

# Policy: Standing Orders for Delegated Medical Authority

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## Abstract

This policy defines the criteria and process for the development and approval of standing orders and delegated medical authority for registered nurses, midwives and medical staff at Counties Manukau DHB.

## Key Words

Standing orders, delegated medical authority

## Purpose

This policy defines the standards by which registered nurses to obtain approval and authority to work using standing orders for delegated medical authority.

## Scope

The policy applies to all registered nursing, midwifery and medical staff at CMDHB.



**Note: It is recommended that the standing order be developed in consultation with the staff (or representatives of those staff) that will be expected to work under the standing order (MoH, 2006).**

## Policy Statements

Standing Orders for Delegated Medical Authority should be formally defined using the template document and include;

- Medicines that may be supplied or administered under the standing order. It is recommended that the standing order list the medicines by their ingredient name rather than brand name.
- Specific reference to indications for which medications recommended dose or dose range, route, frequency, method of administration and documentation required.
- Contraindications for the medicines, validated reference charts for the calculation of dose (if required).
- Specific reference to identified diagnostic tests/investigations and processes for ordering and accountability for monitoring, following up and acting on results. The person who administers the standing order is required to

<b>Policy Number:</b>	CB-48001-107	<b>Version:</b>	1.4
<b>Department:</b>	Clinical Board	<b>Last Updated:</b>	April 2008
<b>Document Owner:</b>	Medicines Advisory Committee	<b>Next Review Date:</b>	February 2010
<b>Approved By:</b>	Clinical Management Partnership Forum	<b>Date First Issued:</b>	April 2002
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document the assessment and treatment of the patients (including adverse reactions).

- Specific reference the level of identified competence required by those supplying or administering a standing order.
- Specific credentialling requirements (this includes training requirements), processes and accountabilities for monitoring.  
[Hyperlink to Nursing Credentialling Process](#)
- The Nurse is accountable for accurate decision making and the application of the standing order. The nurse is responsible for seeking clarification of medication decisions on an individual case by case basis through consultation with the issuers of the standing order.
- A nurse who has been credentialled to operate a standing order can only do so when deemed to be on duty and at no other time.
- The standing order must specify the period for which it applies. Or until replaced by a new standing order covering the same subject matter or is cancelled in writing by the issuer.
- Specific reference to an annual review date. Annual review of the standing order can only be performed by the issuer who originally issued the standing order. If the original issuer is no longer available then a new standing order is required.
- The annual review must also include:
  - If the standing order continues to be necessary
  - Amendments
  - The review of competencies required for the standing order by the issuer
  - The review must be dated and signed by the issuer
  - Consultation and education of changes to staff affected

The document must be signed and approved by;

- All Registered Nurses that will be working within the authority.
- All Medical Staff and/or Midwives that will be accepting joint accountability for care provided within the authority.
- Clinical Nurse Director of the appropriate service.

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## Policy Statements (continued)

At the time of the initial approval by the area, the Clinical Nurse Director or the Director of Midwifery Practice will forward the standing order to the Nursing Credentialling Committee. This committee will process and forward the Standing Orders document to the Medicines Advisory Committee (MAC) for full approval and endorsement.

Original copies of the signed and approved documents must be held by the Director of Nursing for no less than 10 years.

Only significantly changed standing orders following their review, will require full Medicines Advisory Committee approval and endorsement.

### For Pukekohe Aged Care Unit and Franklin Memorial Hospitals:

A standard list of medications (medication classification within general sales and pharmacy only) and parameters of use for common ailments that is approved by the respective hospitals committee (composing of general practitioner, clinical pharmacist and nurse leader) as they see fit can be excluded from the Standing Order Policy for administration of medications by nurses." N.B. The administration of these approved medicines must be documented in the patient's notes and on the "stat" medication chart (with annotations "*as per standing order*").

## Related Documents

NZ Legislation	Health Practitioners Competency Act, (2003). Health and Disability Services (Safety) Act, (2001).
Clinical Board Policies	Medication
Quality Health NZ Standards	
Organisational Procedures	Guideline: Nursing Credentiailling (2007)
Other related documents	Ministry of Health, (2006). Guidelines for the Development and Operation of Standing Orders. New Zealand. Nursing Council of New Zealand (2001). Code of Conduct. Nursing Council of New Zealand, (2007) Competencies for Registered Nurses.

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# STANDING ORDERS APPROVAL PROCESS

