



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH

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**MEMORANDUM**

To: Directors of Nursing, Nursing Supervisors and Public Health Nurses

From: Phyllis M. Rocco, MPH, BSN, RN  
Chief Public Health Nurse

Subject: **UPDATE**-Standing Medical Orders

Date: June 14, 2017

**This memo supersedes the previous memo issued by me, April 4, 2017.**

After issuing the guidance in the memo dated April 4, 2017 and hearing your concerns, Amanda Moore, Pamela Langdon and I met with NC Board of Medicine and NC Board of Pharmacy representatives. A thorough explanation of the PHN dispensing program, standing orders, and the varying arrangements local health departments have with pharmacies to provide clients with medications an agreement was reached that PHNs, based on the standing order, may when necessary transcribe the standing order onto a printed or written prescription if these 3 components are included on the prescription:

1. MD's name
2. RN's name
3. Per standing order.

Example: Dr. Smith/Phyllis Rocco, RN/standing order or (SO)

The above applies to prescriptions written for in-house and contracted pharmacies. All parties agree that assuring clients receive the necessary prescribed medications as soon as possible is key to promoting the public's health. Remember, the only medications that can be dropped to a paper prescription are those supported by a signed and dated standing order.

The Board of Pharmacy has agreed to place a FAQ on their website to educate pharmacist re: prescriptions signed by RNs based on a standing order. It is not necessary to send a copy of the standing order to the pharmacy but we do suggest providing your contract pharmacist with a copy of your agency's standing orders for reference in case there is ever a question.

As a reminder, the only medications nurses may dispense after being trained in dispensing are found in 21 NCAC 46 .2403.

**21 NCAC 46 .2403 DRUGS AND DEVICES TO BE DISPENSED**

- (a) Pursuant to the provisions of G.S. 90-85.34A(a)(3), prescription drugs and devices included in the following general categories may be dispensed by registered nurses in local health department clinics when prescribed for the indicated conditions:
- (1) Anti-tuberculosis drugs, as recommended by the North Carolina Department of Health and Human Services in the North Carolina Tuberculosis Policy Manual (available at [www.ncdhhs.gov](http://www.ncdhhs.gov)), when used for the treatment and control of tuberculosis;
  - (2) Anti-infective agents used in the control of sexually-transmitted diseases as recommended by the United States Centers for Disease Control in the Sexually Transmitted Diseases Treatment Guidelines (available at [www.cdc.gov](http://www.cdc.gov));
  - (3) Natural or synthetic hormones and contraceptive devices when used for the prevention of pregnancy;
  - (4) Topical preparations for the treatment of lice, scabies, impetigo, diaper rash, vaginitis, and related skin conditions;
  - (5) Vitamin and mineral supplements;
  - (6) Opioid antagonists prescribed pursuant to G.S. 90-12.7; and
  - (7) Epinephrine auto-injectors prescribed pursuant to G.S. 115C-375.2A.
- (b) Regardless of the provisions set out in this Rule, no drug defined as a controlled substance by the United States Controlled Substances Act, 21 U.S. Code 801 through 904, or regulations enacted pursuant to that Act, 21 CFR 1300 through 1308, or by the North Carolina Controlled Substances Act, G.S. 90-86 through 90-113.8, may be dispensed by registered nurses pursuant to G.S. 90-85.34A.

Please feel free to contact your PHNPDU Nursing Consultants if you have questions related to this guidance.