Standing Orders Used by RNs and LPNs

**Purpose**
To provide guidance for Registered Nurses (RN) and Licensed Practical Nurses (LPN) in a practice setting that use standing orders to facilitate timely interventions and the removal of barriers to care for various patient populations. Guidance in this policy is limited to RN and LPN scopes of practice.

For RN and LPN Scope of Practice refer to:
- [http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_045.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_045.html)

**Background**
Historically, standing orders have been used in many practice settings. These documents provide guidance and direction for licensed nurses when carrying out orders in the absence of a Licensed Independent Practitioner (LIP).

**Definition**
Standing Orders: A care directive from an Oregon LIP that describe the parameters of specific situations, under which the nurse may act to carry out specific orders for a patient who presents with symptoms or needs addressed in the standing orders. Standing Orders outline the assessment and interventions that a licensed nurse (RN or LPN) may perform or deliver. They must be in written form and signed and dated by the Licensed Independent Practitioner.

**Practice Setting**
It is not the Board’s role to develop policy for the practice setting. However, nurses who utilize standing orders should ensure there are policies in place which allow for the use of standing orders, and that there is a process for the development and approval of standing orders within the organization or agency.

Examples of situations in which standing orders may be utilized can include, but are not limited to:
1. Administration of immunizations (e.g. influenza, pneumococcal, and other vaccines)
2. Nursing treatment of common health problems
3. Health screening activities
4. Occupational health services
5. Public health clinical services
6. Correctional settings where nursing care is provided
7. Telephone triage and advice services
8. Orders for lab tests or treatments for certain categories of patients
9. School health

Components of Standing Orders should include:
1. Conditions (symptoms) or situation in which the standing order will be used;
2. Assessment criteria;
3. Objective and/or subjective findings which allow the nurse to apply the nursing process.
4. Plan of Care including:
   a. Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present and meet criteria set forth in the standing order
   b. Nursing actions, and
c. Follow-up or monitoring requirements
5. Inclusion and exclusion criteria or circumstances for which the Licensed Independent Practitioner (LIP) is to be consulted, specifying criteria for routine, urgent or emergent consult;
6. Date written and last reviewed; and
7. Signature of the LIP

Standing Orders – Routine refills
A standing order does not permit the delegation of prescribing function, such as routine refills, to licensed nurse without prescriptive authority. Therefore, RNs and LPNs cannot be authorized, through a standing order, to renew/refill or extend a prescription that has expired without first consulting the prescriber.

References
Oregon State Board of Nursing Sentinel, Vol. 30, No. 3, June 2011 pages 10-11
North Carolina Board of Nursing: Standing Orders Position Statement for RN and LPN Practice, 2009

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