**Standing Physician’s Orders Protocol**

**Policy Statement**

When appropriate, physicians may issue a protocol for standing orders. The standing orders outlined will be approved by the Medical Director and any primary care physicians attending to residents of the nursing home.

**Procedures**

1. The nursing home’s medical director may direct the nursing home to establish a standing orders protocol. Standing orders are routine medication, laboratory/diagnostic, and/or other orders that do not require a physician notification prior to writing a standing order. Examples may include, but are not limited to, over-the-counter medications such as acetaminophen, Imodium, or antacid; laboratory protocols such as routine INR testing when a resident is on warfarin; and other orders such as treatment of minor skin injuries.
2. The nursing home will establish a template list of standing orders. These orders will be approved, and the template signed by the medical director and any primary care physicians attending to residents of the nursing home. By signing a template list of standing orders, the medical director and primary care physicians agree with the standing orders and are approving an RN or LPN acting within their scope of practice to initiate a standing order without contacting the physician prior to implementation.
3. When an RN or an LPN, (in accordance with the Iowa Board of Nursing Scope of Practice), determines that a standing order is appropriate, the nurse will complete a telephone order. The telephone order must include all elements of a physician’s order according to standards of practice. For example: acetaminophen 325 mg 1-2 tablets every 4 hours by mouth (or P.O.) as needed (or PRN) for pain or fever, per standing orders protocol.
4. When the resident is experiencing a potential change in condition or acute illness, the nurse shall complete an assessment in addition to initiating a standing order. Abnormal findings from the assessment must be reported to the physician per policy and procedures. For example, a nurse may write a standing order for acetaminophen due to a low-grade fever. Following administration of the acetaminophen, the nurse assesses the resident and notes abnormal lung sounds that may indicate a possible respiratory infection. The nurse would notify the physician (if during business hours) or an on-call physician (if after hours) to report the assessment, including the fever, for further instructions and/or orders.
5. The nurse will then follow the nursing home policy for transcribing and/or noting the order into the resident’s medication administration record (MAR); treatment administration record (TAR); or by completing another requisition per policy appropriate to the standing order.
6. Once the order has been transcribed and/or noted per policy, the order will then follow nursing home policy for being sent to the primary care physician responsible for the resident for a signature.
7. A copy of the order will be placed in the resident’s medical record until the signed copy is returned. A signed copy of the order will then be placed in the resident’s medical record.
8. All aspects of initiating a standing order will be documented in the residents medical record including notification of the resident or their responsible party per policy and procedures.