

STANDARD

1. A standing order is a written instruction issued by a Bay of Plenty District Health Board (BOPDHB) authorised prescriber, in accordance with the regulations, authorising a specified healthcare professional to:
 - a) Supply and administer specified medications
 - b) To a specified class of persons (in this circumstance patients or clients of BOPDHB)
 - c) In circumstances specified by the written instruction
2. Standing orders may be used:
 - a) Where a patient's life is at risk if they do not receive medication, or
 - b) In situation where an authorised prescriber is not readily available
 - c) In named circumstances with the approval of service leadership team in the following areas:
 - CCYHS
 - Diabetes
 - Emergency Department
 - Radiology
 - Registered Pharmacist (non-prescribing)
 - Nurse led clinics
 - Dental
 - District Nursing
 - Maternity
 - Sexual Health

PROCESS

1. Standing orders must be issued by an authorised prescriber or group of authorised prescribers responsible for patients / clients under their care or the care of the service, e.g. Diabetes service.
2. The standing order will:
 - a) Be documented on the BOPDHB Standing Order template
 - b) Clearly state:
 - Circumstances for use of standing order supply and administration, e.g. in emergency circumstances; or as routine service delivery, e.g. nurse led outpatient clinic, etc.
 - The group of patients for whom standing orders may be used, e.g. patients within OPD diabetes clinic.
 - The full details of the medication. This includes the generic name of medication, indications for use of the medication, recommended dose or dose range, number of doses which may be supplied using standing order or guidelines for titration of dose, contra-indications, route or method of administration, observations or care that may be required prior to or following administration, including patient information requirements.
 - Identified group of health professionals who may use the standing order, e.g. sexual health team nurses.
 - Training or competency requirements for the health professional authorised to administer the medication under the standing order
 - d) Be signed and dated by the issuer(s) with name clearly printed beside signature(s)
3. Standing orders will be reviewed and endorsed by the Combined Medicines Review Committee (CMRC).
 - Following endorsement the standing order will be signed by the issuer(s), authorised by the Medical Director then published on Controlled Documents.

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4. Medications administered, or any changes to medications under standing orders, must be documented in the patient health record.
5. There are 2 processes available for quality review of medications supplied or administered under standing orders. Each individual standing order must state which process will be used for review:
 - a) Countersigning of the record of medication provision or administration – *to be used by departments with 24/7 authorised prescriber cover*:
 - i. Inpatients - document on medication prescription form (countersigned within 72 hours),
 - ii. Outpatient or community settings - document on the patient health record (countersigned within 7 days) and supply patient with written instructions for dose changes. Changes in dose must be communicated with patient's GP via outpatient letter within 1 week of clinic appointment.
 - iii. Countersigning of the record is undertaken by the authorised prescriber responsible for individual patient care within the named service, e.g. Sexual Health MOSS for Sexual Health standing orders; to ensure that supply and administration is linked to individual patient's care and clinical management.
 - b) Audit of a sample of records of supply or administration provided using standing orders, as per Ministry of Health Guidelines. Audit sample sizes should be, as a minimum:
 - i. 50 percent of administration and / or supply records if there are 20 or fewer in total
 - ii. 20 – 30 percent of administration and / or supply records if they are in range of 21 – 100
 - iii. 15 – 20 percent of administration and / or supply records if there are over 100.
 - iv. Standing order quality review audits are entered and available on clinical audit reports for all areas where audit is used as the review process.
6. All standing orders will be reviewed yearly. In the event of a single SMO issuer approved standing order leaving BOPDHB the standing order must be brought into the review process and reissued by another SMO within 3 months. It is the responsibility of the Service Leader and / or clinical staff to notify the [Controlled Documents Co-ordinator](#) to initiate the review process.
7. Services are to print hard copies of their authorised standing orders from the published monthly "Summary of Authorised Documents".
8. All signed master copies of Medication Standing Orders are held by the Controlled Documents Office.

REFERENCES

- [Ministry of Health, Standing Order Guidelines, 2012](#)

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 7.1.1 Medications, IV Fluids & Standing Orders
- Bay of Plenty District Health Board policy 2.1.2 Controlled Documents Development and Review

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