

## Policy Applies to: Reviewed - minor suggestions JV

- Credentialed Specialists
- All RNs and ENs employed by Mercy Hospital
- Pharmacist contracted to provide dispensary services to Mercy Hospital

## Related Standards:

- EQuIP Standard 1.1.8 Health record
- EQuIP Standard 1.5.1 Medicines are managed to ensure safe and effective consumer / patient outcomes
- Ministry of Health (2012) *Standing order guidelines*

## Rationale:

Mercy Hospital Surgical Preferences facilitate patient care that is credentialed specialist specific. Standing Orders facilitate the administration of a number of listed medications in response to patient need in the absence of onsite medical staff.

## Definitions:

**Surgical Preference** – a *written* instruction issued by a Credentialed Specialist that outlines surgeon specific patient care preferences.

**Standing orders**- a *written* instruction issued by the Credentialed Specialist, that authorises a specified class of persons, who do not hold prescribing rights to supply and administer specified medicines and some controlled drugs to a specified class of persons without a prescription. This pertains to certain medications only and must include information about why the standing order is necessary, the class of persons who may administer the medication, competency requirements for administration/supply, generic drug name, indications, dose, contraindications, route, and requirement for countersigning or other documentation.

A Standing Order applies for 12 months or until it is replaced by a new Standing Order covering the same subject matter, or is cancelled in writing by the issuer.

A standing order does NOT allow a person to provide a patient with a prescription that has been pre-signed by the issuer of the Standing Order.

## Objectives:

- To ensure continuity of patient care in the absence of onsite medical staff
- To minimise waiting time for symptom relief
- To ensure that all medications are administered in a timely and legally responsible way.

### **Implementation:**

The existence of standing orders is introduced to clinical staff at New Staff Orientation.

Standing Orders are made available to every person permitted to work under the auspices of a Standing Order. This includes those that supply or administer the medicine under the Standing Order, any affected practitioner who is not the issuer, and any member of the public upon request.

- All Standing Orders will be available on line f Drive/ Mercy Shared, as well as being available on SharePoint
- A hard copy of all Standing Orders will be kept on McAuley ward for reference should there be an issue with access to IT
- Surgical Preferences will follow the same process
- Where Standing orders are in use a written record of RN / EN signature will indicate that these staff have read and fully understand their responsibilities in administering from a Standing Order. This process will be managed by the Clinical Coordinators with sign off sheets filed and retrievable.

**Please note** - administration of any medication requires the administrator to be aware of the indications and contraindications, expected and unwanted effects of the medication as well as the management of these e.g. respiratory depression, hypotension, altered level of consciousness etc. Administrators are accountable for their practice and are required to hold sufficient knowledge of the medications that they administer as well as any monitoring requirements or special considerations around the medication.

The specific competency required is a current Mercy Hospital IV certificate (RN or EN).

### **Updating**

- Credentialed Specialists supply a copy of their Surgical Preferences and/or Standing Orders to Mercy Hospital prior to commencement
- Where a surgeon or anaesthetist requires a change to a surgical preference or standing order please ensure this change is communicated to the Executive Assistant by email. These changes will be updated on line as they take place, the hard copy will be updated annually
- Biennial review, update and sign-off of surgical preferences will be undertaken by Credentialed Specialists. Annual review, update and sign off of Standing orders will be undertaken by credentialed specialists and facilitated by the DCS.

### Evaluation:

#### *How will the effectiveness of this Policy be reviewed?*

- Standing orders will be reviewed by the issuer (prescriber) at least annually
- Surgical preferences, as they do not involve medications, will be reviewed 2 yearly unless changes are required in a more timely fashion
- The co-signing of a standing order will be audited as part of the annual Medicines Management Audit (the Global Audit cycle)
- Nurses covered by a standing order must sign a record sheet to acknowledge they have read and understood the standing order. This must be done annually when the standing orders are reviewed. Clinical Coordinators will be responsible for ensuring completeness and filing of this list
- Any adverse events will be reviewed as part of the Incident reporting system.

### Associated Documents

#### *External*

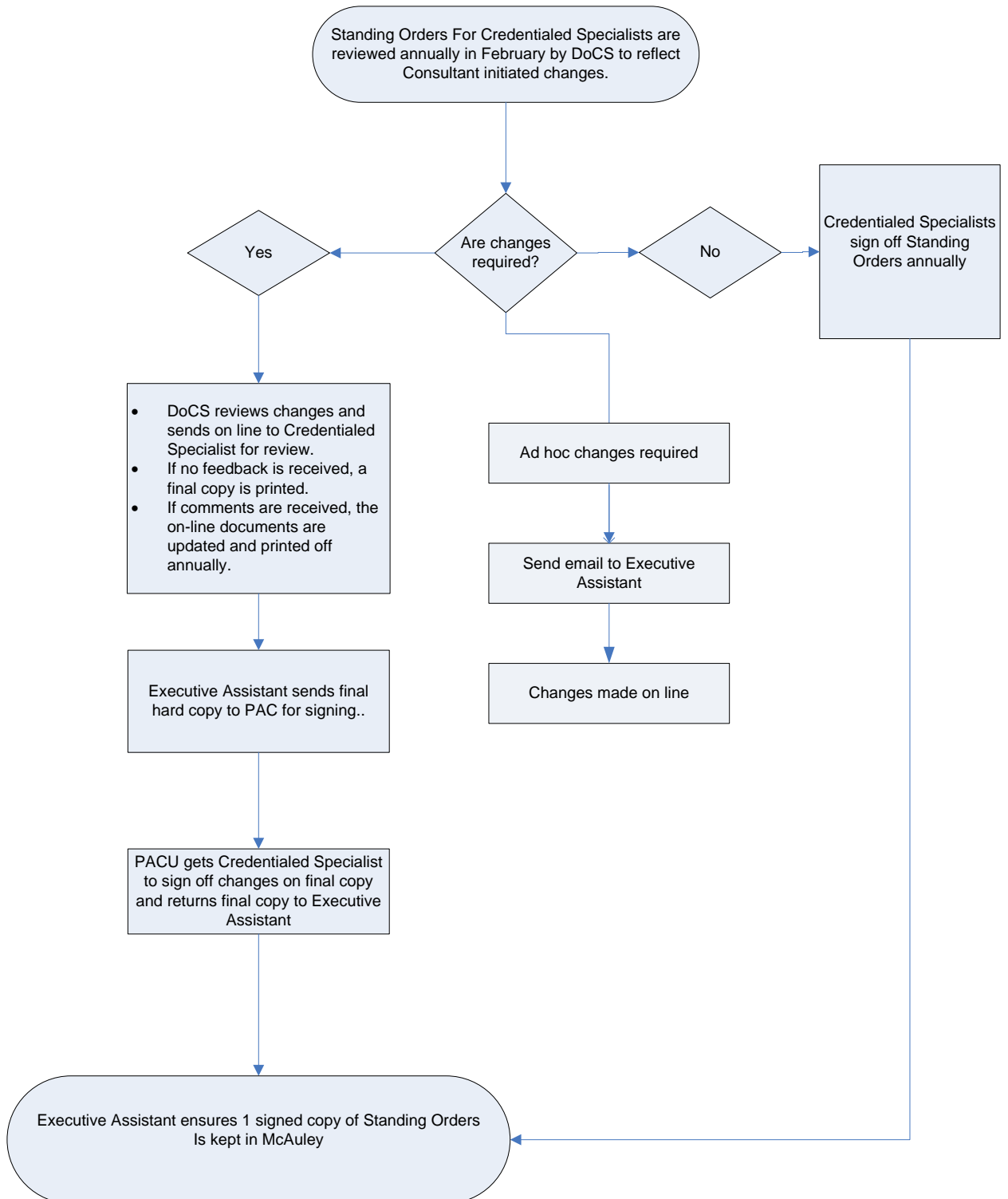
- Medicines Regulations 2002 - available at <http://legislation.govt.nz>
- Ministry of Health (2012) *Standing order guidelines*
- Ministry of Health (2002) Medicines (Standing Orders) Regulations
- The Misuse of Drugs Act 1975
- NZNO Guidelines for nurses on the administration of medicines (2014)
- NZNO (2015). Standing Orders, 1-9.

#### *Internal*

- Incident Management Policy
- IV Manual 2015
- Medicines Management Policy
- By-laws for Credentialed Specialists
- Clinical Records Management Policy
- Medication Standing Order templates
- McAuley Ward Opiate Standing Order - Adult
- PACU Opiate Standing Order - Adult
- Indigestion standing order flowchart
- Bowel Protocol
- MCC standing orders
- MHC standing orders
- Standing orders template.



## Standing Orders Process for managing new Standing Orders or alterations to existing Standing Orders



## Surgical Preferences Process for managing new Surgical Preferences or alterations to existing Surgical Preferences

