



STANDING ORDERS

Position Statement for RN and LPN Practice

Standing orders allow for the facilitation of timely interventions and the removal of barriers to care for various patient populations. Standing orders are the signed instructions of a provider which describe the parameters of specified situations under which the nurse may act to carry out specific orders for a patient presenting with symptoms or needs addressed in the standing orders. They outline the assessment and interventions that a nurse may perform or deliver. Standing orders must be in written form and signed and dated by the provider.

The authority for nurses to act upon standing orders in North Carolina is derived from the Nursing Practice Act, [G.S. 90-171.20 \(7\) \(f\) & \(8\) \(c\)](#).

Examples of situations in which standing orders may be utilized include the administration of immunizations (e.g., influenza and pneumococcal vaccines, among others), treatment of common health problems, health screening activities, occupational health services, public health clinical services, telephone triage and advice services, nurse-on-call services, ordering of lab tests or treatments for certain categories of patients.

Agencies utilizing standing orders should have policies in place which allow for the use of standing orders and procedures that describe the process for development and approval of standing orders within the organization or agency.

Components of Standing Orders should include:

1. Condition or situation in which the standing order will be used
2. Assessment criteria
3. Subjective findings
4. Objective findings
5. Plan of Care
6. Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present
7. Nursing actions
8. Follow-up requirements
9. Criteria or circumstances in which the physician is to be called
10. Date written or last reviewed
11. Signature of provider