

Presenters

Lindsay Novacek, DNP, RN, CCHP, Public Health Nurse Consultant, DPH Maria Turnley, BSN, RN, NCSN, Public Heath Nurse Consultant, DPH Jenifer Simone, MSN, RN, NCSN, State School Health Consultant, DPH

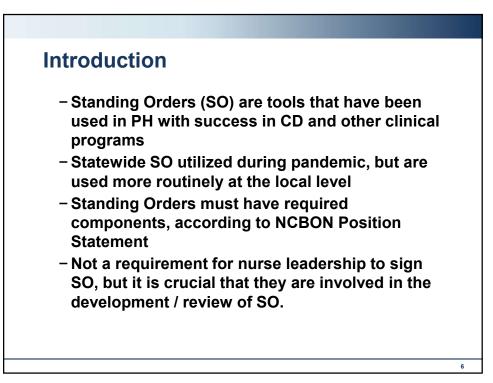
Q&A Facilitator: Susan H. Little, DNP, RN, FAAN, Chief Public Health Nurse, DPH

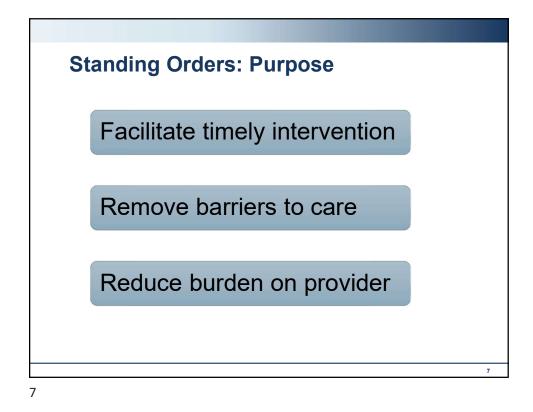
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Objectives

- Understand purpose and definition of a Standing Order (SO).
- Understand what situations SO can be used.
- Required components of a SO.
- Understand individual components and how to write a standing order
- Understand use of COVID19 testing Statewide SO in schools







Outlines parameters for specific situations (conditions) and specific orders (interventions)

Routine medical intervention and/or pharmaceutical regimen

Step by step instructions written/signed by medical provider



Condition or situation

Assessment criteria (Subjective, Objective)

Plan of Care (education, intervention, follow-up)

Criteria for notifying provider

Date (written/last reviewed)

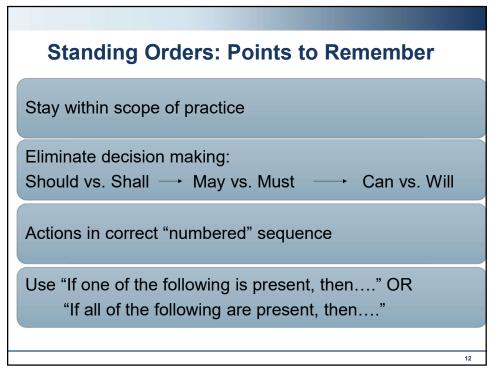
Signature of provider

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Standing Orders: Examples/Format		
	Title of SO	
Condition or Situation (in which the SO will be used)	-"Patient (or parent/legal guardian on behalf of patient) presents requesting and consents to COVID-19 diagnostic testing." -"Patients 16 years and olderwho are requesting pregnancy testing "	
	Assessment Criteria	
Assessment Criteria	-"Patients shall be tested for COVID-19 based on the conditions of this order." -"Adult smokers, who present requesting smoking cessation medication"	
*Subjective	-"Flu symptoms…cough, fever" (pt reports) -" All adults 18 and over who are close contacts to COVID-19 infected individual"	
*Objective	-"Patient presents with cough, fever, etc" -"Patient presents at least 60 days following 1 st dose of mRNA vaccine"	

Standing Orders: Examples/Format		
	Nursing Plan of Care	
Contraindications	-"Patient reports allergy to treatment"	
Nursing Actions	-"Provide patient <u>CDC Fact Sheet for Patients</u> <u>receiving Tdap Vaccine</u> " -"Observe patient closely during infusion, and for up to 1 hour following treatment" -"Instruct patient to call office or go to ER if"	
Follow Up	-"Document actions taken in electronic health record, including" -"Test results must be reported to the patient bywho? time frame? Reported to LHD?	
Criteria for notifying Medical Provider	-"Notify provider (may specify APP, etc.) from organization providing clinical supervision of testing site for questions or problems." -"Consult provider if patient reports allergy"	
Date	Provider Signature	
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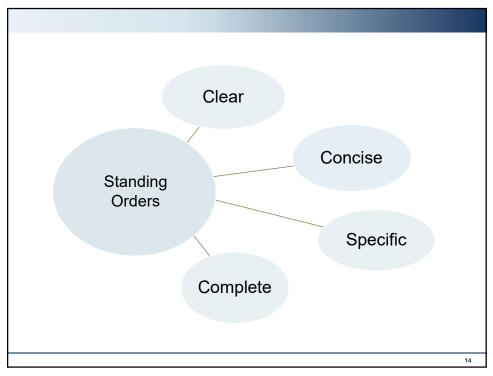


Unnecessary information (coding and billing information, quoting articles, or historical background)

Drug information from package inserts

Orders signed, dated and reviewed at least annually (revised as needed)

Agency policies and procedures around Standing Orders



StrongSchoolsNC K-12 Testing: 2021-22 Program Options

