

HACKETTSTOWN REGIONAL MEDICAL CENTER
Administrative Policy and Procedure

SECTION: PATIENT CARE SERVICES

Number: PC26
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TITLE: STANDING ORDERS / PROTOCOL

PURPOSE

To specify the conditions under which standing orders and protocols are allowable for use at Hackettstown Regional Medical Center.

SCOPE

Applies to all inpatient and outpatient services of Hackettstown Regional Medical Center.

DEFINITIONS

Standing Orders / Protocols – Medical directives pre-approved by the Medical and Nursing staffs which are implemented based on an assessment of the patient utilizing pre-approved criteria.

Pre-Printed Orders – Medical directives pre-approved by the Medical and Nursing staff which are implemented only upon written or verbal patient-specific order from the physician / LIP (Licensed Independent Practitioner).

POLICY

The use of standing orders or protocols must be documented as an order in the patient's medical record and authenticated by the practitioner responsible for the care of the patient as soon as possible after implementation of the order. The timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

Standing orders or protocols must be reviewed and approved by the appropriate members and committees of the medical staff and nursing staff prior to their use. Requests for consideration should be submitted to the Chief Medical Officer. Standing orders / protocols should be reviewed for necessary revisions by both the medical and nursing staffs at least annually.

Standing orders / protocols must be implemented only by a nurse or other licensed healthcare provider whose training and experience qualifies her or him for the duties and responsibilities outlined in the standing orders / protocols.

PROCEDURE

- I. The patient must be assessed for appropriateness of implementing the standing order / protocol based on the criteria established by the Medical Staff. In the event that a

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change in the order is deemed necessary for the well being of the patient, the ordering will be notified.

- II. If assessment reveals that criteria are met and that no changes in the order are indicated, the standing order will be implemented and the order / protocol will be placed in the patient's medical record.
- III. The physician / LIP responsible for the care of the patient will sign the standing order / protocol as soon as possible, or within 48 hours, after implementation of the order.

REFERENCES

Department of Nursing Standards Manual

Nursery Nursing Standards Manual

Emergency Department Nursing Standards Manual

CMS Memorandum, October 24, 2008, Reference # S&C-09-10

Joint Commission Correspondence, October 29, 2008