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| Application for a condition on a Victorian health service permit relating to standing orders |

This is an application for a condition on a Victorian health service permit, issued under the Victorian Drugs, Poisons and Controlled Substances Act to enable a nurse or registered midwife to possess Schedule 4 or 8 medicines that are necessary for adminisrtation to a patient under the care of that nurse or registered midwife in accordance with a Victorian health service’s standing orders policy.

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| It should be noted that:   * A standard condition for standing orders is that it must not be used when a verbal order from an authorised health practitioner (e.g. a medical practitioners) may be available.   It would be very infrequent for a verbal order from a medical practitioner to be unavailable at a large, major health service.   * A standard condition for standing orders is that it must not relieve authorised health practitioners (e.g. medical practitioners) of any professional requirements. * While a standing order condition may apply to the adminisrtation of medicines, it cannot lawfully apply to the supply of medicines. |

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| 1. **Health service name** |

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| 1. **Last six digits of the health service permit number (the first two digits will be “29”)**   29 |

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| 1. **Name of a contact person from the health service relating to this application** |

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| 1. **Health service contact details for this application**   Email address  Telephone |

**Drugs and Therapeutics Committee (DTC)**

The health service permit holder must have established a committee to consider all aspects of medicine use in the establishment. For the purpose of this form the committee will be referred to as the Drugs and Therapeutics Committee (DTC). The permit holder must create and retain documents that record and/or identify:

* Establishment and membership of the committee (including the terms and conditions of appointment, resignations, removals and other vacancies)
* Quorum and proceedings
* Co-opted members
* Sub-committees
* Functions of the Committee

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| 1. **Indicate where the DTC charter and related documentation is to be located:** | |
|  | Within the health service’s files (including electronic files) |
|  | Other |

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| 1. **Indicate the position (or role) of the chairperson of the DTC:** | |
|  | Director of Pharmacy or Director of Nursing |
|  | Director of Medicine |
|  | Other |

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| 1. **Identify the key criteria to be considered before a proposed “standing order” may be approved by the committee:** | |
|  | Submissions are to be presented in an agreed/standard format |
|  | Submissions are required to demonstrate anticipated benefits for patient care, the safety of the standing order and that the standing order is not merely for the convenience of the hospital or medical practitioners. |
|  | Submissions are to contain evidence and information that that are based on clinical protocol(s). |
|  | Other |

**Staff education, training and authorisation**

The DTC must clearly define the qualifications and credentials required by a nurse or registered midwife who is to be authorised to implement a Standing Order.

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| 1. **Indicate how relevant nurses or registered midwives are to be educated, trained and formally assessed before being authorised in relation to a specific standing order:** | |
|  | There will be documented in-house procedures for education, training and assessment of all relevant nurses or registered midwives, including casual and/or new nurses or registered midwives who are to be authorised. |
|  | A training manual, covering the knowledge and skills needed, will be available for each standing order. The manual will be reviewed periodically. |
|  | Nurses or registered midwives will be required to complete a formal assessment, to a specified standard, before being identified as “suitable for authorisation”. Such nurse or registered midwife will also undergo regular reassessments. |
|  | Records, containing dates of education, training, assessment and reassessment procedures are to be retained for at least three years and are to be filed in the office of the Director of Nursing. |
|  | Other |

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| 1. **Indicate what steps are to be taken to ensure that Standing Orders are not implemented by nurses or registered midwives who are not suitably educated, trained and authorised:** | |
|  | Each approved Standing Order document will clearly indicate the level of training or qualification required of a nurse or registered midwife who may implement the standing order. |
|  | A list of authorised nurses or registered midwives will be held by the DTC and will be retained and readily available in each ward in which the Standing Order may be implemented. |
|  | Other |

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| 1. **Indicate what steps are to be taken to ensure Standing Orders are only implemented in designated areas of the establishment;** | |
|  | Each approved Standing Order document will clearly indicate the wards/units of the hospital in which the Standing Order may be initiated. |
|  | The Nursing Supervisor will retain a file that contains details of all Standing Orders and the wards to which they apply. |
|  | Other |

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| 1. **Indicate the circumstances under which a nurse or registered midwife would not be expected to implement a Standing Order even though all required clinical criteria had been met:** | |
|  | If the treating practitioner had provided a medical order exempting the patient from commencement of a Standing Order. |
|  | If the nurse or registered midwife were to make a professional judgement that commencement of the Standing Order might be deleterious to the patient. |
|  | Other |

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| 1. **Indicate how treating practitioners, whose patients might be subject to Standing Orders, are to be informed about the process of Standing Orders in the establishment;** | |
|  | All practitioners will be required to acknowledge (in writing) that they have been made aware of relevant Standing Orders and of the process required to exempt patients from commencement of a Standing Order. |
|  | Details of practitioners who have accepted or refused to accept the implementation of Standing Orders will be retained in each relevant ward. |
|  | Other |

**Documenting and Recording Standing Orders**

A Standing Order must be in a form that ensures its integrity and its currency.

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| 1. **Indicate how Standing Orders are to be validated:** | |
|  | Each Standing Order must be signed by the Chairperson of the DTC. |
|  | The master copy of each standing order will be retained separately by the health service. |
|  | A current list of nurses or registered midwives authorised to carry out a particular standing order accompanies the master copy of the standing order. |
|  | Other |

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| 1. **Indicate how version numbers and related information are to be generated and recorded**; | |
|  | Each Standing Order document will bear a sequential version number that can be readily related to the identifying number of the Master Copy. |
|  | Each Standing Order will include details of the date of expiry in addition to the date of introduction of the current version. |
|  | Other |

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| 1. **Indicate how variations from an earlier version of a Standing Order are to be highlighted or identified;** | |
|  | Any variation or amendment to a standing order will be highlighted in a manner that ensures the variation(s) cannot be overlooked (e.g. a bold font etc.) |
|  | Other |

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| 1. **Indicate the measures to be taken to prevent unauthorised amendments to Standing Order;** | |
|  | Master Files will be stored in a health services’ electronic procedure documents that cannot be altered without authorisation. |
|  | Each Standing Order document will contain a statement to clearly indicate that any manual amendments will render the document invalid. |
|  | The Quality Assurance Office will implement a periodic, documented review of all standing order documents to ensure their integrity and currency as well as the destruction of earlier versions. |
|  | Other |

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| 1. **Indicate the position (or role) of the person(s) who are to be responsible for the ongoing management of approved standing orders;** | |
|  | Director of Pharmacy |
|  | Nursing Supervisor |
|  | Quality Assurance Manager |
|  | Other |

**Administration and review of Standing Orders**

Drugs administered in accordance with a Standing Order must be accurately recorded in a manner that enables the record to be readily identified, retrieved and reviewed.

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| 1. **Indicate how the administration of drugs in accordance with a Standing Order is to be recorded;** | |
|  | Administration is to be recorded in the patient’s records in a manner that distinguishes it from drugs administered in accordance with specific instructions of the treating practitioner. |
|  | A copy of the Standing Order, marked in a manner that corresponds to the record of administration, will be inserted in the patient’s file. |
|  | A copy of the Standing Order, marked in a manner that contains all relevant details of the administration, will be forwarded to Medical Records. |
|  | Other |

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| 1. **Indicate the steps to be taken to ensure that a Standing Order is not commenced for a patient who has been exempted by that person’s treating practitioner;** | |
|  | The patient’s medication chart will be prominently marked to alert nurses or registered midwives. |
|  | In any ward where the implementation of Standing Orders is (relatively) common, a prominent marker will be placed on the patient’s bed head to alert nurses or registered midwives. |
|  | Other |

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| 1. **Indicate how the implementation and effectiveness of Standing Orders is to be reviewed;** | |
|  | Copies of administration records will be collated (on a monthly basis) from information forwarded to medical records. |
|  | The implementation of each Standing Order will be quantified and reviewed for/by the DTC on a periodic basis (please specify) and prior to renewing the approval of a Standing Order. |
|  | Other |

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