

**Good Samaritan Health & Wellness Center**  
Policies and Procedures

Subject: Standing Orders	Policy #: 5.24
Prepared by:	Revision #:
Approved by: Board of Directors	Effective Date: 7/24/2015

## 5.23 Standing Orders

**OBJECTIVE:**

To permit each clinical employee to act at his/her highest level of training and licensure in order to achieve the upmost quality care and efficient patient flow in a team care environment; and to assure preventive and diagnostic services are provided in a timely manner to effectively identify and monitor medications use, disease states, and health maintenance efforts of the patient.

- A. Good Samaritan Health & Wellness Center will permit appropriately skilled clinical staff to execute standing orders when the order addresses a specific patient-care activity that can be applied to any patient meeting criteria during a defined time period.
- B. The standing order is documented in the medical record by the individual making the order, and the requisitions to laboratory, x-ray, or other providers are made under the name of the treating or primary clinician.
- C. All clinic staff will be oriented to the Standing Orders protocol prior to generating orders for the patients.
- D. The Quality Assurance Committee (QAC) of Good Samaritan Health & Wellness Center will monitor the Standing Order protocol to assess safety, cost, and quality measures. In addition, the QAC will revise the standing orders periodically to reflect best practices in care delivery.

**PROCESS/PROCEDURE:**

- 1) The Medical Director, in conjunction with Providers, will draft and recommend standing orders to the medical team through the Quality Assurance Committee.
- 2) The Good Samaritan Health & Wellness Center medical/clinical staff will authorize routine standing orders to enhance and streamline medical care.
- 3) Clinical staff is prompted to use standing orders by referring to disease management templates and the Clinical Event Manager system in ECW to prompt orders.

**APPROVED STANDING ORDERS**

Nursing Staff:

- 1) Prompt the Provider to order certain laboratory tests as follows:

- a. Microalbumin and lipid panel for diabetics if they have not been obtained in the last year.
  - b. INR for patients on chronic anticoagulation therapy with warfarin if not performed in the last month.
  - c. Urine culture for urine epithelial cell count <5 or nitrate positive.
  - d. Order screen colonoscopy for patients 50 years old and older who have not been screened.
- 2) Order certain radiology studies, as follows:
- a. PA Lateral Chest X-Ray for those with chronic disease (COPD etc.) with exacerbation or acute onset respiratory disease (rales, rhonci) on triage.
  - b. Mammography, per USPSTF recommendations.
  - c. Ultrasound studies for abnormal mammograms, per recommendations of consulting radiologist.
- 3) Immunizations, per recommendations:
- a. Influenza Vaccine yearly
  - b. One time dose of Pneumococcal Vaccine for at risk patients and/or  $\geq$  age 59
  - c. TDAP booster every 10 years of TDAP if Td >5yrs
  - d. Routine childhood immunizations per CDC guidelines
  - e. **One time dose of TDAP (all adults), Td booster every 10 years.**
  - f. Zoster (Shingles vaccine) offered if >60 years old, 1 time dose.
- 4) PPD testing and interpretation according to CDC guidelines. .
- 5) Refer:
- a. Dilated eye exam for diabetics yearly
  - b. Diabetes education: individual or group
  - c. Refer/report STD positive patients per DHHR policy. (attached)
  - d. Refer HIV positive patients to North Georgia Health District HIV Clinic.
  - e. Refer to Hypertension Clinic for newly diagnosed hypertension.
- 6) Perform in-office point of care testing as follows:
- a. HbA1c every six months or if finger stick glucose not readable by meter.
  - b. Random finger stick glucose for known or suspected diabetics
  - c. Urinalysis for patients with dysuria, burning on urination, associated flank pain.
  - d. Urine pregnancy testing on demand
  - e. Finger stick hemoglobin during well child visits
  - f. Strep throat screen for suspected infection.
- 7) Perform EKG (as per Emergent Protocol (Policy GS 1)

It is the responsibility of the clinical staff that initiates the in-house lab or treatment to enter the order on the ECW. *For instance, if the nursing staff obtains a urinalysis in advance of the provider interviewing the patient, the nursing staff would enter the order and then result the order directly into the computer.* If the provider interviews the patient and wants a urinalysis

performed, the provider will enter the order into the patient record. The nursing staff will result the test directly into the computer. It is not the responsibility of the nursing staff to enter verbal orders into the patient record.