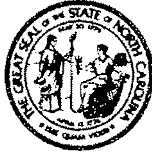

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MEMORANDUM

TO: PHN Directors, Supervisors and Consultants

FROM: Joy F. Reed, EdD, RN
Head, Public Health Nursing & Professional Development Unit

DATE: January 8, 2007

SUBJECT: Standing Orders

From the many calls, questions and concerns I am hearing, it is clear that it is once again time to do a memo clarifying Standing Orders and how they may be legally and appropriately used for public health nursing practice. Due to turnover in key PHN positions, the memo on this subject dated March 24, 1998 needs to be updated and/or repeated. In addition, during 2006 we were asked to meet with the NC Board of Medicine around the issue of PHNs exceeding their legal scope of practice, and although we were successful in resolving their concerns, the appropriate use of Standing Orders was a part of what was addressed.

The first rule for an appropriate Standing Order is that it must not require any medical judgment on the part of the Registered Nurse; the action to be taken must be clear and based on objective, verifiable findings (e.g., if hemoglobin is below __, provide (or give prescription for) __.) Standing orders developed and provided by the DPH Program staff and included in Program Manuals may be adopted "as is" by the local agency with approval of the agency's medical director and then included or referenced in the agency's policy manual. Activities such as treatment for sexually transmitted diseases, TB, lice, ringworm, and anemia; provision of family planning methods; administration of immunizations; and provision of emergency treatment for anaphylaxis all lend themselves to Standing Orders. It is also appropriate to use Standing Orders to allow the PHN to order a standard set of lab tests for all patients of a specific type (e.g., all new Maternity clients, all FP clients coming in for an annual visit, any child or any child of a specific age range presenting for a Health Check visit, or even anyone presenting with a discharge who should get a specific set of STD screening tests.)

Areas where there could be a problem with Standing Orders are those involving a medical decision by the PHN. That decision can be as simple as a choice of drugs to administer (e.g., "if test is positive, provide either __ or __) or as complex as looking in a child's ear and determining that the child has otitis media. What the PHN (or

any RN) may do within the legal scope of practice is to determine if a finding is *normal vs. abnormal. Discrimination between abnormal findings, in the absence of objective data (such as a lab result), is beyond the scope of practice for a registered nurse.*

Several examples might help to clarify this. It would be very difficult for the PHN to listen to breath sounds and determine that they are abnormal without needing to further discriminate between the various abnormal sounds in order to treat. Because standards of care would make it very rare for *any and all* abnormal breath sounds to result in the same treatment, the PHN would not be able to treat the causative agent for abnormal breath sounds under a Standing Order because there is no objective test for discriminating between the various abnormal breath sounds. Likewise, if a PHN must discriminate between "strep," "thrush, " or other lesions or determine that two or more of these co-exist when looking at the "white patches" in a child's mouth in order to determine which Standing Order to follow or which treatment to provide, that is beyond the legal scope for a RN. Finally, if all clients with a discharge are to get the same set of lab tests, then the PHN can be allowed to order those based on a Standing Order. **However,** if distinctions must be made on a case by case basis (unless based on an objective finding such as when one positive lab result leads to the ordering of an additional test) as to which tests should be ordered then it beyond the legal scope of the RN.

For more information on the legal basis for Standing Orders or the "components required" for a Standing Order, please refer to pages F-6 through F-8 of the PHN Manual. Page F-9 provides a format for a Standing Order, if your agency does not currently have a standard format.

Please review your Standing Orders with the above guidance in mind. Also be aware that, even though a Standing Order may be signed by the medical director, a Standing Order (or any act by a physician) cannot be used to change or expand the legal scope of practice for a registered nurse. If you have any questions about whether a specific Standing Order meets the requirements, please contact your regional PHNPD Nurse Consultant or the Nurse Consultant for the Program that includes the Standing Order.