

Guidance on the Process for Approval of Standing Orders

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Definition

A standing order refers to a therapeutic protocol for a defined clinical condition and circumstances.

About standing orders

The Drugs and Poisons Regulation Group must approve the process each hospital has in place for generating and using standing orders. Hospitals with current health services permits may apply for approval to generate standing orders under their existing permit.

Hospitals without a health services permit may include the application to generate standing orders within the initial application for a health services permit.

In both cases, the hospital must include a completed Part 5 within the Poisons Control Plan for a Health Services Permit submitted for approval. When the Health Services Permit is granted it contains a separate Condition providing for the use of standing orders.

Hospitals with approval to generate standing orders under the Health Services Permit do not need to advise the Drugs and Poisons Regulation Group each time they introduce a new standing order. However, these hospitals are expected to provide the new standing order to the Victorian Medicines Advisory Committee for publication on its website, and must have the supporting documentation available for any inspection by the Drugs and Poisons Unit.

Hospitals generating standing orders are advised to use the generic format that captures all the relevant information.

Where hospitals have approval for the use of standing orders under the Health Services Permit, a standing order enables a registered nurse with the required education and training to commence a therapeutic protocol to administer the specified Schedule 4, 8 or 9 poisons in defined clinical circumstances. In these circumstances the written or verbal authorisation of a medical practitioner, dentist, nurse practitioner or authorised optometrist is not needed for the individual and specific patient.

The hospital Drug and Therapeutics Committee needs to clearly document the rationale for the standing order in the section 'Basis of standing order' in the Standing Order document. The rationale needs to illustrate that the standing order will benefit patient care, be safe to apply and demonstrate that the standing order is not used for the convenience of the hospital or medical practitioners.

The implication of this is that standing orders may only be used in urgent situations where a doctor could not reasonably be expected to be present all the time or available quickly enough. The rationale relates to standing order permit condition point 3 and will be checked by the Drugs and Poisons Regulation Group during the auditing process.

Hospitals with standing orders need to maintain an up to date training manual, and review it regularly (at least annually).

Hospitals with standing orders need to document the in-house procedures for education, training and assessment of nurses, and keep a current list of trained nurses. Hospitals need to keep training records for a minimum of three (3) years.

Drugs and Poisons Regulation Group
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