**Sample Standing Order (SO) for Initiation of Folic Acid Supplementation****in *Any County* Health Department**

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| **SO for Initiation of Folic Acid Supplementation** | |
| **Condition or Situation in Which the SO Will Be Used** | This Standing Order is to initiate daily 4 mg folic acid supplementation for women who report having a history of fetal neural defect in a previous pregnancy. This includes those women who are planning pregnancy, are capable of becoming pregnant, or those who are currently pregnant at estimated gestation <14 weeks. This order may be implemented by any Registered Nurse who has been trained and demonstrated competency in dispensing drugs and initiating folic acid supplementation for the prevention of neural tube defects. |
| **Assessment Criteria** | |
| **Assessment Criteria** | Assess the following:   * Client’s menstrual status; * Client’s pregnancy status; * Client’s history of having been pregnant with a child with a neural tube defect. Neural tube defects include anencephaly, encephalocele, and/or spina bifida. |
| **Subjective** | * Client reports she is planning a pregnancy, OR * Client reports she has regular menstrual periods and is sexually active, OR * Client reports she is pregnant or thinks she may be pregnant with an estimated gestational age of <14 weeks,   **In addition to one of the above criteria:**   * Client reports she has previously been pregnant with a child with a neural tube defect. |
| **Objective** | * Client has a negative pregnancy test result, OR * Client has a positive pregnancy test result and, based on last menstrual period, is at less than 14 weeks gestation. |
| **Nursing Plan of Care** | |
| **Contraindications for Use of this Order** | Do not implement this standing order if the client is nulliparous or if none of the client’s previous children have been born with a neural tube defect. |
| **Medical Treatment** | Initiate supplementation with 4 mg Folic Acid by mouth daily for one month. |
| **Nursing Actions** | * Educate the client about the risks and benefits of folic acid supplementation. Early (prior to pregnancy and through the first trimester) supplementation with folic acid can reduce the incidence of neural tube defects in infants. Folic acid supplementation may mask Vitamin B12 deficiency. * Dispense a one-month supply of 4 mg Folic Acid to the client. Document client assessment and implementation of this SO in the client’s Electronic Health Record in accordance with agency policy/procedure/protocol. |
| **Follow-up** | * Schedule the client for an appointment with a provider to discuss future folic acid supplementation within one month. |
| **Criteria for Notifying the MD/APP** | * Consult with the medical provider if the client’s estimated date of delivery indicates the client is greater than 14 weeks gestation. * Consult with the medical provider if there is any question about the implementation of this Standing Order. |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_

Local Health Department Medical Director

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Agency policy must state how SOs are written, reviewed, and/or revised. SOs must be reviewed and signed at least annually. Medical Directors must sign and date SOs initially and review SOs (and revise, if needed) at least annually. Other providers (e.g., physicians, APP) may sign and date SOs in addition to the Medical Director based on agency policy.*

**Legal Authority:**

Nursing Practice Act, N.C. General Statutes 90-171.20. (7) f. h. & (8) c .e. f.

Include any other legal citation that support the nurse in carrying out the SO (i.e. relevant NCAC or General statutes.)