MINISTRY OF HEALTH
MANATŪ HAUORA

Standing Order Guidelines

These guidelines are issued by the Ministry of Health and represent the Ministry's view as to the matters contained in the Medicines (Standing Order) Regulations 2002. They do not constitute legal advice as to the regulations. Users are encouraged to seek their own legal advice on such matters.

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Introduction and purpose

1. Standing orders permit specified people (eg, paramedics, registered nurses) to administer medicines under the overall authority of a prescriber. The purpose of these guidelines is to provide guidance for health professionals working with standing orders, to assist issuers to comply with the regulations when developing a standing order, and to assist persons supplying and/or administering under standing orders. Standing orders can only be used when *necessary* and need to include an explanation of why they are necessary.

2. The Medicines (Standing Order) Regulations 2002 are available from Bennetts or online at http://legislation.govt.nz.

Definitions

3. A standing order is a **written instruction** issued by a medical practitioner or dentist, authorising a specified person or class of persons to supply and administer specified prescription medicines or controlled drugs to a specified class of persons without a prescription. A standing order does not enable a person who is *not* a medical practitioner or dentist to *prescribe* medicines - only to *supply* and/or *administer* prescription medicines and some controlled drugs. This means that a person supplying and/or administering under a standing order *is not* able to generate a prescription and provide it to a patient to take to a pharmacy to be dispensed (with the prescription signed later by the issuer of the standing order). Pharmacies cannot lawfully dispense unsigned prescriptions.

4. Supply and/or administration of prescription medicines and controlled drugs under standing orders require on-site access to the medications. Requirements for the labelling, packing, storage and handling of medicines are specified in the Medicines Regulations 1984. The labelling, packing, storage and handling requirements must be understood and complied with prior to issuing a standing order.

5. If a standing order includes medications that require reconstitution, the issuer should ensure that the necessary equipment (eg, accurate measuring vessels) and/or training are made available.

6. A medical practitioner or dentist can issue a standing order when they:
    - are an *individual* medical practitioner or dentist in *practice*
    - are *an employer* of a medical practitioner or dentist
    - are *an employer* of a person permitted to supply or administer a medicine under a standing order
    - *exercises managerial control* over a medical practitioner or dentist;
    - *exercises managerial control* over a person permitted to supply or administer a medicine under a standing order
    - are *authorised by a group of practitioners* to issue a standing order on their behalf

- are *authorised by a group of persons* permitted to supply or administer a medicine under a standing order.

People working under standing orders

7. A person who is permitted to supply or administer medicines under a standing order must be engaged in the delivery of a health service. They may include, for example:
    - Registered Nurses
    - Pharmacists
    - Paramedics
    - New Zealand Defence Force medical personnel
    - Optometrists
    - Physiotherapists.

8. Any standing order *permits or empowers* people to supply or administer medicines; it cannot *require* them to. In every case it will be a matter of professional judgement by the person concerned as to whether he or she does supply or administer medicines pursuant to a standing order. This subject is not covered in detail in these guidelines. The employer or health organisation should have a *written policy relating to the standing orders*, that policy should record the agreement of the management of the health provider and those who will supply medicines under that standing order. Working under standing orders may be part of the person's duties as an employee, independent contractor, or may be governed by contract.

Process

9. All staff potentially affected by the standing order should be identified in the development of the standing order. It is recommended that the standing order be developed in consultation with the staff that will be expected to work under that standing order, or representatives of those staff. The regulations require that the issued standing order is provided to:
    - every person permitted to supply or administer a medicine under the standing order
    - an employer of any practitioner, whether or not he or she is the issuer
    - any affected practitioner who is not the issuer
    - any person affected by the standing order
    - the Director-General, on request
    - any member of the public, on request.

Medicines

10. The following medicines can be administered and supplied in accordance with a standing order:

- Prescription medicines
- Restricted medicines
- Pharmacy-only medicines
- Controlled drugs listed in Parts I and III of the Second Schedule to the Misuse of Drugs Act 1975
- Controlled drugs listed in Parts II to VII of the Third Schedule of the Misuse of Drugs Act 1975.

11. The Regulations require that the standing order include (see appendix one a standing order template guide also):
    - an explanation of why the standing order is required
    - the circumstances in which the standing order applies, eg after-hours
    - the class of persons able to administer or supply under the standing order e.g., paramedics, registered nurses,
    - the competency requirements of the person supplying or administering a medicine under a standing order (see the competencies including training on page 5 of this guideline for further information).
    - the treatment of condition/s the standing order applies to e.g., urinary tract infection, asthma
    - the medicines that may be supplied or administered under the standing order
    - the indications for which the medicines is to be administered and the recommended dose or dose range for those indications
    - the contraindications and/or exclusions for the medicines and the validated reference charts for dose calculation (if required)
    - the method of administration
    - whether countersigning is required. If countersigning is required, the timeframe for countersigning
    - the documentation required.

12. It is recommended that the standing order list the medicines by their generic name, rather than trade name, otherwise every time a trade name changes, the standing order will need to be updated.

13. If a standing order lists more than one medicine for the treatment of a condition, clear guidance must be provided about which medication is preferred. For example, medication A for children 5-12 yrs; medication B for pregnant women; medication C for non-pregnant adults.

Period for which the standing order applies

14. The standing order must specify the period for which the standing order applies. If it is not appropriate to state a period, then the standing order must state either that:

- it is to apply until it is replaced by a new standing order covering the same subject matter; or
- until it is cancelled in writing by the issuer.

NOTE: many of the duties (i.e. counter-signing, annual review) can only be performed by the issuer who originally issued the standing order. If the issuer leaves the organisation or goes on leave for an extended period, a new standing order will be necessary.

Record keeping

15. A person who administers or supplies a medicine under a standing order must record or chart the assessment and treatment of the patient (including any adverse reactions) and, if necessary, any monitoring or follow-up of the patient's treatment.

Competency including training

16. The legislation requires the standing order to specify the level of competency, including training where the registration authority (or where there is no registration authority), has not set the level of competency, required to administer or supply a medicine under a standing order. Generally registration authorities do not set specific competencies required to administer or supply a medicine under a standing order. Therefore the required level of competency, including any specific training requirements, should be specified in all standing orders.

17. If the Standing Order is required to specify the level of competency, the issuer must, at least once a year, review the competency of each person permitted to administer or supply medicine under the standing order.

NOTE: Clearly defining the specific competency and training requirements in a standing order is particularly important where there is the potential for a significant adverse event to occur. *For example administering or supplying the medicine Warfarin. This medicine can cause serious bleeding. It requires a person to calculate the dose from a range based on blood results. In addition to completing the in-house training on the organisation's standing order policy and procedures; assessed competence through peer and/or case review could be set as an additional requirement prior to a health professional working independently under this standing order.*

Countersigning standing orders

18. The requirements for countersigning standing orders changed in August 2011. Previously the issuing prescriber was required to countersign every administration or supply of a medicine under a standing order. Now, the issuer must instead decide, and specify:

- Whether (and under what circumstances) countersigning is or is not required
- If countersigning is required, the period within which the issuer must countersign
- The interval at which the issuer of the order will review the practices of those working under the order.

19. The issuer now has the flexibility to specify different countersigning requirements for people administering and supplying under standing orders commensurate with the level of competence and expertise of the individuals.

19. If countersigning is not required, or required less frequently than once a month, the issuer must, at least once a month, audit of a sample of the records of administration or supply under a standing order. The results of the audit should be recorded along with any required changes/improvements in relation to the standing order documentation, processes or training to be undertaken.

Audit and review of standing orders

20. A standing order may be reviewed at any time but must be reviewed *by the issuer* at least once a year. *The issuer* must consider whether the standing order continues to be necessary and whether its terms are appropriate. If the issuer considers that some of the terms of the standing order are no longer appropriate and require either amending or deleting, then any material variations, deletions or additions to the standing order, as a result of a review must be dated and signed *by the issuer*. All staff potentially affected by amendments or deletions should be identified and consulted on the changes.

~~20.~~21. A copy of the standing order should then once again be made available to:

- every person permitted to supply or administer a medicine under the standing order;
- an employer of any practitioner, who is not the issuer;
- any affected practitioner who is not the issuer;
- any person affected by the standing order;
- the Director-General, on request;
- any member of the public, on request.

22. *The issuer* must ensure that there is a process in place for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur. The issuer must also ensure that there is a process for document control so that following a review, all obsolete copies are replaced with new versions of the standing order.

23. The Director-General, or a person authorised by the Director-General, may from time to time, audit any standing order.

Checklist for use of Standing Orders

1. Has the need for a standing order been established?	
(a) Does the standing order explain why the standing order is necessary?	☐
(b) Have the particular circumstances in which the standing order will apply been specified?	☐
(c) Has the scope (coverage) of the standing been specified?	☐
(d) Do you have processes in place for monitoring and reviewing the standing order?	☐
2. Has the best person to issue the standing order been identified?	
(a) Is the person you have identified as issuer one of the following:	
i. An individual medical practitioner or dentist in practice;	☐
or	
ii. A medical practitioner or dentist who is an employer of a medical practitioner or dentist;	☐
or	
iii. A medical practitioner or dentist who is an employer of a person permitted to supply or administer a medicine under a standing order;	☐
or	
iv. A medical practitioner or dentist who exercises managerial control over a medical practitioner or dentist;	☐
or	
v. A medical practitioner or dentist who exercises managerial control over a person permitted to supply or administer a medicine under a standing order;	☐
or	
vi. A medical practitioner or dentist who is authorised by a group of practitioners to issue a standing order on their behalf;	☐
or	
vii. A medical practitioner or dentist who is authorised by a group of persons permitted to supply or administer a medicine under a standing order?	☐
(b) Does the standing order name the issuer?	☐

3. Has the class of people permitted to supply or administer a medicine under a standing order been determined?	
(a) Does the standing order describe the class of persons permitted to supply or administer a medicine under a standing order?	☐
(b) Is the class of persons you have identified limited to persons engaged in the delivery of a health service?	☐
(c) Has the registration authority of the class of persons set any competencies?	☐
*(d) If the registration authority **has** set levels of competency including training for the classes of people supplying and administering medicines under the standing order, are there any additional competencies required, including any training to be undertaken?*	☐
(e) Does the class of persons you have identified have the required competencies to supply and administer?	☐
*(f) If the registration authority **has not** set any level of competency, or there is no registration authority, does the standing order specify the levels of competency including training required of the class of persons permitted to supply or administer medicines under the standing order?*	☐
(g) Have the people who will work under the standing order, or their representatives, in the development process been involved?	☐
4. Does the standing order specify the class of person to whom medicines can be administered?	☐
5. Does the standing order specify the circumstances in which it applies?	☐
6. Which treatment/s are included in the standing order?	
(a) Does the standing order specify the treatment/s and condition/s to which the order applies?	☐

7. What medicines will be supplied or administered under the standing order? *(a) Does the standing order list the medicines that may be supplied or administered under the standing order*? *(b) For each medicine that is listed, have you listed the following:* *i. indications for which the medicine is to be administered;* *ii. the recommended dose or dose range for those indications,* *iii. the contraindications and/or exclusions for the medicine,* *iv. the validated reference charts for calculation of dose (if required),* *v. the method of administration,* *vi. the documentation required.*	☐ ☐ ☐ ☐ ☐ ☐
8. Does the standing order require countersigning? *(a) If so, does the standing order specify the period, less than a month, within which the issuer will countersign the supply and administration of the medicines* *(b) If not, has a process been established to document, at a minimum, a monthly audit of a sample of the records of administration or supply?*	☐ or ☐
9. Does the standing order define the terms used in the standing order?	☐
10. Is the standing order in writing?	☐
11. Is the standing order signed and dated by the issuer?	☐
Processes	
12. Have you developed a process for the issuer to review the competency of any person working under the standing order who does not have levels of competency set by a registration authority for acting under a standing order?	☐

13. Have you developed a process for, at least, annual review of the standing order?	☐
14. Have you developed a process for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur?	☐
15. Is a copy of the standing order available to every person operating under the standing order, any person affected by the standing order, an employer of any practitioner, or any practitioner who is not the issuer?	☐
16. Has both the issuer, and people supplying or administering medicines under the standing order been made aware of their obligations?	☐

Appendix One: Standing order template guide

Issued: 00/00/0000 Review date: 00/00/0000
Medicine Standing Order Title *Name the condition you are treating under this standing order e.g. Urinary tract infection (UTI), scabies*
Rationale: *Explanation of why the standing order is necessary*
Organisation/clinic: *Organisation name and address the standing order is being used in*
Scope: *e.g. to enable registered nurses employed by this organisation to supply or administer the listed medication/s for the treatment UTI in females over 12 years of age under their care*
Medicine/s: *(name, strength and dose form)*
Dosage instructions for each medicine *e.g. 300mg at night for 3 days*
Route of administration: *e.g. oral, deltoid intramuscular or deep subcutaneous injection*
Indication/circumstances for activating the standing order: *e.g. to provide post–coital (of emergency) oral contraception to clients in a school clinic or for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors*
Precautions and exclusions that apply to this standing order: *e.g. pregnancy, breast feeding, allergies, contraindications*
Persons authorised to administer the standing order: *Name or class of health professional (e.g. registered nurses)*
Competency/training requirements for the person(s) authorised to administer: *e.g. Prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.*
Countersigning and audit *Note: The standing order must be either countersigned or audited at least monthly by the issuer. If countersigning is required, define the time frame (e.g. within 24 hours of administration) or if countersigning is **not** required, define the audit sample (e.g.10% of standing order treatments once a month).*
Definition of terms used in standing order: *e.g. Dysuria is pain or difficulty on urination*
Additional information *Documentation (administration/supply information – including validated dose reference charts), Initial and ongoing assessment requirements* *Note any documents e.g. policy, guidelines or decision support tools, attached to this standing order*
Signed by issuer:
Name: ***Date:*** ***Title:*** *medical practitioner or dentist*

This Medicine Standing Order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

The organisational standing order policy and procedure must be signed by management, the issuer and every person operating understanding standing orders

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