

Standing Orders

Introduction and Purpose

Many health-care settings use Standing Orders to enhance health-care provision. Confusion regarding some aspects of their use exists. This guideline is intended to provide useful information and definitions for nurses and midwives who work with Standing Orders. It should be read in conjunction with the following documents:

- > NZNO Guidelines for Nurses on the Administration of Medicines (NZNO, 2023).
- > Ministry of Health Standing Order Guidelines (Ministry of Health, 2016).
- > Medicines (Standing Orders) Regulations (2002).
- > Medicines (Standing Orders) Amendment Regulations (2011, 2016).

NZNO's Position on Standing Orders

NZNO supports [Midwives, Registered and Enrolled Nurses](#) using Standing Orders in situations where timely access to medicines can be facilitated more effectively with their use, the nurse or midwife has the requisite education and training, and the issuer of the Standing Order complies with the relevant legislation.

Standing Orders are used extensively by nurses and midwives across many health-care settings as a means of:

- > facilitating timely access to medicines in an emergency;
- > where a prescriber is unavailable; and/or
- > where patient outcomes are likely to be improved through their use (Walker, Clendon & Nelson, 2015; Wilkinson, 2015; Pirrett, 2012; Sobolewski, Koo, Deutsch, (2022).

Nurses and midwives with appropriate education who have received specific training relevant to the Standing Order, are well placed to provide patient care using this model. The effective use of Standing Orders by nurses and midwives has been shown to improve patient outcomes both locally (Scott-Jones, et al.) and internationally (Goebel, Neitch & Mufson, 2005). Standing Orders are most effective when prescribers maintain the orders as per regulation and legislation, support their use and have confidence in nurses' abilities (Wilkinson, 2015).

Definitions

A **Standing Order** is a *written* instruction issued by a practitioner (medical practitioner or dentist), registered midwife, nurse practitioner, or optometrist (jointly referred to as prescribers in this document) that authorises a specified person or class of people engaged in the delivery of health service (eg, registered nurses, registered midwives), who do not have prescribing rights to supply and administer specified medicines and some controlled drugs without a prescription (Medicines Act, 1981, section 2(1)a).

NB: A Standing Order does not allow a nurse or midwife to generate a prescription and provide it to a patient to take to a pharmacy to be dispensed (with the prescription signed later by the issuer of the Standing Order).

NB: A Standing Order also does not allow a person to provide a patient with a prescription that has been pre-signed by the issuer of the Standing Order (Ministry of Health, 2016).

Providing medicines under a Standing Order requires the nurse or midwife to carry out an assessment, interpret any results, decide on an appropriate medicine and supply this according to the Standing Order. It is important the nurse or midwife does not **prescribe by proxy**, ie. assess a patient, decide what medicines are needed, generate a script and then get a prescriber to sign it. NZNO does not support prescribing by proxy due to the risks involved for the patient, nurse and prescriber. If a nurse wishes to prescribe, then the nurse needs to undertake the education required by Nursing Council to include prescribing in their scope of practice.

To **administer** means to administer to a person either:

- > orally or by injection or by introduction into the body in any other way; or
- > by external application, whether by direct contact with the body or not. (Medicines Act, 1981, section 2(1)).

To **supply** is to furnish or provide a person with the medicine or controlled drug as described in a Standing Order.

Dispensing in relation to a medicine includes:

- > the preparation of a medicine for sale to the public (whether in response to the issue of a prescription or a request by an individual to be supplied with the medicine); and
- > the packaging, labelling, recording, and delivery of the medicine.

NB: A nurse who is supplying a medicine as per a Standing Order is not dispensing as per the above definition. Only pharmacists and authorised prescribers can dispense. Sections 18(1)(a)(ii) and 18(2A)(b) of the Medicines Act (1981) may help clarify this.

A **practitioner supply order** (PSO) is a written order made by a practitioner on a form supplied by the Ministry of Health, or approved by the Ministry of Health Sector Services, for the supply of pharmaceuticals to the practitioner. The practitioner requires this to ensure medical supplies are available for emergency use, teaching and demonstration purposes and for provision to certain patient groups where individual prescription is not practicable (<https://www.pharmac.health.nz/tools-resources/glossary/>).

The PSO is the supply (usually) from which an issuer of a Standing Order authorises a nurse to supply the medicine described in the Standing Order.

NZNO recommends any medications supplied to a person as per a Standing Order must be pre-packaged and labelled by a pharmacy appropriately for single patient use (not from stock bottles).

To **titrate** is to adjust the level of medicine until a desired outcome is met e.g. to titrate warfarin according to lab results.

NB: titration is not specifically covered in the Medicines (Standing Orders) Regulations. The Ministry of Health (Hussey, 2015) advised the following:

- if titration is to be undertaken as part of a Standing Order, the prescriber must ensure specific titration guidelines are included, including specifying the range of dosages and the patient indications for the range;
- the issuer of the Standing Order must follow the same guidelines as for any Standing Order (see below).

Standing Order in Practice

Standing Orders are useful for procuring treatment or medicines for common conditions in the absence of a prescriber. Standing Orders must meet all of the following criteria (taken directly from the Medicines (Standing Order) Regulations 2002 (SR 2002/373):

- a) be in writing, name the issuer, and be signed and dated by the issuer
- b) explain why the Standing Order is necessary
- c) describe the class of persons permitted to supply or administer a medicine under the Standing Order (e.g. registered nurse, paramedic)
- d) specify:
 - i. the level of competency required of the class of persons permitted to supply or administer a medicine under a Standing Order, including any training to be undertaken, in the following circumstances:
 - if there is no registration authority for that class of persons; or
 - the registration authority for that class of persons has not set any level of competency;
 - ii. any additional competencies required of the class of persons permitted to supply or administer a medicine under a Standing Order, including any training to be undertaken, if the registration authority for that class of persons has set levels of competency;
- e) identify the class of persons to whom a medicine may be supplied and administered under the Standing Order (i.e.. the patient or patient group);
- f) specify either the period for which the Standing Order applies or, if no period is specified, state that the Standing Order is to apply until it is replaced by a new Standing Order covering the same subject matter or until it is cancelled in writing by the issuer;
- g) specify the particular circumstances in which the Standing Order applies;
- h) specify the treatments to which the Standing Order applies;
- i) list the medicines that may be supplied or administered under the Standing Order, the indications for which the medicine is to be administered and the recommended dose or dose range for those indications, the contraindications for the medicine, the validated reference charts for calculation of dose (if required), the method of administration, and the documentation required;
- j) specify whether countersigning is required and, if countersigning is required, specify:
 - i. the period within which the issuer must countersign the charted treatment; and
 - ii. any other requirements for countersigning that the issuer considers appropriate;
- k) if a policy relating to the Standing Order exists, attach a copy of that policy, which must have been signed by the issuer, the management of every health provider in which the Standing Order operates, and every person supplying or administering under the Standing Order, as applicable;
- l) describe the scope of the Standing Order; and
- m) define the terms used in the Standing Order.

Responsibilities of the Nurse or Midwife

A nurse or midwife administering or supplying any medicine or controlled drug under a Standing Order is accountable for their practice and is obliged to:

- > supply or administer the medicine or controlled drug in accordance with the Standing Order;
- > have sufficient knowledge of the medicine/s to be able to monitor and respond to adverse reactions, and monitor effectiveness;
- > record or chart the assessment and treatment of the patient (including adverse reactions), and any monitoring or follow up of the patient's treatment.

A Standing Order permits or empowers a nurse or midwife to administer or supply medicines; it does not require them to do so. It is up to the nurse or midwife administering or supplying to use their professional judgement as to whether to administer or supply the medicine (Ministry of Health, 2012). The nurse or midwife administering or supplying is accountable for this decision. If the nurse or midwife is uncertain or unclear on any aspects of a Standing Order, then obtaining a verbal order or written, individual prescription may be appropriate.

Nurses/midwives administering medicines under a Standing Order should only do so if they have signed up to the agency's Standing Order policy and have met the specified competencies (Keenan, 2016, p.320).

If a Standing Order specifies the level of competency or additional competencies of a nurse or midwife permitted to supply and administer a medicine under that Standing Order, then the competency or additional competencies of that nurse or midwife must be reviewed by the issuer at least once a year, commencing from the date on which the Standing Order was signed by the issuer.

NB: The Nursing Council of New Zealand sets the basic standards for competence and continuing competence for all registered and enrolled nurses, and nurse practitioners, and the Midwifery Council of New Zealand sets the basic standards for competence and continuing competence for midwives (Health Practitioner Competence Assurance Act, 2003). A Standing Order may contain additional competencies the nurse or midwife must complete prior to acting under the Standing Order. It is the nurse's or midwife's responsibility to ensure they meet the required level of competence in all cases and to work within their level of skill, knowledge, expertise, and understanding of relevant best practice guidelines.

Standing Orders are often embedded in clinical pathways – it is important to understand the obligations surrounding use of Standing Orders when using a clinical pathway.

NB: A clinical protocol or clinical pathway is not a Standing Order. While a Standing Order may be embedded within a protocol or pathway, all of the legal parameters surrounding Standing Orders still apply. It is important to ensure you are fully aware of all local policies and procedures associated with the clinical pathway, clinical protocol and/or Standing Order and have completed all requisite training prior to use.

Nurses and midwives must follow the policies and guidelines on the use of Standing Orders specific to the health-care setting within which they are practising.

Every nurse should be aware of the Standing Orders and protocols that apply and restrictions that there are on the administration and prescription of medications (Health Practitioners Disciplinary Tribunal case number HPDT 421/NUR11/189P, p.19).

To ensure best practice with Standing Orders, NZNO recommends nurses use the Ministry of Health Guidelines for Standing Orders (MoH, 2016) Template for Standing Orders (see further information below for access details).

Responsibilities of the Issuer

The issuer of the Standing Order (i.e. the prescriber) is responsible for ensuring the Standing Order is up to date and all legal requirements, as outlined in section three above, are met. This includes:

- > reviewing the level of competency at least once per year, of the nurse or midwife permitted to supply and administer a medicine under the Standing Order;
- > auditing a selection of patient charts at least once per month if a Standing Order does not require countersigning of charted treatments or countersigning is required less than once each month;
- > reviewing a Standing Order at least annually and re-signing and dating it accordingly;
- > signing and dating any variations, deletions or additions to the Standing Order;
- > countersigning any charted treatment that requires countersigning as per the Standing Order within the stated timeframe; and
- > ensuring that anyone operating under a Standing Order has the appropriate training and competency to fulfil the role.

In a group setting eg. general practice, an issuer of a Standing Order may be authorised by a group of prescribers to issue the Standing Order on their behalf. The authorised issuer holds ultimate responsibility for ensuring the Standing Order meets all legal requirements. If a prescriber within a group setting does not agree to the Standing Order, this should be noted on the Standing Order. The nurse is responsible for knowing which prescriber has issued the Standing Order.

NB: Under the Medicines (Standing Order) Regulations 2002 (SR 2002/373), there is no provision for locum cover. An issuer of a Standing Order is the only person allowed to countersign, audit and/or review a Standing Order. If the issuer leaves the organisation or goes on leave for an extended period, a new Standing Order will be necessary. If a locum is replacing an issuer of a Standing Order, a new Standing Order will need to be written by the locum or the locum will need to formally agree to the existing Standing Order. This should be documented.

Other

It is important the Standing Order identify the patient or group of patients to whom the Standing Order applies. In some cases, Standing Orders are written for individual patients, and this may be appropriate in some circumstances – particularly where patients are receiving care over a long period of time, e.g. palliative care. The same rules apply, whether a standing order is written for one patient or for many patients.

Nurses or midwives supplying medicines under a Standing Order must ensure they meet the requirements of the Medicines Act (1981) No 118 (as at 5 April 2023) Section 44 that requires any medicine being packed, stored, sold, **supplied**, or transported to be in a container that:

- > is impervious to the medicine;
- > is constructed so it can be readily and effectively resealed after any portion of the contents have been used;

- > is in the specified package if specific characteristics or type of container has been specified; and
- > is labelled in the prescribed manner.

Paper envelopes do not meet this criteria – as noted above, **NZNO recommends** any medications supplied to a person as per a Standing Order must be pre-packaged and labelled by a pharmacy appropriately for single patient use (not from stock bottles).

Some organisations are choosing to order more PRN medicines rather than write Standing Orders. While this is an appropriate prescribing activity in many situations, NZNO reminds nurses and midwives they are responsible for ensuring appropriate assessment and decision-making is undertaken before administering PRN medicines.

It is up to the issuer of the Standing Order to determine the class of persons permitted to supply or administer a medicine under a Standing Order. Enrolled nurses (ENs) may be included as a class of person permitted to supply or administer under a Standing Order. NZNO recommends nurses be aware of local policy and follow it.

NZNO does not support the use of Standing Orders by unregulated health care workers. Given the obligation to meet regulatory requirements, a person working under standing orders must have the competency and training to be able to make an assessment that the standing order applies to the presenting patient (MoH, 2016).

Further Information

Further specific information can be found in the Medicines (Standing Order) Regulations 2002 (SR 2002/373) available from [Medicines \(Standing Order\) Regulations 2002 \(SR 2002/373\) \(as at 17 August 2016\) – New Zealand Legislation](#).

Guidelines for prescribers on developing and using Standing Orders can be found in the Ministry of Health document: *Standing Orders Guidelines* (Ministry of Health, 2016). The document is available here: [Standing Order Guidelines | Ministry of Health NZ](#) and NZNO strongly recommend workplaces have a copy readily available.

The New Zealand Formulary is a useful resource for information on medicines and guidelines for their use. It is available free and online: [New Zealand Formulary - New Zealand Formulary](#).

References

Goebel, L. J., Neitch, S. M., & Mufson, M. A. (2005). Standing Orders in an ambulatory setting increases influenza vaccine usage in older people. *Journal of the American Geriatrics Society*, 53(6), 1008-1010.
https://sites.ualberta.ca/~dcl3/ABCDreview/papers/2005_Goebel_10855.pdf

Hussey, A. (23 June 2015). Personal communication.

Health Practitioners Disciplinary Tribunal. (2011). Decision Number 421/Nur11/189P.
<https://www.hpdt.org.nz/portals/0/421Nur11189P.pdf>

Keenan, R. (Ed). (2016). *Healthcare and the law*. (5th Ed.) Wellington: Thompson Reuters New Zealand.

Medicines Act, 1981.
<https://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html>

- Medicines (Standing Order) Regulations, 2002.
<https://www.legislation.govt.nz/regulation/public/2002/0373/latest/DLM170112.html>
- Ministry of Health. (2016). *Standing Order guidelines*. Wellington: Ministry of Health.
<https://www.health.govt.nz/publications/standing-order-guidelines>
- Pirret, A., M. (2012). A critical care nurse practitioner's prescribing using Standing Orders and authorised prescribing when performing a critical care outreach role: A clinical audit. *Intensive & Critical Care Nursing*, 28(1), 1-5.
<https://pubmed.ncbi.nlm.nih.gov/22133688/>
- Sobolewski, K. A., Koo, S., Deutsch, R.J. (2022). Improving the Flow: Optimization of Available Triage Standing Medication Orders in the Paediatric Emergency Department. *Paediatric Emergency Care* 38(4):p 157-161
https://journals.lww.com/pec-online/abstract/2022/04000/improving_the_flow__optimization_of_available.4.aspx
- Walker, L., Clendon, J., & Nelson, K. (2015). Primary care nursing in New Zealand: Scopes for change. *Journal of Primary Health Care*, 7(3), 236-43. <https://pubmed.ncbi.nlm.nih.gov/26437048/>
- Wilkinson, J. (2015). Nurses' reported use of Standing Orders in primary health care settings. *Journal of Primary Health Care*, 7(1), 34-41.
<https://pubmed.ncbi.nlm.nih.gov/25770714/>

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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