Standing Orders

Contents

Purpose

To ensure all Standing Orders within Te Whatu Ora Health New Zealand Waitaha Canterbury (Waitaha) comply with the Medicines Regulations (Standing Orders Regulations) 2002 and Waitaha 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 a 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.

Use a Standing Order will refer to the supply or administration of medicine to a Standing Order instruction.

Applicability

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

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 Waitaha 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:

- General sale medicines
- Pharmacy-only medicines.
- Pharmacist-only medicines.
- Prescription medicines *(excludes maintenance IV fluids).*
- Recorded medicines.
- Some controlled drugs *(excludes thalidomide, methylphenidate).*

Please note: Waitaha policy requires that all medicines, including General Sale medicines, are subject to the same requirements as other medicines. Section 29 (unregistered or unapproved medicines) cannot be administered or supplied under a Standing Order.

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 and the level of competency and training of competent persons
- 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, and quantity to supply.
- 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.
- Clinical documentation to be recorded.
- 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) or auditing method if applicable.

The generic template is available on the Intranet Electronic Document Management System (eDMS) *Standing Order Template ref: 2405609*

Authorised Standing Orders are made available via the eDMS 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 also be accessed from within an Electronic Prescribing and Administration system (ePA), e.g. MedChart, or a hyperlink to the eDMS controlled document on departmental pages for printing as needed.

Standing Orders are reviewed and approved within the eDMS, and all staff potentially affected by amendments or deletions are identified by the issuer and informed of the changes.

Any adverse events that occur through administration or supply of medicine on standing order are reported to the issuer and recorded in the electronic incident reporting system (Safety 1st) and Centre for Adverse Reaction Monitoring (CARM) as relevant.

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, and will maintain a register of trained personnel, and annual competency review of staff.

- ensure that anyone operating under the Standing Order is informed of changes to a Standing Order.
- countersign or audit and review the Standing Order.

The issuer (or another medical officer with delegated authority by the issuer) must countersign the Standing Order preferably within 72 hours of use or prior to the patient's discharge from hospital, whichever comes earlier. Other periods of countersigning may be required (up to 30 days) to meet the service needs. The period of countersigning is indicated in the individual Standing Order instructions. Blue or black pen is to be used for countersigning unless using an ePA system.

The issuer must audit Standing Orders where countersigning is not possible, such as in ePA systems where the patient discharge process closes off the opportunity to countersign. In these cases, instructions for audit are included in the individual Standing Order and are signed off as complete by the issuer each month. Auditing requirements must be compliant with the requirements in the Ministry of Health (MoH) Standing Order Guidelines, with audit documentation retained by the issuer for later inspection as required by regulations.

The issuer (and departmental manager as applicable) must address any issues found during the countersigning or audit process with the individual using the Standing Order, and document in the Safety 1st system. The issuer will review and amend any part of the Standing Order as a result of issues found, including the appropriateness of continuing with the Standing Order.

The issuer must prepare an annual report of the Standing Order audits and present these to the Chief Pharmacist (standingorders@cdhb.health.nz) for reporting to the MTC at each July meeting. The report will include the total number of times each Standing Order is used, the number audited and non-compliance or issues.

The issuer must review each Standing Order, via the eDMS, at least annually and notify any changes to the Chief Pharmacist (standingorders@cdhb.health.nz) for reporting at the next MTC meeting. The document is considered approved once the issuer has signed and dated the hard copy and it is uploaded in the eDMS.

If the original issuer leaves, a new Standing Order is required.

Personnel authorised to supply or administer under a Standing Order *(within professional scope)*

The user of a Standing Order must be engaged in the delivery of a health service, and could include *(list not exhaustive):*

- Registered Nurse *(with current IV endorsement if Standing Order is for IV administration)*
- Registered Midwife
- Registered Physiotherapist
- Registered Pharmacist

Staff who administer or supply a medicine under a Standing Order must:

- be trained in the use of Standing Orders by understanding this policy and the MOH Standing Order Guidelines
- complete the HealthLearn package "Introduction to Standing Orders" and any additional training as indicated in the individual Standing Order
- keep updated with any changes to Standing Orders
- record or chart the assessment, treatment, monitoring, medicine details, follow up of the patient
- report any adverse events, should they occur, to the issuer and document in the Safety 1st system and to CARM.

Staff using the Standing Order must follow all documentation requirements as indicated on each Standing Order. Medicines administered or supplied are to be documented on the medication chart in use, an example of a National Medication Chart entry is below:

Personnel using Standing Orders must complete the administration section as well as the appropriate sample signatures or initials section of the medication chart.

Where there is no medication chart in use, the signing sheet at the back of the Standing Order template may be used or an alternative administration record as detailed in the Standing Order. All Standing Order documentation must be retained with the rest of the clinical patient notes as part of the patient's health record.

Chief Pharmacist

The Chief Pharmacist will:

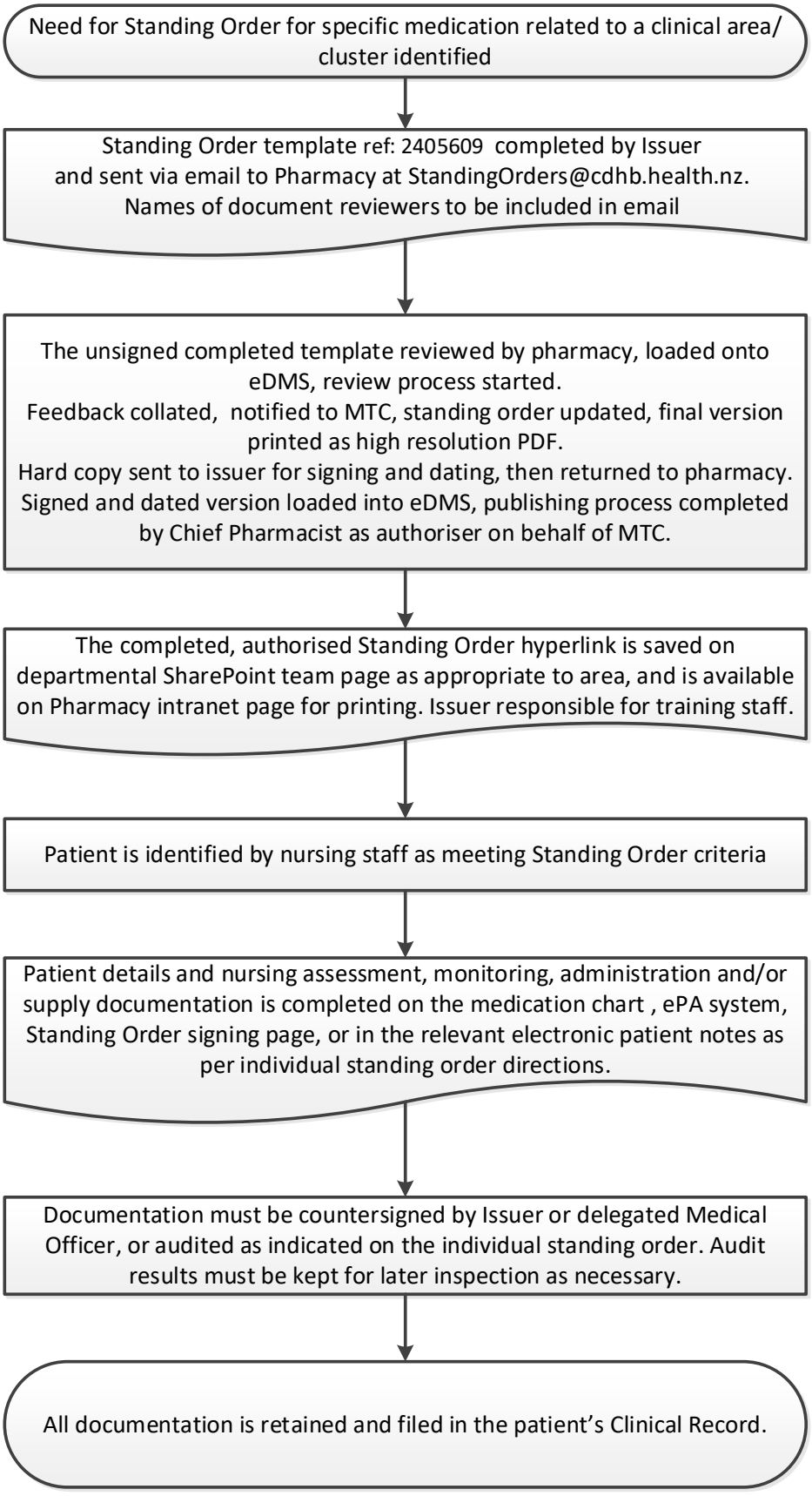
- assist in the initial set up and review of Standing Orders
- be the named authoriser on eDMS on behalf of the MTC
- present all new or amended Standing Orders to the MTC for review
- be responsible for maintaining a register of Standing Orders at Te Whatu Ora Waitaha
- present the annual Standing Order reports to the MTC each July.

Medicines and Therapeutics Committee

The MTC will:

- approve new and amended Standing Orders
- provide advice on issues which arise as a result of using Standing Orders

Standing Order Flowchart



Example of Standing Order Form and Signing Page

Medicine Standing Order Title	**Paracetamol for Pain or Fever in Adults**
Rationale	To enable approved nurses to administer paracetamol to patients presenting to XXX Department in a timely manner where access to a prescriber will cause delay to appropriate treatment
Organisation/clinic	XXX Department, Christchurch Hospital
Scope (the condition and patient group)	Adults 18 years or older with pain and/or fever
Medicine/s	**Paracetamol 500 mg tablets**
Dosage instructions for each medicine	1 gram **once only**, at least four hours after previous doses. (Consideration given for previous doses to ensure no more than a maximum of 4 gram taken in any 24-hour period)
Route of administration	Oral
Indication/ circumstances for activating the Standing Order	Patients presenting with acute mild to moderate pain
Precautions and exclusions that apply to this Standing Order	**Exclusions:** Patient < 50 kg; Age < 18 years Severe pain (refer to medical practitioner) Known liver failure or cirrhosis, alcoholism Known hypersensitivity/allergy to paracetamol or any of the formulation's constituents Concomitant medication: • Not to be taken with other paracetamol containing products taken within previous 4 hours, or if 4 grams consumed already in last 24 hours. • Check interaction alerts using New Zealand Formulary online. If no interactions, proceed with supply under Standing Order. • If interactions exist, discuss with issuer prior to proceeding with supply under this Standing Order. Document outcome of discussion in Standing Order notes below.
Persons authorised to administer the Standing Order	Registered Nurses working in the XXX Department, who have completed the required training, are on the training log and are deemed competent by the issuer to administer to this Standing Order.

Competency/training requirements for the person(s) authorised to administer	Prior to supplying paracetamol under this Standing Order, the registered nurse is required to have completed the HealthLearn packages: • Standing Order: Introduction CASO001 • Standing Order: Paracetamol CASO002 and have read and understood the Te Whatu Ora Waitaha Standing Order Policy and the assessment and documentation requirements of this Standing Order. A record of this training will be maintained by the issuer and each person administering under the Standing Order and retained. The competency of each person will be reviewed annually by the issuer and training and signature log updated.
Countersigning and audit	This Standing Order will be countersigned within 72 hours using signing page at end of document. The Standing Orders to be signed will kept in the filing drawer for this purpose and will be flagged to the issuer by the Charge Nurse manager each day. The signed page will be filed in the patient's clinical notes.
Definition of terms used in Standing Order	NIL
Additional information	
Warnings and Patient Advice	Patient to be advised of the following: • Paracetamol being administered as first line for pain and/or fever • Avoid other paracetamol containing products at the same time or for 4 hours after taking.
Follow up treatment	Contact medical practitioner if pain not controlled after one dose.

Signed by issuer:

Name:	Dr Pain Relief	Date:	
Title:	Clinical Director, XXX Department		

Example: Standing Order Nursing Assessment and Signing Page

Print this page and complete if there is no medication chart in use or as indicated in the individual Standing Order. Retain in Patient's Health Record. This form must be used in conjunction with the full Standing Order.

Organisation/clinic	XXX Department, Christchurch Hospital
Scope (the condition and patient group)	Adults 18 years or older with pain and/or fever
Medicine/s and instructions	**Paracetamol 500 mg tablets** Paracetamol 1 gram **once only**, at least four hours after previous doses. (Consideration given for previous doses to ensure no more than a maximum of 4 gram taken in any 24-hour period)

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

Date	Time	Dose & Quantity	Route	Batch No. & Expiry	Name, signature & designation or person administering Standing Order	Name, signature & designation of independent checker

Countersigned by _____ _____

(Issuer or delegated Medical Officer) *Date (dd/mm/ivy)*

Name in Capitals _____

Policy measurement

- Measurement of out of date Standing Orders by Chief Pharmacist, Pharmacy reported to MTC
- Audit reports presented to MTC
- Safety 1st incident reporting

Supporting material

Controlled Documents

- Te Whatu Ora Waitaha Standing Order template *Ref: 2406591*
- Te Whatu Ora Waitaha Roles and Responsibilities Policy *Ref: 2401678*

Supporting Document

- Health Learn Standing Order Training Packages

References

- Medicines (Standing Order) Amendment Regulations 2016
- Medicines (Standing Order) Regulations 2002.
- Ministry of Health: Standing Order Guidelines, 2nd edition (August 2016).
- Medicines Act 1981
- Medicines Amendment Act 2013
- Misuse of Drugs Act 1975