



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

MEMORANDUM

TO: NC Local Health Department Nursing and Medical Directors, Nursing Supervisors

FROM: Susan Haynes Little, DNP, RN, PHNA-BC, CPH, CPM, FAAN, Chief Public Health Nursing Officer (SL)

DATE: February 18, 2022

SUBJECT: Standing Orders for Nursing Practice in the Local Health Department Clinical Setting

This memo supersedes all Standing Order memos disseminated by previous DPH Chief Public Health Nursing Officers. This memo provides guidance and clarification on nursing practice under Standing Orders and includes consolidated and updated information from previous standing order memos.

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Standing Order Definition and Use

Standing orders are written instructions by a physician or Advanced Practice Provider (APP; Nurse Practitioner, Certified Nurse Midwife, Physician Assistant) in which registered nurses (RN), or licensed practical nurses (LPN) are able to provide routine medical interventions to a client under specific situations and parameters. The use of standing orders reduces the burden on providers, decreases delay of timely medical care, and improves access. Standing orders provide the framework for public health nurses (PHN/RN) and LPNs to assess and treat disease while practicing in local health department (LHD) clinical settings but may not allow for any nurse to function outside of their legal scope of practice.

Standing orders must be in date (valid, current, unexpired) and signed by an existing health department medical provider. Standing orders must include the required components as described in the North Carolina Board of Nursing (NCBON) [Standing Orders Position Statement for RN and LPN Practice](#).¹

¹ NCBON Standing Orders Position Statement <https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>

LHDs should have policies in place that allow for the use of standing orders and procedures that describe the process for standing order development, approval, review/revision, storing, and archiving. Nursing and medical providers must collaborate in writing/adopting standing orders to ensure that all NCBON required components are included. This allows nurses to carry out the order independently, just as they would carry out an individual order written at the time care is being provided. Required components of a standing order include:

1. Condition or situation in which the standing order will be used.
2. Assessment criteria.
3. Subjective findings.
4. Objective findings.
5. Plan of Care including:
 - a) Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present,
 - b) Nursing actions, and,
 - c) Follow-up or monitoring requirements
6. Criteria or circumstances for which the physician, nurse practitioner, certified nurse-midwife, or physician assistant is to be called.
7. Date written or last reviewed.
8. Signature of provider

Standing orders must be clearly written (straightforward), specific, concise, and complete. Standing orders must not require a PHN/RN or LPN to “make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone is “free” of illness,” as these are outside of nursing scope of practice.² The NCBON required components do not require LHD lead nurse to sign standing orders. However, it is best practice for the LHD lead nurse to be actively involved in the creation and periodic review of standing orders.

Standing orders are necessary for every clinical service delivered by nurses when medical treatment, prescription medications, immunizations, laboratory testing, or other medical interventions are indicated. If a medical intervention is carried out in multiple clinics (e.g., pregnancy tests, PPD), without any deviation in the parameters, steps, or specified situations under which the nurse may act, it is best practice to NOT write separate standing orders for each clinic.

When standing orders should not be used

Standing orders should not be used for testing and diagnosis to determine a course of treatment when the diagnosis requires individualized medical decision-making based on the patient’s symptoms and other contributing factors. Nurses cannot have a standing order that requires the nurse to choose from multiple options (discerning between multiple medical interventions to decide which would be best for a patient). For example, nurses should not perform the Rapid Influenza or Rapid Strep test for the purposes of diagnosis and treatment based on standing order because medical decision-making is required to determine appropriate medical interventions (based on the diagnostic test, symptomology, and determining if further testing is indicated). However, it is appropriate to have a standing order that the nurse would carry out through the testing stage, and then the patient would need to be transferred to a medical provider for diagnosis and treatment.

Prescriptions and Pharmacies

Local health department standing orders requiring medications as part of the medical interventions are created under the assumption that medication dispensing will happen immediately in-house or through a contract pharmacy.³ The following guidance describes when PHN/RNs may convey the medication

² NC Nursing Practice Act https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html

³ Personal communication (4-5-2017). Amanda Fuller Moore, DPH Pharmacist & Phyllis Rocco, DPH Chief Public Health Nurse.

needed for treatment to pharmacies as written in the standing order and is supported by the NC Medical Board and the NC Board of Pharmacy.

In-House and Contract Pharmacies

PHN/RNs may transmit medications from a standing order in writing or by phone call to an in-house or contract pharmacy.

Transcribed prescriptions: The only medications that can be transcribed to a printed or written prescription are those intended for the in-house or contract pharmacy and supported by a signed and in date standing order. The PHN/RN may act as the agent of the prescriber for purposes of transcribing a standing order for a prescription medication to a written prescription blank for dispensing by an in-house or contract pharmacy. The PHN/RN should include on the prescription the standing order prescriber's name and credentials, as well as the registered nurse's name and an indication "per standing order" (or similar).

Examples: Indira Anagani, MD /by Jean Lackte, RN / per standing order
 Luis Ochoa, FNP / by John Smith, RN / per standing order

Each transcribed prescription does not have to include a copy of the standing order, but public health departments are encouraged to provide their in-house and contract pharmacies with reference copies of standing orders to facilitate the prescribing and dispensing process.⁴

Called-in prescriptions: When a medication is called in to the in-house or contract pharmacy it must be supported by a signed and in date standing order. The pharmacy should have a copy of the standing order on file so that the order and accuracy of the called-in prescription can be confirmed.

Dispensing medications ordered via standing order: Only PHN/RNs may dispense medications and must complete the required DPH-provided Dispensing of Drugs by Public Health Registered Nurses⁵ before dispensing any medications for any reason. The list of medications PHN/RNs may dispense are found in 21 NCAC 46.2403 Drugs and Devices to be Dispensed.⁶

Outside Pharmacies

An outside pharmacy is a pharmacy that is not part of the health department operations and not connected to the health department by contract. Nurses may call in the medication needed for treatment, based on a signed and in date standing order, to any pharmacy if the health department's in-house and contract pharmacy do not have the medication or if the patient requests an alternate pharmacy. The NC Board of Pharmacy confirms nurses "calling in a prescription off of the standing order to an outside pharmacy are acting as the agent of the prescriber."⁷ In this case, the prescriber is the provider who signed the standing order. The LHD should have this action in their policies and procedures to ensure providers are aware of the practice as well as a reference if a pharmacist has a question. A standing order prescription should never be transcribed to a paper prescription for outside pharmacies.

E-Prescribing

PHN/RNs and LPNs are not authorized to e-prescribe.

⁴ Frequently Asked Questions for Pharmacists on Public Health Registered Nurses Transmitting Standing Orders (02112022)
http://www.ncbop.org/faqs/Pharmacist/faq_PublicHealthRNsStandingOrders.html

⁵ Dispensing of Drugs by Public Health Registered Nurses <https://publichealth.nc.gov/lhd/> → NC Public Health Pharmacy.

⁶ 21 NCAC 46.2403 Drugs and Devices To Be Dispensed <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2046%20-%20pharmacy/21%20ncac%2046%20.2403.pdf>

⁷ Personal communication (1/20/2022). Amanda Fuller Moore, DPH Pharmacist, and Jay Campbell, Executive Director, NC Board of Pharmacy

Nonprescription over the counter (OTC) medications, products, and non-prescriptive devices when patients are instructed to follow the directions on the package

It is within the legal scope of practice for a PHN/RN to recommend the use of OTC pharmaceutical products (including dietary supplements and herbal remedies) and non-prescriptive devices, consistent with established LHD policies and procedures and the client's overall health-related plan of care, to individuals and clients for an identified health-related need. The PHN/RN is accountable for having the knowledge to make safe nursing care decisions according to accepted standards and monitor those actions' outcomes.⁸

Note: The LPN does not possess the legal scope of practice to independently recommend the use of OTC medications, products, and non-prescriptive devices.⁹

Note: Dispensing and distribution of OTC medications and devices is outside of the scope of this memo.

For dispensing guidance, please refer to the current *Dispensing of Drugs by Public Health Registered Nurses Instructional Manual* found in NC Public Health Pharmacy: Nurse Dispensing (<https://publichealth.nc.gov/lhd/>).

For distribution guidance, please see the *Distribution of Over the Counter (OTCs) Meds by Registered Nurses (RNs)* memo 9/20/2017 by Phyllis Rocco, Chief Public Health Nurse (retired).

Note: OTC medications purchased under 340b pricing require the reason the medication is being recommended, dispensed, or distributed and the name of the medication documented in the patient's chart on the date of the visit.

Legal Basis for Nursing Carrying Out Standing Orders

Nurses may follow standing orders to carry out medical interventions under the direction of an authorized provider. The nurse who follows standing orders to carry out medical interventions is not engaging in medical practice. Nurses must implement standing orders as written while staying within their legal scope of practice. When following and carrying out standing orders, the nurse's scope of practice includes the nurse's ability to determine nursing care tasks that are appropriate to delegate to UAP based on client assessment and criteria established in the NCBON Decision Tree for Delegation to UAP^{10 11}.

The authority for nurses to act upon standing orders in North Carolina is derived from the Nurse Practice Act, G. S. 90-171.20

(7) The "practice of nursing by a registered nurse" (f) *Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen;* and

(8) The "practice of nursing by a licensed practical nurse" (c) *Participating in implementing the health care plan developed by the registered nurse and/or prescribed by any person authorized by State law to prescribe such a plan, by performing tasks assigned or delegated by and performed under the supervision or under orders or directions of a registered nurse, physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.*

⁸ NCBON Over-The-Counter Medications and Non-Prescriptive Devices Position Statement for RN practice. <https://www.ncbon.com/vdownloads/position-statements-decision-trees/over-the-counter-med-and-non-prescriptive-devices-role-of-rn.pdf>

⁹ *ibid.*

¹⁰ Decision Tree for Delegation to UAP <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf> ;

¹¹ Little, SH (12/02/2021). *Memorandum: Public Health Nurses, Unlicensed Assistive Personnel, and NC local health department settings.* Emailed to LHD Nursing Directors and Supervisors, Health and Medical Directors Dec. 2, 2021.

An agency/employer may restrict the nurse's practice but never expand the practice beyond the legal scope¹². When an LPN is added to a standing order, the standing order may not expand the LPN scope of practice; the LPN Scope of Practice remains limited and focused because, by law, it is a dependent and directed scope of practice¹³. Therefore, the LPNs may not carry out any nursing functions independently in the LHD setting. LPN practice requires assignment or delegation by and performance under the supervision, orders, or directions of a PHN/RN.

It is within the legal scope of practice for a nurse to determine if a finding is normal vs. abnormal. However, in the absence of objective data (such as a lab result), discrimination between abnormal findings is beyond the scope of practice for a nurse. Standing orders may not call for the nurse to make any medical decision or judgment. 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.

DPH Support

DPH routinely provides sample standing orders for LHD use, developed and provided by the DPH Program nursing staff in collaboration with Public Health Nursing and Professional Development Unit (PHNPDU) nurse consultants and DPH medical providers. The agency may adopt the sample standing orders "as is," or adapt them as written for local use per agency policy and with the approval of an agency medical provider. Nursing and medical providers must collaborate to ensure all NC BON required components are included in each standing order.

Standing orders are occasionally used in non-clinic environments. Standing orders may also call for non-nurses to provide routine medical interventions to a client under specific situations (e.g., the PREP Act and certain Emergency Orders in NC allowed for non-licensed individuals to carry out specific COVID19-related medical interventions). For general questions related to the architecture and components of standing orders, or for technical assistance and consultation on the development and use of standing orders, please contact your [Local Technical Assistance and Training Branch Public Health Nursing and Professional Development Unit \(LTATB/PHNPDU\) nurse consultant](#). You may also find helpful information in the NC PHN Manual section on Standing Orders located [here](#).

This memo remains valid until replaced.

¹² NCBON Frequently Asked Questions: Nursing Practice <https://www.ncbon.com/news-publications-statistics-frequently-asked-questions-nursing-practice>

¹³ LPN Scope OF Practice – Clarification: Position Statement for LPN Practice <https://www.ncbon.com/vdownloads/position-statements-decision-trees/lpn-position-statement.pdf>