Standing Orders Policy

# Policy Statement

## **(Insert name of practice)** is committed to supporting and enabling the use of Standing Orders for the safe and timely administration of medicines without a verbal or written prescription. Standing Orders will adhere to all current legislative requirements and be used to support delivery of services by employed staff.

# Policy Objectives

## **(Insert name of practice)** will encourage the use of Standing Orders by its registered nurses to enable the safe and timely administration and/or supply of medicines without a verbal or written prescription when appropriate.

To ensure the development and implementation of Standing Orders meet the Medicines Regulations (2002) and any amendments that have since occurred.

## Standing Orders will be issued and managed in accordance with legislative requirements and in line with all relevant regulations including countersigning within appropriate timeframes.

## Registered nurses permitted to administer and/or supply under standing orders will do so in accordance with legislative requirements and in line with all relevant regulations and orders.

## Standing Orders will be issued by authorised prescribers who have built sufficient relationship and trust to provide identified registered nurses with the jurisdiction to administer identified medications without verbal or written prescription.

## All Standing Orders issued for registered nurses will include all detail required under regulations as identified in Standing Order Guidelines 2016 and detailed in Policy Clause 7.8

# Authorisation and Application

## This policy applies to the Issuer of the Standing Order and all registered nursing staff working within general practice.

1. **Definitions**

# Issuer: Authorised prescribers- Medical Practitioner, General Practitioner (GP) or Nurse Practitioner (NP) who issues a Standing Order in alignment with legislative requirements

## **Standing Order:** A written instruction which permits a medicine to be supplied and administered to a client by a registered health professional without a prescription, in circumstances specified in the standing order.

1. **Reference and Relevant Legislation**

Medicines (Standing Order) Regulations 2002: <http://www.legislation.govt.nz/regulation/public/2002/0373/10.0/DLM170107.html>

Medicine Act 1981

<http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html>

Medicines Amendment Regulations 2013

<http://www.legislation.govt.nz/act/public/2013/0141/latest/DLM4096106.html>

Misuse of Drugs Act 1975

<http://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436101.html>

Misuse of Drugs Regulations 1977

<http://www.legislation.govt.nz/regulation/public/1977/0037/latest/DLM54840.html>

Standing Order Guidelines 2016 (Ministry of Health)

<https://www.health.govt.nz/publication/standing-order-guidelines>

Health Practitioners Competence Assurance Act (2003)

[https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health- practitioners-competence-assurance-act](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-%20%20%20practitioners-competence-assurance-act)

the Health and Disability Commissioner (Code of Health and Disability Services Consumers’

Rights) Regulations 1996

<http://www.legislation.govt.nz/regulation/public/1996/0078/latest/whole.html>

Nursing Council of New Zealand Competencies for Registered Nurses

<https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Registered_Nurse/NCNZ/nursing-section/Registered_nurse.aspx>

Nursing Council of New Zealand: Authorisation for Registered Nurses competency to supply the Emergency Contraceptive Pill

<https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Authorisations/NCNZ/nursing-section/Authorisations.aspx?hkey=1239a3cf-d3ee-4462-bd7c-f279fe452c31>

Guidelines for Nurses on the administration of medicines (NZNO 2018)

<https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Guidelines%20for%20Nurses%20on%20the%20Administration%20of%20Medicines%20(002).pdf?ver=2019-05-22-101207-447>

1. **Related Policies and Procedures**

## Health & Safety Policy

## Informed Consent Policy

## Medicines Management Policy

1. **Policy Clauses**
   1. Standing Orders issued by GPs or NPs will be developed in line with legislative requirements
   2. Administration and/or supply of such medication will only be undertaken by Registered Nurses who have been identified in each Standing Order as authorised to provide such medication
   3. Registered nurses permitted to administer and/or supply medication under Standing Order will record the use of all medication appropriately to enable correct countersigning or audit by the issuing GP or NP
   4. Usage under Standing Order where countersigning has not occurred, will be audited monthly with either 10 records in total or 20% of the total records used, whichever is greater, audited. Where possible this audit will include a sample from each individual standing order utilised
   5. Each GP/NP and registered nurse will arrange a mutually agreeable process for any required monthly auditing
   6. The use of Standing Orders will be monitored and reviewed regularly by their Service Coordinator or as delegated to ensure appropriate use and countersigning of all Standing Orders
   7. All Standing Orders are to be reviewed at least annually or at the time of any change in staffing or medication updates. All standing orders reviewed require dating and re-signing by the issuer/reviewer
   8. The Regulations require that each standing order includes:
      1. An explanation of why the standing order is required
      2. The circumstances in which the standing order applies – for example, a paramedic in an emergency or a registered nurse running a specified school clinic
      3. The class of people able to administer and/or supply under the standing order – for example paramedics, registered nurses
      4. The competency requirements of the person administering and/or supplying a medicine under a standing order (see Section 9, Competency including training Standing Order Guidelines 2016)
      5. The treatment of condition/s to which the standing order applies – for example urinary tract infection, asthma
      6. The medicines that may be supplied or administered under the standing order
      7. The indications for which the medicine is to be administered and the recommended dose or dose range for those indications
      8. The number of dose(s) of the medicine for which the standing order is valid
      9. The contraindications and/or exclusion for the medicines, the validated reference charts for dose calculation (if required) and the monitoring of a medicine (if required)
      10. The method of administration
      11. The clinical documentation to be recorded
      12. The required follow up
      13. Whether countersigning is required and, if countersigning is required, the timeframe for countersigning
      14. The period for which the standing order applies
      15. It is recommended that the standing order lists a medicine by its generic name rather than trade name to avoid the requirement to update the standing order every time the trade name of the available product changes

# Errors / Complaints

# Any complaints associated with this policy will be investigated according to the organisation’s complaints policy.

# Any issues with the control and distribution of documents must be reported to the Document Co-ordinator, who will investigate and resolve as required.

# Issues with the content of documents should be followed up with the Document Owner.