Standing Orders

Purpose

To ensure all Standing Orders within CDHB comply with the Medicines Regulations (Standing Orders Regulations) 2002 and CDHB policy and to ensure that specified staff can administer medicines safely and correctly.

Definitions

A Standing Order: is a written instruction issued by a medical practitioner, dentist, midwife, nurse practitioner or optometrist in accordance with the regulations. It authorises specified person or class of people to supply and/or administer specified medicines and some controlled drugs, to any patient, in circumstances specified in the instructions, without a prescription.

Applicability

Standing Orders should only be used where there is no ability to prescribe/chart legally in advance of administration of a medicine to a patient.

Administrators of a standing order

As defined by the scope of each standing order. Standing Orders do not require staff to supply or administer medicines. They permit or empower specified staff who have the competency and training to do so.

Personnel authorised to issue a Standing Order

Medical Practitioner, Dentist, Midwife, prescribing Nurse Practitioner or prescribing Optometrist

Please note: At the CDHB the issuer is the Clinical Director or Chief of Service

Medicines

The following medicines can be administered, supplied and provided in accordance with a Standing Order:

- Non-prescription medicines (by CDHB policy).
- Pharmacy-only medicines.
- Pharmacist-only medicines.
- Prescription medicines (excludes maintenance IV fluids).
- Recorded medicines.
- Some controlled drugs (excludes thalidomide, methylphenidate).

Please note: Section 29 (unregistered medicines) cannot be administered or supplied under a standing order. CDHB policy further requires that non-prescription medicines are subject to the same requirements.

A Standing Order is not the same as a Verbal Order.

Policy

The Standing Order must include:

- The class of persons permitted to supply or administer under the standing order
• The medicines (by generic name rather than the brand name) to which the Standing Order applies.
• The indications for which the medication is to be administered.
• The recommended dose or dose range for those indications.
• The contra-indications/exceptions for the medicines.
• The validated reference charts, associated decision tools or procedure/policy for calculation of dose and other decision processes (if required).
• The method of administration.
• Documentation for/or limitations.
• The period for which the Standing Order applies. If not appropriate to state a period, then the Standing Order must state either that:
  – It is to apply until replaced by a new Standing Order covering the same subject matter, or
  – Until it is cancelled in writing by the issuer.
• The time period within which the record must be countersigned by the issuer (or other delegated authority).

The generic template is available on the Intranet Standing Order Template ref: 2405609

All staff potentially affected by amendments or deletions are identified by the issuer and consulted on the changes. A copy of the Standing Order with changes is made available to all people as mentioned above. Issued Standing Orders are provided to:

• Every person permitted to supply or administer the medicine under the Standing Order.
• Any affected practitioner who is not the issuer.
• Any person affected by the Standing Order.
• The Director General of Health on request.
• Any member of the public on request.

The authorised Standing Order may be accessed from within an electronic medication administration system (such as Medchart), or a hyperlink to the electronic Document Management System (eDMS) controlled document on departmental pages for printing as needed.

Reviewed and updated Standing Orders are circulated as per document control policy.

Any adverse events that occur are monitored through the incident reporting system.

Roles and Responsibilities

Issuer

The issuer retains overall responsibility to:

Ensure the legislative requirements for the standing order are met
Ensure that anyone operating under the standing order has the appropriate training and competency to fulfil the role
Countersign, audit and review the standing order.
The standing order must be countersigned by the issuer or other authority delegated by the issuer within 72 hours, or as approved by the Chief Medical Officer and indicated on the individual standing order. Standing Orders are reviewed at least annually by the issuer.

A Standing Order can be adjusted only by the issuer. If the original issuer leaves, a new Standing Order is required.

**Personal authorised to supply or administer under a Standing Order**
- Registered Nurse (with current IV endorsement if standing order is for IV administration)
- Registered Midwife
- Registered Physiotherapist
- Registered Pharmacist
- Registered Speech Language Therapist

Staff who administer or supply a medicine under a Standing Order must record or chart the assessment and treatment of the patient.

Record any adverse events in the incident reporting system should they occur.
Standing Order Flowchart

Need for Standing Order for specific medication related to a clinical area/cluster identified

Standing Order template ref: 2405609 completed by Issuer and sent via email to Pharmacy at StandingOrders@cdhb.health.nz.
Names of document reviewers to be included in email

The unsigned completed template reviewed by pharmacy, loaded onto eDMS, review process started.
Feedback collated, standing order updated, final version printed as high resolution PDF.
Hard copy sent to issuer for signing and dating, then returned to pharmacy.
Signed and dated version loaded into eDMS, publishing process completed by Pharmacy Professional Lead as authoriser on behalf of Medicines and Therapeutics Committee.

The completed, authorised Standing Order hyperlink is saved on departmental SharePoint team page as appropriate to area, and is available on Pharmacy intranet page for printing.

Patient is identified by nursing staff as meeting Standing Order criteria

Patient details are completed on the Standing Order form.
Nursing assessment is completed on the Standing Order form.
Nurse documents Standing Order medication given.

Standing Order must be countersigned by Issuer or delegated Medical Officer within 72 hours of administration, or as indicated on the individual standing order.

The completed Standing Order form is filled in the patient’s Clinical Record in front of the Drug Treatment Sheet QMR0004.
Example of Standing Order Form

Standing Order: Glyceryl Trinitrate 400mcg/puff oral spray for angina-type chest pain in Cardiology

Scope: Registered Nurses, Cardiology

Issued By: Dr Mia Heart, Clinical director, Cardiology

Issuer's Signature: [Signature]

Issue Date: 01/01/2020

This standing order is to apply:
- until replaced by an order covering the same name
- until the issuer leaves
- until its annual review

Medication/Treatment: Glyceryl Trinitrate 400mcg/puff oral spray

Amount: 400 mcg to 800 mcg

Route: Sublingual onto oral mucosa

Indications: Angina-type chest pain

Exceptions: Acute myocardial infarction, severe ischaemic heart disease, breastfeeding

Nurses Documentation of Assessment/Treatment/monitoring/Follow-up

Date | Time | Dose | Route | Batch No. | Nurse Signature & Designation | Nurse Signature & Designation
--- | --- | --- | --- | --- | --- | ---

Countersigned by: [Issuer or delegated Medical Officer]

Date (dd/mm/yyyy)

Name in Capitals: [Signature]
Policy measurement

- Measurement of out of date standing orders by professional lead pharmacist reported to Medicines and Therapeutics Committee

Supporting material

Controlled documents

- Standing Order template 2406591 (copy included in document)

References

- Medicines (Standing Order) Amendment Regulations 2016
- Medicines (Standing Order) Regulations 2002.
- Medicines Act 1981
- Medicines Amendment Act 2013
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