

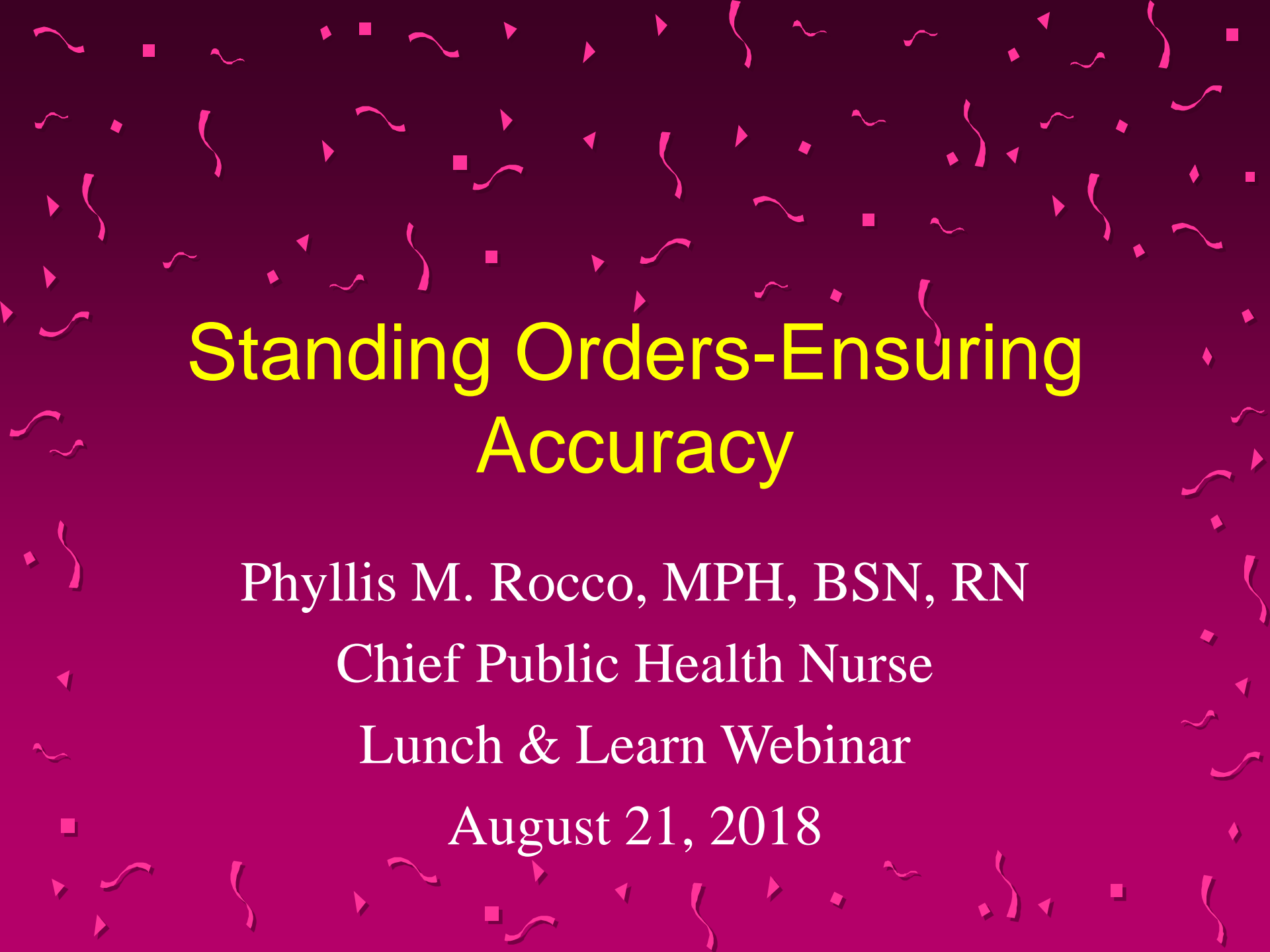
Welcome- August 21, 2018  
Lunch & Learn: “Ensuring Accuracy of Standing Orders”

- We will begin at 12 noon
- All questions should be typed into the chat box. There should be no sound right now or on the call in number.
- Please listen to the webinar using your computer speakers
- Evaluation survey and CNE information will be provided at the end.
- Neither the presenter or the nurse planner have any conflict of interest to disclose.

Presenter:

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



The background of the slide is a solid pink color, decorated with scattered white confetti. The confetti consists of various shapes: small squares, triangles, and wavy lines, all scattered across the entire surface.

# Standing Orders-Ensuring Accuracy

Phyllis M. Rocco, MPH, BSN, RN

Chief Public Health Nurse

Lunch & Learn Webinar

August 21, 2018

# Learner Outcomes

- Understand required components of a standing order ( s.o.)
- Differentiate between subjective & objective content
- Gain ability to quantify conditions for treatment & nursing interventions
- Gain knowledge related to the proper use of verbs & nouns stated in a s.o.

# Purpose

- What is the purpose of a standing order?
  - It is a means for a physician to legally convey to a nurse the authority to provide routine medical interventions to a client based on objective evidence, screening standards or age appropriate vaccinations.

# True or False

- S.O. may remove barriers to care for various patient pops.
- S.O. are needed to administer CPR.
- S.O. may be written by a nurse practitioner or physician assistant.

# Elements of a Standing Order

- S.O. Title/purpose/who it applies to
- Assessment
  - Subjective findings
  - Objective findings
- Plan of care
  - Implementation
  - Nursing Actions
  - Criteria for calling the physician or higher level provider
  - Follow up Requirements

# Elements continued

- Legal Authority
- Date written
- Approved by Medical Director & date
- *Must be reviewed and updated as necessary, and signed and dated at least annually*

# Assessment Criteria ( if applicable)

- Negative or positive lab test for xxx
- Normal or abnormal screening exam
- Affirmative answers to a screening tool
- Lack of age appropriate immunizations



# Subjective Findings

• Client presents for...

- STD screening exam
- New OB labs

Client complains of...

- Thick itchy vaginal discharge
- No period in 2 months and unprotected sex

• It is what the client tells you/the nurse or presents with i.e.

- Referral from another health care
- Identified as a contact to a CD case

# Example/Subjective Findings

- Clients may present with the following history:
  - Malodorous vaginal discharge
  - Asymptomatic
  - New sex partner
  - Multiple sex partners
  - History of douching
  - Lack of condom use

# Objective Findings

- What you or your agency does to respond to the Subjective/ client's request-

Results of assessment criteria

- Assessment of immunization record/ UTD or not
- Lab results and interpretation
- Vital signs

# Example/ Obj. Findings

Clinical documentation of at least three of the four findings below:

1. physical examination reveals a white to gray, thin homogenous vaginal discharge that smoothly coats the vaginal wall
2. pH of vaginal secretion is  $> 4.5$
3. positive whiff test – fishy odor from vaginal discharge with or without 10% KOH
4. presence of clue cells on microscopic examination of wet prep

# Plan of Care

- Implementation-the treatment or intervention
  - Give 1 gm. Rocephin IM
  - Obtain a diagnostic mammogram and refer to clinician for further consultation
  - List out known contraindications to the treatment/procedure
  - There can be no “nurses choice”

# Example/Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for bacterial vaginosis by standing order **if three of the four objective findings are documented in the medical record and the client is symptomatic.** Do not treat BV, if client does not complain of symptoms.

- Dispense Metronidazole 500 mg PO BID x 7 days if client is not pregnant
- Dispense Metronidazole 250 mg PO TID x 7 days if client is pregnant

Consult medical provider if the client needs alternative treatment.

# Nursing Actions

- Focus on education you provide for client's self-care for condition or disease.
- If there are situations when the client should call the clinician include those here
- Include medication teaching-do not cut and paste drug info for package inserts into the S.O.

# Ex. Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
1. laboratory tests that she received
  2. instructions for obtaining laboratory test results
  3. information about the diagnosis
  4. condoms and literature about risk reduction behavior

- A. Counsel the client regarding the prescribed medication:
1. advise client that she may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
  2. review client history regarding alcohol usage and recommend:
    - delaying the start of treatment until at least 24 hours after last alcoholic beverage
    - refraining from alcohol use during treatment with Metronidazole, and .....



# Criteria for Calling the Physician

- consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order

# Example/Criteria for Calling a Physician

- DO NOT ADMINISTER TREATMENT and consult with the medical provider, if **any** of the following conditions are present:
  - oral temperature  $\geq 101^{\circ}$  F.
  - abdominal, adnexal or cervical motion tenderness on examination
  - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
  - lesions or rash visualized on exam

# Follow-up Requirements

- Needed additional testing
- Rescreenings
- Referrals
- Return appts.

# Example/Follow-up

1. return to clinic, if symptoms persist, worsen, or reappear two weeks after treatment
2. return to clinic if client develops oral temperature  $\geq 101^{\circ}$  F.
3. asymptomatic sex partners do not need clinical evaluation since the client's response to treatment and the likelihood of relapse or recurrence are not affected by treatment of sex partners
4. pregnant women should notify their obstetric provider of their diagnosis and treatment

# Common Errors

- Criteria vs. Criterion
  - “Criteria” is the plural of “Criterion”
  - Use the word criteria if there is more than one objective finding required to be present in order to act on the S.O. as show in slide 12.
- Alternate word choices:
  - parameter vs. parameters
  - Element vs. elements

# Common Errors cont.

- Shall vs. can- never imply there is choice in a standing order. Use shall.
- Failure to specify how many “criteria” need to be met in order to execute the S.O. Great example on slide 14.
- Schizophrenic S.O.
  - Client presents with s&s of hyper or hypo glycemia

# Common errors cont.

- Follow-up with primary care physician if indicated. –You have to give the nurse and the client specific parameters as to when to follow-up. See slide 20.
- If nursing actions should be done in a particular sequence, then make sure steps are in the correct sequence, numbered correctly. If done out of order, then S.O. becomes invalid.

# Common Errors

- Do not put erroneous information into S.O.
  - Billing and coding information
  - Quoting studies
  - Historical background