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MEMORANDUM

TO: PHN Directors, Supervisors and Consultants

FROM: Joy F. Reed, EdD, RN
Head, Public Health Nursing & Professional Development Unit

DATE: February 12, 2013

SUBJECT: Standing Orders

From the many calls, questions and concerns I am hearing, it is clear that it is once again time to do a memo clarifying Standing Orders and how they may be legally and appropriately used for public health nursing practice. The information in the memo on this subject dated January 8, 2007 needs to be updated and/or repeated. In addition, during 2006 we were asked to meet with the NC Board of Medicine around the issue of PHNs exceeding their legal scope of practice when functioning as Enhanced Role RNs, and although we were successful in resolving their concerns, the appropriate use of Standing Orders was a part of what was addressed.

The first rule for an appropriate Standing Order is that it must not require any medical judgment on the part of the Registered Nurse; the action to be taken must be clear and based on objective, verifiable findings [e.g., if hemoglobin is below __, provide (or give prescription for) __.] Standing orders developed and provided by the DPH Program staff and included in Program Manuals may be adopted "as is" by the local agency with approval of the agency's medical director and then included or referenced in the agency's policy manual. Activities such as treatment for sexually transmitted diseases, TB, lice, ringworm, and anemia; provision of family planning methods; administration of immunizations; and provision of emergency treatment for anaphylaxis all lend themselves to Standing Orders. It is also appropriate to use Standing Orders to allow the PHN to order a standard set of lab tests for all patients of a specific type (e.g., all new Maternity clients, all FP clients coming in for an annual visit, any child or any child of a specific age range presenting for a Health Check visit, or even anyone presenting with a discharge who should get a specific set of STD screening tests.)

Areas where there could be a problem with Standing Orders are those involving a medical decision by the PHN. That decision can be as simple as a choice of drugs to administer (e.g., "if test is positive, provide either __ or __) or as complex as looking in a child's ear and determining whether the child has otitis media. What the PHN

(or any RN) may do within the legal scope of practice is to determine if a finding is ***normal vs. abnormal. Discrimination between abnormal findings, in the absence of objective data (such as a lab result), is beyond the scope of practice for a registered nurse.***

Several examples might help to clarify this. It would be very difficult for the PHN to listen to breath sounds and determine that they are abnormal without needing to further discriminate between the various abnormal sounds in order to treat. Because standards of care would make it very rare for *any and all* abnormal breath sounds to result in the same treatment, the PHN would not be able to treat the causative agent for abnormal breath sounds under a Standing Order because there is no objective test for discriminating between the various abnormal breath sounds. Likewise, if a PHN must discriminate between "strep," "thrush, " or other lesions or determine that two or more of these co-exist when looking at the "white patches" in a child's mouth in order to determine which Standing Order to follow or which treatment to provide, that is beyond the legal scope for a RN. Finally, if all clients with a discharge are to get the same set of lab tests, then the PHN can be allowed to order those based on a Standing Order. **However,** if distinctions must be made on a case by case basis (unless based on an objective finding such as when one positive lab result leads to the ordering of an additional test) as to which tests should be ordered then it beyond the legal scope of the RN.

There also seems to be some confusion related to over the counter medications (OTC) and the need for a standing order. The BON has ruled that "consistent with G.S. 90-171.20 (7) and 21 NCAC 36.0224, the Registered Nurse may recommend the use of an over-the-counter (OTC) pharmaceutical product (including dietary supplements and herbal remedies) or non-prescriptive device for an identified health-related need of a client as part of her/his nursing practice. The Registered Nurse who makes such a recommendation is held accountable for having the knowledge to make such nursing care decisions safely and to monitor the outcomes of her/his actions. The practice of recommending over-the-counter pharmaceutical products and non-prescriptive devices must also be consistent with the established policies of the system in which the registered nurse practices as well as consistent with the client's overall health-related plan of care.
Consistent with G.S. 90-171.20 (8) and 21 NCAC 36.0225, the Licensed Practical Nurse does not have the authority to independently recommend the use of over-the-counter products and non-prescriptive devices.

This means a RN may recommend the use of an OTC product without a standing order as long as the patient is instructed to follow the directions on the package and the nurse has the knowledge to make such nursing care decisions safely and to monitor the outcomes of her/his actions. If the RN is providing the OTC to the patient (giving Tylenol following a childhood immunization) in its original container and the RN instructs the patient to follow the package directions then you do not need a standing order. The agency does need to have something in policies and procedures that addresses this process. If the RN gives the OTC product and provides **different** instructions than what is on the package, then a standing order is required. This might be the case with OTCs that instruct the patient to consult their medical doctor for children under two years old. NOTE that if any re-packaging or re-labeling of the OTC product occurs, then the PHN is dispensing and all of those rules must be followed.

For more information on the legal basis for Standing Orders or the "components required" for a Standing Order based on the Board of Nursing recommendations, please refer to their website at www.ncbon.com and then click on "Practice"and then on "Position Statements" and select "Standing Orders."

Please review your Standing Orders with the above guidance in mind. Also be aware that, even though a Standing Order may be signed by the medical director, a Standing Order (or any act by a physician) cannot be used to change or expand the legal scope of practice for a registered nurse. If you have any questions about whether a specific Standing Order meets the requirements, please contact your regional PHNPD Nurse Consultant or the Nurse Consultant for the Program that includes the Standing Order.

Finally, make sure that your Standing Orders are reviewed annually by the physician who signed them or the current Medical Director and that the review is documented on the Standing Order if it is not changed; if the Standing Order is changed, then the order must be resigned.