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*A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.*

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### **Issue:**

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 authorized by state law to prescribe the medical treatment and/or pharmaceutical regimen. Standing orders 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 registered nurse (RN) or licensed practical nurse (LPN) may perform or deliver. It is not within the nurse's scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness. Standing orders must be in written form and signed and dated by the provider.

Standing orders may be implemented in a variety of outpatient and inpatient settings including emergency, intensive care, and acute care units. Examples of situations in which standing orders may be utilized include, but are not limited to:

- a) administration of immunizations (e.g., influenza, pneumococcal, and other vaccines),
- b) treatment of common health problems,
- c) health screening activities,
- d) occupational health services,
- e) public health clinical services,
- f) telephone triage and advice services,
- g) nurse-on-call services,
- h) orders for lab tests or treatments for certain categories of patients, and
- i) frequently occurring orders implemented when indicated for specific patient populations, diagnoses, and symptoms.

### **Agency:**

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 including:
  - a) Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present,
  - b) Nursing actions, and,
  - c) Follow-up or monitoring requirements

6. Criteria or circumstances for which the physician, nurse practitioner, certified nurse midwife, or physician assistant is to be called;
7. Date written or last reviewed; and
8. Signature of provider

**Note:**

**In some systems, standing orders may be titled “protocols” and if so, must meet all the requirements of this statement.**

**References:**

[Nursing Practice Act](#), G.S. 90-171.20 (7) (f) & (8) (c).

[21 NCAC 36.0224 – Components of Practice for the Registered Nurse](#)

[21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse](#)

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