**Sample Standing Order (SO) for Low Dose Aspiring Therapy****in *Any County* Health Department**

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| **SO for Low Dose Aspirin Therapy** | |
| **Condition or Situation in Which the SO Will Be Used** | This Standing Order to initiate daily, low-dose (81 mg) aspirin therapy between 12- and 28- weeks’ gestation in prenatal clients who are at high risk of pre-eclampsia may be implemented by any Registered Nurse who has been trained and demonstrated competency in dispensing drugs and initiating daily low-dose aspiring therapy for the prevention of pre-eclampsia. |
| **Assessment Criteria** | |
| **Assessment Criteria** | Assess the following:   * Client’s pregnancy status and weeks’ gestation; * Client’s obstetrical history; * Client’s personal history of preeclampsia or gestational hypertension with a previous pregnancy; * Client’s personal history of hypertension outside of pregnancy; * Client’s personal history of Type 1 or Type 2 diabetes; * Client’s personal history of kidney disease; * Client’s personal history of systemic lupus erythematosus or antiphospholipid syndrome; * Client’s personal history of allergy to aspirin or hypersensitivity to non-steroidal anti-inflammatory drugs; * Client’s personal history of nasal polyps; * Client’s personal history of asthma with aspirin-induced acute bronchospasm; * Client’s personal history of gastrointestinal or genitourinary bleeding; * Client’s personal history of active peptic ulcer disease; * Client’s personal history of hepatic disease. |
| **Subjective** | * Client presents for prenatal care; **AND** * Client reports **one or more** of the following:   + Current multi-fetal gestation (verified by ultrasonography) OR   + History of preeclampsia or gestational hypertension with a previous pregnancy, OR   + History of hypertension outside of pregnancy, OR   + History of Pregestational Type 1 or Type 2 diabetes, OR   + History of kidney disease, OR   + History of systemic lupus erythematosus or antiphospholipid syndrome; **AND** * Client denies **all** of the following:   + History of allergy to aspirin (e.g., urticaria) or other salicylates, AND   + History of hypersensitivity to NSAIDs   + History of nasal polyps, AND   + History of asthma with aspirin-induced acute bronchospasm, AND   + History of other gastrointestinal or non-obstetrical genitourinary bleeding, AND   + History of active peptic ulcer disease, AND   + History of hepatic disease. |
| **Objective** | * Client has a positive pregnancy test result or pregnancy confirmed by ultrasonography; **AND** * Client’s estimated date of delivery as calculated by last menstrual period or ultrasonography indicates a gestational age between 12 and 28 weeks. |
| **Nursing Plan of Care** | |
| **Contraindications for Use of this Order** | Do not implement this standing order if the client is less than 12 weeks gestation or greater than 28 weeks gestation. Do not implement this standing order if client reports an allergy to aspirin or hypersensitivity to NSAIDs or a history of nasal polyps, asthma with aspirin-induced acute bronchospasm, gastrointestinal or genitourinary bleeding, active peptic ulcer disease, or hepatic disease. |
| **Medical Treatment** | Initiate low-dose aspirin therapy, one 81 mg tablet every day by mouth for three months. |
| **Nursing Actions** | * Educate the client about the risk of pre-eclampsia. Pre-eclampsia is a condition in pregnancy characterized by high blood pressure, sometimes with fluid retention and proteinuria, which can cause adverse maternal and fetal outcomes. * Educate the client about the potential benefits of low-dose aspirin therapy. Low-dose (81 mg) aspirin, taken daily after the first trimester of pregnancy through delivery, has been demonstrated to prevent or delay the onset of pre-eclampsia in women at high risk. * Educate the client about the potential risks of low-dose aspiring therapy. Studies of low-dose aspirin therapy for the prevention of pre-eclampsia have demonstrated no increased risk for bleeding complications during delivery or pregnancy, placental abruption, congenital abnormalities, neonatal pulmonary hypertension, nor other neonatal bleeding complications. * Advise the client to call the clinic if she experiences any signs or symptoms such as headaches; blurry vision or light sensitivity; dark spots in her vision; right side abdominal pain; swelling in her hands and face (edema); or shortness of breath. * Dispense a 3-month supply of low-dose (81 mg) aspirin according to agency policy or advise the client where she can obtain low-dose (81 mg) aspirin. * Document client assessment and implementation of this standing order in the client’s Electronic Health Record in accordance with agency policy/procedure/protocol. * Document on client problem list that client is at high-risk for preeclampsia. |
| **Follow-up** | * *Schedule* the client’s next prenatal clinic visit (s), including initial prenatal visit with provider, according to agency policy. * *Notify* the prenatal provider that the client is at high-risk for preeclampsia and was a candidate for low-dose (81mg) aspirin. |
| **Criteria for Notifying the MD/APP** | The nurse will consult 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.)