

Standing Orders

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Policy

The Standing Order must include:

- 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 for calculation of dose (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).

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A generic template is available on the Intranet (Forms/(S)Standing Order Form) for issuers to use in developing Standing Orders. Refer to Standing Order Procedure.

Staff who administer or supply a medicine under a Standing Order must record or chart the assessment and treatment of the patient. This must be countersigned by the issuer or other delegated authority within 72 hours.

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

Standing Orders are reviewed at least annually by the issuer.

All staff potentially affected by amendments or deletions are identified and consulted on the changes.

A copy of the Standing Order with changes is then made available to all people as mentioned above. The authorised Standing Order is saved as an icon on the desktop of computers in related areas, enabling the form to be printed as required. Alternatively, the Standing Order may be accessed from within an electronic medication administration system (such as Medchart), by hyperlink to a controlled document repository.

Reviewed and updated Standing Orders are circulated as per document control policy. One copy must be kept in the area's Location Manual.

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

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 or dentist in accordance with the regulations. It authorises designated personnel to supply and administer any description of prescription medicines, pharmacy only medicine, restricted medicine or controlled drug, to any patient, in circumstances specified in the instructions, without a prescription. CDHB policy further requires that non-prescription medicines are subject to the same requirements.

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Standing Orders do **not require** staff to supply or administer medicines. They permit or empower designated staff to do so.

Staff potentially affected by the Standing Order are identified in the development of the Standing Order.

The **Issuer** of the Standing Order is defined as, *The Medical Officer who develops and authorises the original Standing Order*. In most instances, this will be the Clinical Director of the Unit/Service/Department.

Standing Orders are developed with the staff or representatives of those staff that will be expected to action the Standing Order.

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

- Non-prescription medicines (by CDHB policy)
- Pharmacy Only medicines
- Restricted Medicines
- Prescription medicines (excludes maintenance IV fluids)
- Controlled drugs (excludes thalidomide, methylphenidate)

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

Roles and responsibilities

Personnel authorised to give a Standing Order

Registered Medical Officer or Dentist.

Personnel authorised to action a Standing Order

- Registered Nurse

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- Registered Midwife
- Registered Nurse with current IV Certification (if Standing Order is IV)
- Individual Medical Practitioners in practice
- Registered Physiotherapist
- Registered Pharmacist

Associated documents

- Medicines (Standing Order) Regulations 2002
- Medicines Amendment Regulations 2004
- Ministry of Health: *Guidelines for the Development and Operation of Standing Orders*. (November 2002)
- Misuse of Drugs Act 1975
- Standing Order form C000827

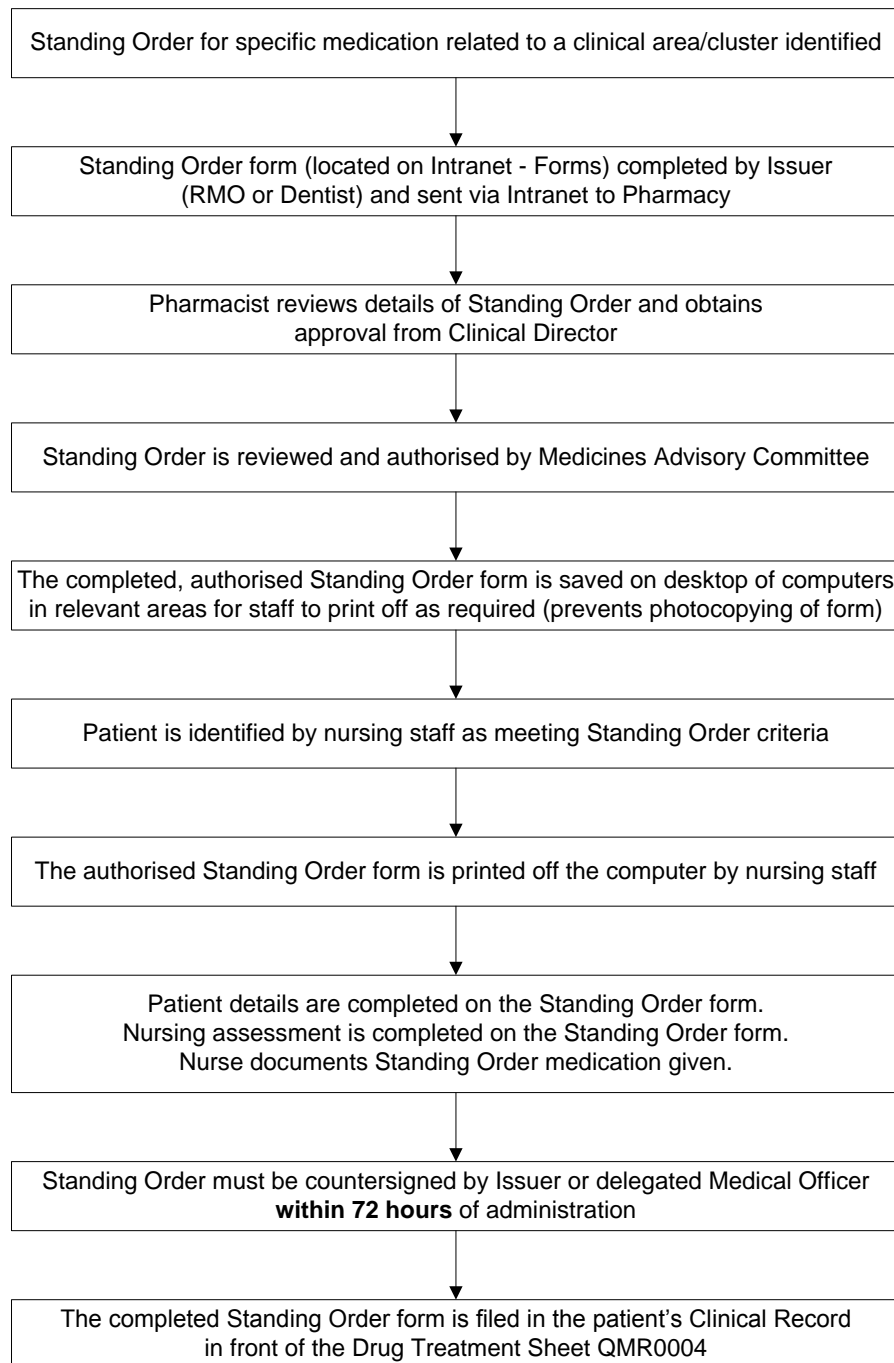
Procedure Owner	Medicines Advisory Committee
Procedure Authoriser	Clinical Board
Date of Authorisation	December 2009

Standing Order Procedure

Note that 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.

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Example of Standing Order Form

<p>Canterbury District Health Board Te Poari Hauora o Waitaha</p>	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <p><i>Patient Label</i></p>	<p>S T A N D I N G O R D E R C 0 0 0 8 2 7</p>																							
<p>Standing Order <u><i>Glyceryl trinitrate</i></u></p>																									
<p>Scope (<i>clinical area and practitioner class applicable</i>) <u><i>For use in the Department of Cardiology</i></u></p>																									
<p>Issued By <u><i>Dr M.I. Heart, Clinical Director</i></u> <i>(Name and Designation)</i></p>																									
<p>Issuer's Signature <u><i>MI Heart</i></u> <u><i>13 January 2005</i></u> <i>(Signature)</i> <i>(Issue Date)</i></p>																									
<p>This standing order is to apply:</p> <ul style="list-style-type: none"> • until replaced by an order covering the same name • until the issuer leaves • until it's annual review 																									
<p>Medication/Treatment <u><i>Glyceryl Trinitrate Spray</i></u></p>																									
<p>Amount <u><i>i – ii dose sprays</i></u></p>																									
<p>Route <u><i>Sublingual (onto oral mucosa)</i></u></p>																									
<p>Indications <u><i>Angina-type chest pain</i></u></p>																									
<p>Exceptions <u><i>Acute MI, severe ischaemic heart disease, breastfeeding</i></u></p>																									
<p>Nurses Documentation of Assessment/Treatment/Monitoring/Follow-up</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 10%;">Date</th> <th style="width: 10%;">Time</th> <th style="width: 10%;">Dose</th> <th style="width: 10%;">Route</th> <th style="width: 30%;">Nurse Signature & Designation</th> <th style="width: 30%;">Nurse Signature & Designation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Time	Dose	Route	Nurse Signature & Designation	Nurse Signature & Designation																		
Date	Time	Dose	Route	Nurse Signature & Designation	Nurse Signature & Designation																				
<p>Countersigned by _____ _____ <i>(Within 72 hours)</i> <i>(Issuer or delegated Medical Officer)</i> <i>(Date)</i></p>																									
<p>Name in Capitals _____</p>																									
<p>Ref 0827 Authorised by: Medicines Advisory Committee/Clinical Board 29 March 2006</p>																									

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