

8.17.5 PHARMACY STANDING ORDERS

Policy: All Title X clinics utilizing a standing order program of written authorization for Registered Nurses (RN) or Licensed Practical Nurses (LPN) must assure that the standing orders are approved by the sub-recipient's Medical Director. The standing order is an order conditional upon the occurrence of certain clinical events.

Procedure:

1. Standing orders must be specific and complete. Examples may include:
 - a. Use of a predetermined, specific hormonal contraceptive for a specific client population under specific circumstances (e.g. birth control pills, vaginal ring, Depo medroxyprogesterone acetate (DMPA))
 - b. Use of a specific antibiotic for a diagnosed specific infection (e.g. Azithromycin)
 - c. Use of specific Emergency Contraception under specific circumstances (e.g. Plan B)
2. Standing orders must correlate with the MT Title X Family Planning Clinical Protocol Manual and the MT Title X Family Planning Administrative Manual.
3. Each sub-recipient that plans to implement a standing order program must utilize a committee to develop and establish the standing orders. The committee must include the medical director, the clinic or sub-recipient clinic director and other medical or nursing staff representatives.
4. The standing order must be approved and signed off by the Medical Director.
5. Each sub-recipient that implements a standing order program must have written policies and procedures for standing orders. Sub-recipient clinic policies may be more, but not less, restrictive than federal and state statutes, rules and regulations of a governing body, and/or any higher authorities.
6. Each standing order must be reviewed by the committee annually and on an ad hoc basis as required for revisions, updates, or deletions.
7. A standing order must be documented in the client's record as a standing order and must be signed off within two weeks' time of the transcription. The Medical Director or a clinician with prescriptive authority may sign off on the standing order.
8. The RN or LPN carrying out the standing order is responsible and accountable to seek clarification if the order seems inappropriate, inaccurate, ineffective or contraindicated for a specific client and specific circumstance.
9. Only RNs employed by a family planning clinic under contract with the MT DPHHS can dispense factory, pre-packaged hormonal contraceptive per *MCA 37-2-104*.
10. Sample standing orders can be found in the MT TX FP Administrative Manual, Policy 8.17.5.1 *Sample Standing Orders*. For electronic copies, contact the WMHS Nurse Consultant at 406-444-7331.

Standing Order Components and Format

1. Standing Order Components:
 - a. Identification of RNs and LPNs implementing the standing order: This should be specific and describe why these persons are qualified to carry out the standing orders
 - b. The written standing order: This is a prescription and must be written per pharmacy law. A standing order does not enable a RN or LPN to prescribe medications
 - c. The client population served: This should be as specific as possible
 - d. Other circumstances (e.g. the co-signature of the prescriber and the date co-signed documented on the chart)
 - e. The standing order must specify the period for which the standing order applies
 - f. The signature of the prescriber(s) and date signed within 2 weeks of the transcription

2. Standing Order Format:
 - a. The name of the clinic should be documented
 - b. The date that the standing order is in effect
 - c. Protocols, manuals referenced in the standing order should be complete and accurate
 - d. The standing order should be transcribed in the client's chart in the appropriate place, signed by the RN (e.g. Orthotricyclen sig. 1 tab p.o. daily x 1 cycle Dr. Smith or Ann Doe APRN / A. Page RN s.o.). This order is co-signed by the physician or clinician with prescriptive authority
 - e. Each standing order should be written and signed separately