Public Health Nursing Manual: Standing Orders

Part 3: Developing Standing Orders  Revised: 12/16

Developing Standing Orders

Introduction:
Standing orders are the signed instructions of a medical 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. Standings orders also serve to standardize clinician practice within the agency.

Standing orders provide the framework for registered nurses to assess and treat disease while practicing in local health department settings. Standing orders may be developed by the agency to guide nurse practice provided they are approved and signed by the medical director and contain all the required components. The agency should have policies in place which allow for the use of standing orders and procedures that describe the process for the development and approval of standing orders within the agency and includes procedures for archiving and storing outdated standing orders.

Reference documents are provided below to guide the development and use of standing orders in the health department.

Legal Basis for Standing Orders:
The authority for nurses to act upon standing orders in North Carolina is derived from the Nurse Practice Act, G. S. 90-171.20 (7) (f) & (8) (c). Standing orders must be in written form, dated and signed by a physician licensed to practice in North Carolina or Advanced Practice Practitioner (APP) with the approval of the agency and supervising physician which has been noted in agency policy and the APP collaborative agreement. They must be reviewed and signed at least annually and revised as necessary. The physician medical consultant or physician medical director may sign standing orders for nursing services. In disaster situations the NP or Physician Assistant may provide standing orders for mass dispensing of drugs provided that function is in the individual NP’s or PA’s collaborative agreement. The registered nurse who follows medical standing orders applicable to factual situations and who is qualified to recognize these situations is not engaging in medical practice.

Standing orders are necessary for every clinical service delivered by nurses during which medical treatment, medications, immunizations or other laboratory testing may be indicated. Standing orders should be specific to each clinic service (e.g., family planning, maternity, STD, TB, immunizations, etc.) and describe the parameters of specified situations under which the nurse may act.

Standing orders may NOT call for the nurse to make any medical decision or judgment. Registered nurses may, within the legal scope of practice, determine if a finding is normal vs. abnormal. Discrimination between abnormal findings, in the absence of objective data (such as a lab test result), is beyond the scope of nursing practice. Standing orders may not be used to change or expand the legal scope of practice for the registered nurse.
Reference Documents for Standing Orders: (click on the bulleted item or hyperlink below)

- Memorandum of February 5, 2016 on Standing Orders from Phyllis Mangum Rocco RN, BSN, MPH, Head, Public Health Nursing & Professional Development Unit
- Recommended Standing Order Template from PHN-PD containing the required components outlined in the NCBON Position Statement for Standing Orders, Reviewed: 12/16