

Standing orders are authorization for specially accredited nurses to implement certain medications under specific circumstances without the written or verbal approval from a medical officer.

The Lorne Hospitals DHS approved Poison Control Plan (Part 5) is legal authorisation for the hospital to allow standing orders. All standing orders must be carried out as described in the Lorne Hospitals **Poisons Control Plan (Part 5)**.

The Lorne Hospitals ‘Clinical Services Committee’ (which acts as the ‘Drugs and Therapeutics Committee’) is responsible for the development, monitoring and amendments on all standing orders. A sub committee of this group (DON, VMO and Pharmacist) can work on standing orders and present changes for endorsement. The DON as chairperson of the committee is responsible for the day-to-day management.

LOCATIONS COVERED:

Each standing order will state which areas of the service will be covered by the standing orders. These areas may include the Urgent Care Service, Acute Ward, Residential Care, District Nursing Service and/or Community Health Service.

STAFF INVOLVED:

Standing Orders will only be implemented by staff who meet the following criteria:

- ‘Australian Confederation of Critical Care Nurses’ approved Advanced Life Support training course undertaken and passed (or equivalent as approved by the DON)
- Annual reaccreditation achieved in ACCCN ALS
- Attendance at in-house In-service education programs on the standing orders
- Acknowledgement of educational preparedness documented and signed by each nurse and kept in their personal file
- Details specific and in addition to above required for individual standing orders will be documented on “Staff Requirements” part of the standing order.

The DON will maintain a list of people endorsed to implement standing orders on the wall in the UCS nurses station and in the pharmacy manual.

DOCUMENTATION:

Standing orders will be kept in a ‘Standing Orders’ folder in the UCS as well as copies in the pharmacy manual. All staff will be emailed a copy of each standing order as variations occur. A Master file will be kept in the DON office.

Standing orders will be provided on a set format and only orders that are signed, in date and have a **“GREEN ORIGINAL”** stamp is considered legitimate and current.

Drugs administered under a standing order must be documented as per any other medication and in the Drs Section written **“Standing Order NO#”**. The Doctor on-call is to be contacted ASAP and informed of the treatment, consultation with the Doctor on call should not be delayed.

Date Revised:	August 2004 (Expires 13/8/07)	Standing Order Policy
Reviewed by:	C. Cliffe DON & Helen Lawrie (ACN)	
Approved by:	Clinical Services Committee	

All standing orders implemented for clients should be documented on the “**S/O Record Sheet**” on the inside of the Acute Drug Cupboard to allow for case note recalls and auditing by the clinical services committee.

EXEMPTIONS:

The standing orders may not be implemented under the following circumstances:

- A Doctor may exempt a client from standing orders by documenting this in the clients history. The Red **ALERT** sticker should be used and the **ALERT SHEET (MR/a)** should be marked with this information.

ALERT

- The nurse has made a clinical decision that to implement the Standing Order is not in the best interests of the client
- The client refuses to permit to the treatment.

OUTCOME:

That all clients will receive prompt, appropriate and safe treatment at the Lorne Community hospital, even when a doctor not immediately available.

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