



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE**

**STANDING ORDER:  
DRUG GUIDELINES FOR LAB**

**Effective Date:** April 28, 2020

**Policy:** PS-05

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- I. PURPOSE:** To ensure standardization for testing patients who are taking anticonvulsant, antipsychotic, or other specific drugs which require laboratory work.
- II. POLICY:** Patients taking certain anticonvulsant, antipsychotic, or other specific drugs should have the levels and/or labs monitored at routine intervals.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
  - A. Licensed Independent Practitioners are responsible for following these guidelines. If the Licensed Independent Practitioner believes the patient is stable, these laboratory tests may be checked less frequently. Minimum requirements are yearly.
- V. PROCEDURE:**
  - A. See Attachment A.
- VI. REFERENCES:** None.
- VII. COLLABORATED WITH:** Medical Staff.
- VIII. RESCISSIONS:** PS-05, *Standing Order: Drug Guidelines for Lab* dated May 13, 2014; PS-05, *Standing Order: Drug Guidelines for Lab* dated July 1, 2009; PS-05 *Standing Order: Drug Guidelines for Lab* dated August 22, 2006; PS-05 *Standing Order: Drug Guidelines for Lab* dated June 5, 2003; PS-05, *Standing Order: Drug Guidelines for Lab* dated February 14, 2000; H.O.P.P. PS-03-97-N *Standing Order: Drug Guidelines for Lab*, July 21, 1997.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.

**XII. ATTACHMENTS:** For internal use.

A. Standing Order: Drug Guidelines for Lab

Signatures:

Kyle Fouts  
Hospital Administrator

Thomas Gray, MD  
Medical Director