

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

Title:	Standing Orders	Number: NCAO 28.00
References:	See References and Resources	
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Conclusion Statement

It is within the scope of the appropriately trained and competent registered nurse (RN) or licensed practical nurse (LPN) to follow standing orders within the nurse's scope. Other terms commonly used for standing orders include protocols, pre-printed orders, pre-approved orders, order sets, care pathways, care plans, and clinical guidelines. Standing orders involving a medical regimen must be approved by an [authorized health care practitioner](#) (advanced registered nurse practitioner, physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, optometrist, or licensed midwife within their scope of practice). The nurse may delegate specific tasks, to credentialed or non-credentialed unlicensed assistive personnel (UAP) to implement standing orders within the legal parameters and scope of practice of the nurse and UAP.

The nurse may provide medical services following approved standing orders without prior establishment of a provider-patient relationship between the authorized health care practitioner (prescriber) and the person receiving medical services. The prescriber creates a professional relationship with the nurse implementing the standing order that establishes the provider-patient relationship.

The nurse must use professional judgment and consult as necessary when permitted actions need clarification, unexpected patient symptoms, complications, or other situations occur. NCQAC advises using the [Interactive Scope of Practice Decision Tree](#) to determine whether performing directed activities following a standing order is within the nurse's legal and individual scope of practice. This advisory opinion is intended as a broad statement on using standing orders and is not meant to encompass all practice settings, related laws and rules, accreditation standards, standing orders or reimbursement requirements.

Background and Analysis

Standing orders are used in almost every health care setting. Washington state nursing laws and rules do not prohibit the nurse from implementing care following standing orders. Standing orders are evidence-based tools used to guide the assessment, diagnosis, and treatment of patient-specific clinical problems. Standing orders act as written care directives delineating the circumstances and describing the parameters of specific situations to carry out specific orders. Electronic health records systems commonly include use of clinical standing orders. Standing orders may be nurse-driven to provide consistent, safe and effective care (e.g. removal of indwelling catheters). Standing orders involving a medical regimen allows the nurse to provide timely interventions and removes barriers to care for various patient populations. Standing orders may be used in a variety of settings. Examples include patient populations with specific conditions (including medication refills and laboratory tests), symptoms, emergency/urgent care, routine processes (e.g. admission orders, pre-operative orders), occupational health, telephone triage, health screening activities, school health, medication assisted treatment (MAT), and preventive care (e.g. immunizations).

Factors that may influence an institution's decision to use standing orders may include (but not limited) reimbursement, accreditation standards, risk assessment. Facility policies may restrict the use of standing orders or scope of practice but may not expand nursing scope of practice.

Statutes and Regulations

The Washington state nursing laws and rules do not include language that prohibits or permits the nurse to follow standing orders. The RN and LPN may carry out medical regimens under the direction of an authorized health care practitioner. The RN and LPN may delegate care to UAP (such as the nursing assistant, home care aid, and medical assistant) following the delegation laws and rules within the nurse's and UAP's scope of practice. Other state laws and rules (but not limited to) define and describe requirements for using and authenticating standing orders. For example:

- Ambulatory Care Surgical facilities define protocols and standing orders as, "Written or electronically recorded descriptions of actions and interventions for implementation by designated ambulatory surgical facility staff under defined circumstances recorded in policy and procedure. Use of preestablished patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner or advanced registered nurse practitioner. [Chapter 246-330 WAC](#)
- Hospital rules defines protocols and standing orders as, "Written or electronically recorded descriptions of actions and interventions for implementation by designated hospital staff under defined circumstances under hospital policy and procedure. WAC 246-320-010. Chapter 246-320 WAC requires documentation in the medical record and preapproval or authentication by an authorized practitioner.

[RCW 69.50.308](#), [WAC 246-887](#), and the Drug Enforcement Agency (DEA) define requirements for controlled substances that may restrict the use of standing orders. There are specific requirements for electronic communication of prescription information following standing orders:

- Prescriptions issued for the dispensing of a nonpatient specific prescription under a standing order, approved protocol for drug therapy, collaborative drug therapy agreement, in response to a public health emergency, or other circumstances allowed by statute or rule where a practitioner may issue a nonpatient specific prescription. RCW 69.50.312. The nurse may administer legend drugs/controlled substances directly to a patient following a standing order

within their scope of practice. Schedule II controlled substances may not be dispensed following a standing order. RCW 69.50.308.

Federal regulations may apply to specific facilities, such as the Centers for Medicare and Medicaid Services.

State-Wide DSTs

The Washington State Department of Health may choose to issue state-wide standing orders. The nurse may follow approved state-wide standing orders or institutional standing orders. Currently, the following are approved for use in Washington State:

- [Standing Order for COVID-19 Screening in Certain Congregate Facilities and Agencies.](#)
- [State of Washington Standing Order Authorization for Pfizer-BioNTech COVID-19 vaccine \(PDF\).](#)
- [State of Washington standing order authorization for Moderna COVID-19 vaccine \(PDF\).](#)
- [Statewide Standing Order to Dispense Naloxone \(PDF\).](#)

Recommendations

The RN and LPN may implement medical care based on patient-specific or condition-specific standing orders. Standing orders should be developed and approved by medical, pharmacy, and nursing leadership based on nationally recognized evidence-based guidelines and recommendations. The nurse must implement standing orders as written and stay within the confines of the directions outlined. Any deviation requires consultation with an [authorized health care practitioner](#). Medical records documentation must reflect that the nurse is following a standing order, any consultation, deviation, or decision not to follow the standing order.

The nurse must exercise professional responsibility and prudent judgment when using standing orders and must be competent to follow standing orders, including specific procedures included in the standing order. The nurse must understand institutional policies and procedures and laws and rules related to standing orders specific to the facility or setting. The nurse may direct UAP to carry out standing order tasks within the nurse's and UAP's scope of practice. The nurse may delegate to UAP as allowed in the laws and rules following the delegation process.

The NCQAC recommends the institution:

- Involve nursing leadership and other health care professionals in developing and approving standing orders.
- Understand the applicable laws and rules (state and federal) that apply to standing orders.
- Develop standing orders based on nationally recognized and evidence-based evidence, within the applicable laws and rules required for the institution, and accreditation standards.
- Provide a method of maintaining a record of those approved and authorized to use standing orders.
- Specify documentation requirements.
- Establish authentication procedures.
- Specify process for authentication by an authorized health care practitioner.
- Establish institutional policies and procedures to implement standing orders.
- Review and revise standing orders as needed, or at minimum, annually.
- Communicate changes to standing orders as soon as possible to appropriate staff.
- Establish competency, validation, and training requirements.

Standing orders should include the following:

- Identify the patient population or condition to be treated according to the standing orders, including exceptions or contraindications.
- Specify which acts require any level of experience, training, education, or certification.
 - Conditions, symptoms, or situations in which the standing order will be used;
 - Assessment criteria;
 - Objective or subjective findings;
 - Plan of care including medical and pharmaceutical treatment based on assessment criteria;
 - Nursing actions;
 - Follow-up or monitoring requirements.
- Specify those who may perform the actions required using standing orders.
- Delineate under what circumstances the actions may be performed.
- Specify the scope of supervision required (if any).
- Identify special circumstances under which the person implementing the standing order is to immediately communicate with the medical provider.
- Identify limitations on the practice setting (if any).
- Provide a method of maintain a written record of those authorized to use standing orders.
- Establish a method for initial and continuing evaluation of the competence of those authorized to use standing orders.
- Use generic names of medication/biologics, exact dosages, and routes of administration. The NCQAC recommends following the Institute of Safe Medication Practices (ISMP) [Institute for Safe Medication Practices \(ISMP\) Guidelines](#) to avoid error-prone abbreviations, symbols, and dose designations.
- Specify documentation requirements.
- Specify authentication requirements considering state facility laws/rules and federal laws/rules (such as CMS requirements), and accreditation standards (such as Joint Commission).
- Provide a method of periodic review of standing orders.
- Delineate inclusion and exclusion requirements for which the nurse must consult with a medical practitioner for routine, urgent, or emergent situations including the communication process between the nurse and medical practitioner as appropriate.
- Identify diagnostic, procedural, and billing coding requirements.

Conclusion

The NCQAC concludes that nurses may follow standing order under the direction of an authorized health care practitioner. The NCQAC advises nurses to use the [Interactive Scope of Practice Decision Tree](#). Nurses should always use professional nursing judgment and consider whether their actions are prudent and reasonable.

References

Laws and Rules

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[RCW 28A.210.383 Epinephrine Auto injectors \(EPI Pens\)-School Supply-Use](#)

[RCW 69.41.095 Opioid Reversal Medication - Standing Order Permitted](#)

[RCW 69.50.312 Electronic Communication of Prescription Information](#)

[WAC 246-330 Ambulatory Surgical Facilities](#)

Resources

[Agency for Healthcare Quality and Research: Overview and Examples of Medical Standing Orders](#)

[American Academy of Family Physicians: Developing Standing Orders to Help Your Team Work to the Highest Level](#)

[Centers for Medicare and Medicaid Services \(CMS\) Regulations and Guidance](#)

[Immunization Action Coalition Standing Orders](#)

[Opioid Use Disorder – Medication Assisted Treatment: Nurse Care Managers and Scope of Practice \(PDF\)](#)

[Prevention and Treatment of Opioid-Related Overdoses \(PDF\)](#)

[Public Health Nurses: Dispensing Medications/Devices for Prophylactic and Therapeutic Treatment of Communicable Diseases and Reproductive Health \(PDF\)](#)

[Nurses and Nurse Practitioners of British Columbia: Certified Practice Decision Support Tools](#)

[Nursing Critical Care: Nurse Driven Protocols \(Barto, D.\), July 2019](#)

[Nursing Scope of Practice Decision Tree](#)

[Registered Nurse and Licensed Practical Nurse Scope of Practice \(PDF\)](#)

[Washington State Department of Health Behavioral Health Agencies/Opioid Treatment Program](#)