**Title of Standing Order**

**Purpose Statement**

|  |  |
| --- | --- |
| **Condition or Situation** | |
| **Condition or Situation in Which the SO Will Be Used** |  |
| **Assessment** | |
| **Assessment Criteria** |  |
|  | **Subjective** |
|  |  |
|  | **Objective** |
|  |  |
| **Nursing Plan of Care** | |
| **Contraindications for Use of this Order** |  |
| **Medical Treatment** |  |
| **Nursing Actions** |  |
| **Follow-up** |  |
|  | **Criteria for Notifying the physician/APP** |
| **Criteria for Notifying the physician/APP** |  |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved (or last reviewed): \_\_\_\_\_\_\_\_\_\_\_\_

(Signature of physician/APP)

\*\*This template is intended to guide you in writing Standing Orders for your local agency. The areas in GREEN are the [required components](https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf) of a valid Standing Order according to the North Carolina Board of Nursing (NCBON). Please see the [For Local Health Departments](https://publichealth.nc.gov/lhd/index.htm) website or [NC Board of Nursing](https://www.ncbon.com/practice-position-statements-decisions-trees)  website for more guidance.