consulted (e.g., Contraindication is discovered, any problem with carrying out order)
  7. **Date:** When order was developed or last reviewed; **and**
  8. **Provider signature**: Provider authorized to sign standing orders per agency policy

6. Implement and Educate

- Train nurses in correct use of SO, patient counseling, and monitoring requirements, as well as provider notification criteria outlined in SO.

- Ensure nurses are competent and qualified to implement.
- Provide accessible location for original, provider-signed order.

7. Review and Update

- Conduct regular SO usage reviews.
- Ensure procedure is in place to review for SO validity; revise when updates are needed.
- Ensure, at a minimum, annual review and signature by ordering provider.

Key Takeaways

1. Agencies should have written policies and procedures describing how SOs are developed, approved and reviewed, as required by NC LHD Accreditation.
2. SOs **must** be reviewed, signed, and dated at least annually and revised when necessary.
3. While the NC BON does not require the LHD lead nurse to sign SOs, their involvement in developing, reviewing, and revising SOs is strongly recommended.
4. Include all necessary **parameters, elements and details** to implement the SO. Avoid redundancy and remove extraneous information such as coding and billing information, historical background, or citations that may complicate use.
5. Word SOs clearly and concisely to reduce confusion and potential for error.
    - When listing findings or criteria, specify whether ***any*** or **all** must be present to implement the SO.
    - When actions must occur in a specific sequence, list steps in the correct order and number them.
6. Write nursing actions in definitive terms, ensuring it is clear when nursing discretion is allowed.
    - **"Should"** indicates a recommended action; **"Shall"**, indicates a required action.
    - "**May"** and "**Can**" allow discretion; **"Must"** and "**Will**" indicate mandatory actions.

References

Legal Information Institute. (2025, April). *Shall.* In *Wex* (Legal Information Institute, Cornell Law School). https://www.law.cornell.edu/wex/shall

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