North Carolina Department of Health and Human Services
Division of Public Health

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MEMORANDUM

TO: PHN Directors, Supervisors and Consultants

FROM: **Phyllis Mangum Rocco, RN, BSN, MPH,** Branch Head
Division of Public Health, Local Technical Assistance and Training Branch &
Public Health Nursing and Professional Development Unit

DATE: **February 5, 2016**

SUBJECT: **Standing Orders (S.O.) for Rapid Influenza Diagnostic Test (RIDT) and Rapid Strep Test and**
Re-Release of Standing Order Memo

This purpose of this memo is two-fold. I have received questions regarding the following situations.

1. **Standing Orders for Rapid Influenza Diagnostic Test and Rapid Strep Test:**
-Despite the fact that these 2 types of lab test produce objective results, Public Health Nurses should not perform these test and provide treatment based on a standing order. My rationale is that if a client is ill, these tests are not being used as screening test, but as diagnostic test and the client needs to be evaluated by a mid-level or higher provider to determine the extent of their illness regardless of the test results. RIDT can produce false negative or positive results. The decision to treat a client should be based on symptomology and not on the test results alone. This decision making requires medical judgement and may not be delegated to a RN via a S.O. I have included the reference from the CDC. Should you be deployed to respond to a suspected outbreak situation as described in the document, a S.O. may be appropriate for that situation.
http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm#fluoutbreakdetection

   Rapid Strep Test are very accurate, however, again, treatment should not be based only on the test result. A physical assessment needs to occur to determine if there are other infections or conditions to be considered prior to treatment. This decision making requires medical judgement and may not be delegated to a RN via a S.O.

2. **Re-Release of Standing Order Memo**

   From the many calls, questions and concerns I am hearing, it is clear that it is once again time to do a memo clarifying Standing Orders and how they may be legally and appropriately used for public health nursing practice. The information in this memo was originally released by my predecessor, Dr. Joy F. Reed January 8, 2007 and again on February 12, 2013. The content is still applicable today.

"The first rule for an appropriate Standing Order is that it must not require any medical judgment on the part of the Registered Nurse; the action to be taken must be clear and based on objective, verifiable findings [e.g., if hemoglobin is below __, provide (or give prescription for) __.] Standing orders developed and provided by the DPH Program staff and included in Program Manuals may be adopted "as is" by the local agency with approval of the agency's medical director and then included or referenced in the agency's policy manual. Activities such as treatment for sexually transmitted diseases, TB, lice, ringworm, and anemia; provision of family planning methods; administration of immunizations; and provision of emergency treatment for anaphylaxis all lend themselves to Standing Orders. It is also appropriate to use Standing Orders to allow the PHN to order a standard set of lab tests for all patients of a specific type (e.g., all new Maternity clients, all FP clients coming in for an annual visit, any child or any child of a specific age range presenting for a Health Check visit, or even anyone presenting with a discharge who should get a specific set of STD screening tests.)

Areas where there could be a problem with Standing Orders are those involving a medical decision by the PHN. That decision can be as simple as a choice of drugs to administer (e.g., "if test is positive, provide either __ or __) or as complex as looking in a child's ear and determining whether the child has otitis media. What the PHN (or any RN) may do within the legal scope of practice is to determine if a finding is ***normal vs. abnormal.*** ***Discrimination between abnormal findings, in the absence of objective data (such as a lab result), is beyond the scope of practice for a registered nurse.***

Several examples might help to clarify this. It would be very difficult for the PHN to listen to breath sounds and determine that they are abnormal without needing to further discriminate between the various abnormal sounds in order to treat. Because standards of care would make it very rare for *any and all* abnormal breath sounds to result in the same treatment, the PHN would not be able to treat the causative agent for abnormal breath sounds under a Standing Order because there is no objective test for discriminating between the various abnormal breath sounds. Likewise, if a PHN must discriminate between "strep," "thrush, " or other lesions or determine that two or more of these co-exist when looking at the "white patches" in a child's mouth in order to determine which Standing Order to follow or which treatment to provide, that is beyond the legal scope for a RN. Finally, if all clients with a discharge are to get the same set of lab tests, then the PHN can be allowed to order those based on a Standing Order. **However,** if distinctions must be made on a case by case basis (unless based on an objective finding such as when one positive lab result leads to the ordering of an additional test) as to which tests should be ordered then it beyond the legal scope of the RN.

There also seems to be some confusion related to over the counter medications (OTC) and the need for a standing order. The BON has ruled that "consistent with G.S. 90-171.20 (7) and 21 NCAC 36.0224, the Registered Nurse may recommend the use of an over-the-counter (OTC) pharmaceutical product (including dietary supplements and herbal remedies) or non-prescriptive device for an identified health-related need of a client as part of her/his nursing practice. The Registered Nurse who makes such a recommendation is held accountable for having the knowledge to make such nursing care decisions safely and to monitor the outcomes of her/his actions. The practice of recommending over-the-counter pharmaceutical products and non-prescriptive devices must also be consistent with the established policies of the system in which the registered nurse practices as well as consistent with the client's overall health-related plan of care.
Consistent with G.S. 90-171.20 (8) and 21 NCAC 36.0225, the Licensed Practical Nurse does <u>not</u> have the authority to independently recommend the use of over-the-counter products and non-prescriptive devices.