Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

POSITION STATEMENT
20-1
Role of the Licensed Nurse in Nurse Driven Standing Orders Working in Hospitals that have Adopted and are Subject to the Center for Medicare and Medicaid Conditions of Participation

The Arkansas State Board of Nursing has determined that to ensure public safety of the citizens of Arkansas and others seeking medical care in this state and to provide guidance for licensed nurses as recommended by the National Academy of Medicine's vision of team-based diagnosis to allow Nurse Driven Standing Orders. Implementation of Nurse Driven Standing Orders allows institutions to adopt policies and procedures developed by medical staff and the hospital's nursing and pharmacy leadership team. Nurse Driven Standing Orders promotes team-based diagnosis, specifically calling for the patient and nursing staff to be integral members of the team and contribute to the diagnostic process.

In May 2012, the Centers for Medicare and Medicaid Services (CMS) adopted 77 FR 29002 and 77 FR 29034, which included provisions for hospitals: Revisions of the Conditions of Participation (CoPs) concerning governing body, patient's rights, medical staff, nursing services, medical records, pharmaceutical services, infection control, outpatient services, and transplant center organ recovery and receipt. Drugs and biologicals may be prepared and administered on the orders contained in pre-printed and electronic standing orders only if the standing orders meet the requirements of the medical records CoP. Hospitals may use pre-printed and electronic standing orders for patient orders concerning situations where hospital policy permits treatment to be initiated by a nurse without a prior specific order from the treating practitioner. Such treatment is typically initiated when a patient's condition meets certain pre-defined clinical criteria. For example, standing orders may be initiated as part of an emergency response or as part of an evidence-based treatment regimen where it is not practical for a nurse to obtain either a written, authenticated order or a verbal order from a hospital credentialed practitioner prior to the provision of care.

Evidence-based standing orders approved by hospitals per CMS guidelines would allow the licensed nurse to initiate medications and treatments when the patient's condition meets certain pre-defined clinical criteria. Ordering medications or treatments under the standing order would not be construed to be prescribing which may only be done by practitioners authorized to prescribe and treat.

For each approved standing order, there must be specific criteria clearly identified in the protocol for the order for a nurse to initiate the execution of a particular standing order, for example, the specific clinical situations, patient's conditions, or diagnoses by which initiation of the order would be justified.

Policies and procedures should also address the instructions that the medical, nursing, and other applicable professional staff receive on the conditions and criteria for using standing orders as well as any individual staff responsibilities associated with the initiation and execution of standing orders. An order that has been initiated for a specific patient must be added to the patient's medical record at time of initiation or as soon as possible thereafter.

Likewise, standing orders policies and procedures must specify the process whereby the physician or other practitioner responsible for the care of the patient acknowledges and authenticates the initiation of of all standing orders after the fact, with the exception of influenza and pneumococcal vaccines, which do not require such authorization in accordance with § 482.23(c)(2).

Licensed nurses working in hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders only if the hospital:

1. Has adopted and are in compliance in the provisions for hospitals included in the Conditions of Participation (77 FR 29002 and 77 FR 29034);
2. Establishes that such orders and protocols have been reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership;
3. Demonstrates that such orders and protocols are consistent with nationally recognized and evidence-based guidelines;
4. Ensures that the periodic and regular review of such orders and protocols is conducted by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the orders and protocols; and
5. Ensures that such orders and protocols are dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.

References
Cahill, M., Gleason, K., Harkless, G., Stanley, J., Graber, M., (2019). The regulatory implications of engaging registered nurses in diagnoses. *Journal of Nursing Regulation*, *10*, (2), 5 – 10. https://doi.org/10.1016/S2155-8256(19)30110-3
Conditions of Participation for Hospitals, 42 C.F.R. § 482.24(c)(3) (2012).
Institute of Medicine. (2015). Improving diagnosis in health care. National Academies Press, Washington, DC. http://doi.org10.17226/21794
The Nurse Practice Act of the State of Arkansas, A.C.A. §17-87-309 (Amended 1999). § 17-87-102(10)(E).

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