

### Policy Applies to:

- Credentialed Specialists
- All Mercy employees administering medications under a standing order.
- 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.
- Medicines (Standing order) Amendment Regulations 2016
- Medicines (Standing order) Regulations 2002
- Ministry of Health: Standing Order Guidelines, 2<sup>nd</sup> edition (August 2016)
- Nga Paerewa Health & disability services standard 8134:2021 3.4.7

### Rationale:

Mercy Hospital Surgical Preferences facilitate patient care that is credentialed specialist specific.

Standing Orders facilitate the administration of several listed medications in response to patient need in the absence of onsite medical staff.

### Cultural Considerations:

Māori and Pacific leadership teams are available for consultation regarding any of the content of this policy. There are also organisational plans for Māori And Pacific patients that support ongoing consultation.

### Definitions:

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

**Standing orders** - (SO) a *written* instruction issued by the Credentialed Specialist, that authorises a specified person or class of persons, to supply and administer specified medicines and some controlled drugs to a specified class of persons without a prescription. SO pertains to certain medications only and must include information about why the standing order is necessary

The following medicines can be administered, in accordance with a Standing order.

- General sales medicines
- Pharmacy – only medicines
- Prescription medicines
- Some controlled drugs

NB Section 29 drugs cannot be administered or supplied under a Standing Order

Standing order must include;

- the class of persons who may administer the medication, competency requirements for administration/supply.
- generic drug name to which the (SO) applies.
- indications for administration
- recommended dose/range and quantity to supply.
- contraindications
- method of administration/route
- requirement for countersigning and other documentation.
- period SO applies.
- time period for countersigning.

SO pertains to certain medications only and must include information about why the standing order is necessary.,

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 Clinical 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 online 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 IT access.
- 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 Nurse Managers/ ACN, Shift Leaders with sign off sheets filed and retrievable.
  - During orientation to a clinical environment staff will complete 'Standing Orders' as part of area sign off.

**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.

Safe medication management is supported by staff being required to have a current Mercy Hospital IV certificate (RN).

### 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 ensure this change is communicated to the Executive Assistant by email. These changes will be updated online 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 Standing orders will be undertaken by credentialed specialists and facilitated by the Chief Operating Officer (COO)

### Evaluation:

- Standing orders will be reviewed by the issuer (prescriber) annually.
- Surgical preferences, as they do not involve medications, will be reviewed 2 yearly unless changes are required in a timelier 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. ACN's 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 Amendment Act 2013
- Misuse of Drugs Act 1975 and Regulations 1977
- Health Practitioners Competence Assurance Act 2003
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.
- All available at <http://legislation.govt.nz>
- NZNO Guidelines for nurses on the administration of medicines (2014)
- NZNO (2015). Standing Orders, 1-9.

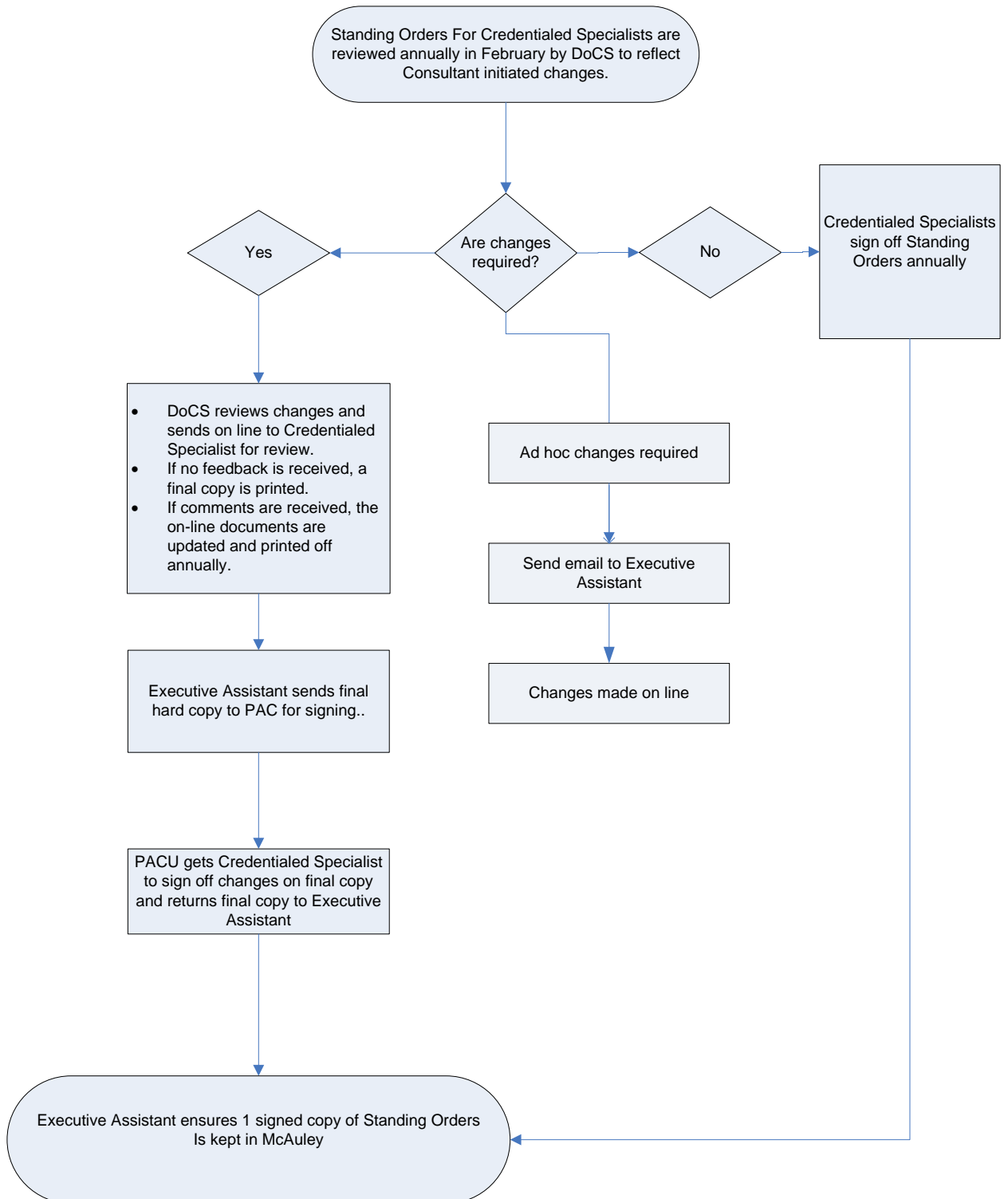
**Internal**

- Incident Management Policy
- IV Manual
- 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
- Mercy Cancer Care standing orders
- Mercy Heart Centre standing orders



## 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

