

# **Standing Orders and Protocols**

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**and**

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**Oregon State Board of Nursing  
Public Stakeholder Meeting**



# From the perspective of the Board:

- Based upon multiple interventions, case history, and public education sessions:
  - The NPA is not reviewed prior to the implementation of organizational policies directing the practice of nursing.
  - Policies are developed appropriate to the context but may be a violation of the nurses level of licensure and legal scope of practice.
  - If a healthcare profession is regulated by a Board, then it is only the Board that is authorized to interpret the law and rules associated with that profession. Interpretation by others is not recognized as the standard for interpretation.
  - Only the Board of Nursing is authorized to interpret Oregon's Nurse Practice Act.
  - Every licensee of every healthcare board has parameters around their license.

# Delegation

- Process by which a licensee authorizes an unlicensed caregiver to perform activities of practice while maintaining accountability for the outcome.
- Nurses are licensed under ORS 678, therefore the legal definition of delegation and the process of delegation does not apply to licensed or certified by the OSBN, with the exception of Nursing Assistants working in a community based setting, ORS 678.150 (8).
- OAR 851-045-0060 (2) (e): The RN shall be accountable for their own actions.
- OAR 851-045-0060 (2) (h): Accept only assignments that are within the RN's scope of practice.
- Physicians have no authority to:
  - Expand the scope of practice of nursing,
  - Compel or direct a nurse to work out of scope, or
  - To take responsibility or accountability for the actions and decision making of the nurse.

# Statutory Language: Administrative Law

- Prescribing Authority in Oregon:
  - Legislative action required for health care licensees to have prescriptive authority:
    - ORS 678.282 (1) (a); ORS 678.370 (3); ORS 678.375 (4) authorizes only those RNs certified by the state as advanced practice nurses to have prescriptive authority.
    - HB 2397 (May 18, 2017) authorizes prescriptive authority to pharmacists to prescribe a post-diagnostic drug or device via protocols. Rules currently being developed by the Board of Pharmacy Formulary Advisory Committee.
    - The Practice of Nursing is not the practice of medicine. The practice of medicine is defined in ORS 677.085. The practice of medicine cannot be delegated.
    - Prescriptive authority is assigned to an individual practitioner and cannot be delegated.

# Prescribing Authority: Refills

## Prescriptions:

- Continuous chronic medications based upon LIP established parameters in the LIP's plan of care for a client .
  - Routine refills of valid prescriptions based upon the established plan of care developed by the LIP.
  - LIP's established plan of care provides for emergency refills - example: *Need to be seen in clinic prior to next prescription renewal but may extend x 60 days pending appointment availability.*
  - As the “agent of the provider”, the nurse may communicate the established order for the emergency refill of non-controlled drugs. The nurse must always record their level of licensure for any intervention done utilizing their license.
- Pharmacists may provide 72 hour refills without provider approval.

# Statutory Language

- **Diagnostic Authority:**

- RN diagnostic authority limited to human responses to health problems as described in ORS 678.010 (8)(a) and (10).
- The Independent Scope of Practice for Registered Nursing is authorized in ORS 678.010 (10) and further delineated Division 45 of the NPA.
- ORS 678.375 allows the Board to write rule regarding advanced practice nurses diagnostic authority:
  - OAR 851-050-0005 (4) describes processes associated with “health problems” and “accountable for health outcomes” (NP);
  - OAR 851-054-0020 (1) “diagnosing symptoms, functional problems, risk behaviors and health status...” (CNS).
  - No specific diagnostic authority for CRNA.
- Diagnostic Authority is contained within the definition of the practice of medicine (Administrative law of the Oregon Medical Board).

# Oregon's NPA: ORS 678, Chapter 851 OARs

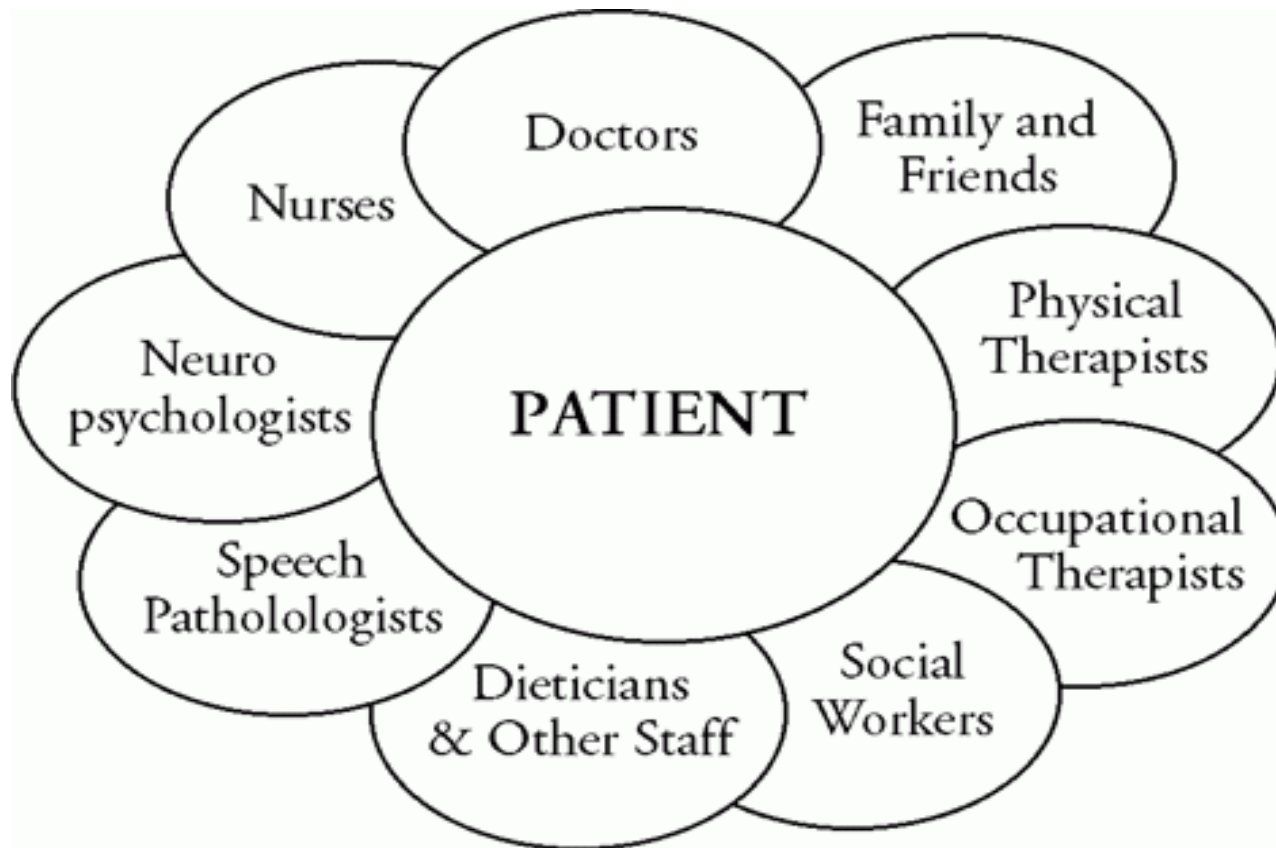
- **The licensed nurse's authority to accept and implement orders 678.010(8)(b)(A):**

*The Practice of nursing includes executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other licensed health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment.*

- **The licensed nurse's authority to accept and implement orders is further interpreted in 851-045-0040(5)(a) through (f).**

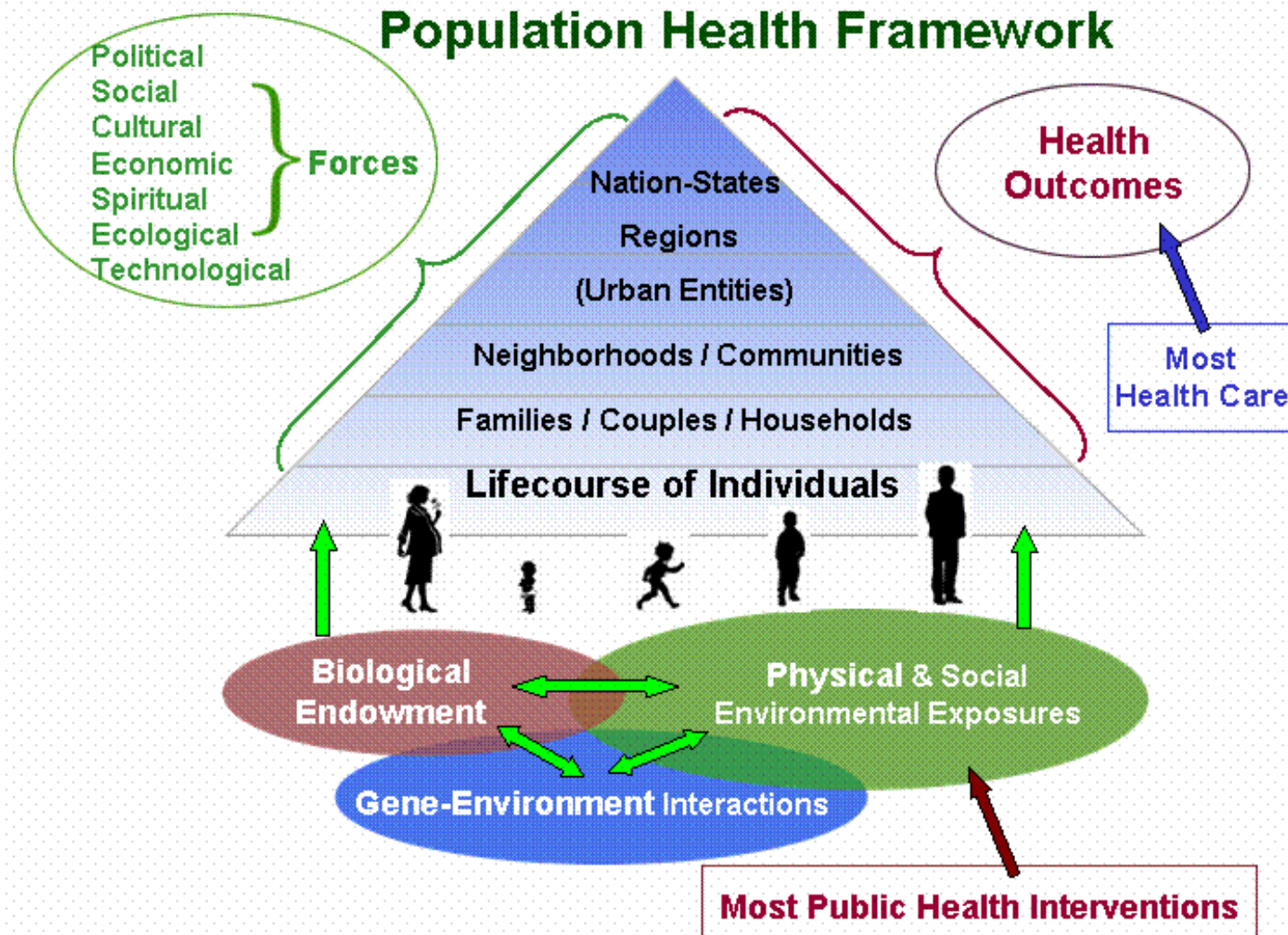


# Individual Patient Management





# Population Health Management



# Dispensing

- **Dispensing** is regulated by the Oregon Board of Pharmacy.
- **Defined:** *the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.*
- **The RN and Dispensing:**
  - Regulated by the Board of Pharmacy.
  - Only occur in a Board of Pharmacy licensed Community Health Clinic (CHC).
  - The RN must be an employee of the CHC.

# RN and Dispensing

- **A fixed formulary.**
- **In the CHC,** the RN may dispense *pursuant to the order or prescription of a person authorized by their Board to prescribe a drug, or established by the medical director or clinic practitioner with prescriptive and dispensing authority* medications for:

*Prevention and treatment of dental caries, urinary tract infections, hormone deficiencies, sexually transmitted diseases, communicable diseases, amenorrhea, and contraception.*

- **Over-the-counter medications:** The RN shall dispense only pursuant to protocols developed by the CHC's medical director.

# Anticoagulation

- A. Patient Enrollment with LIP development of patient's plan of care.
- 1. Patient referral to the GPC anticoagulation monitoring program will be electronic communication by the primary care practitioner (PCP) at FM-GP.
- 2. All patients must be determined to be able to care for themselves, or to have appropriate care givers such as family members, home health, or nursing home providers.
- a. Exception for external lab venous INR management will be done, on a case-by-case basis.
- 3. The PCP will document in the patient's electronic medical record which includes:
  - a. Indication for anticoagulation therapy
  - b. Expected duration of therapy
  - c. Target INR Range
- 4. RN/LPN/MA places standing orders for POC INR
- 5. RN/LPN/MA places order for Warfarin (Coumadin) per recommendation of PCP using sig (.GPINRRX). Dispense amount to reflect 30 day supply including possible dose adjustments.

YES

Do not offer phenazopyridine (Pyridium) for breastfeeding women due to lack of established safety data.

Infant is > 1 month old, no contraindications in history or allergies, then consult LIP

If breastfeeding and infant is < 1 month old, use Trimethoprim/Sulfamethoxazole (Bactrim DS). If Bactrim DS is contraindicated based on history or allergies, then consult LIP

NO

Prescribe medications listed below in order of preference, except if contraindicated by allergies or history:

1. Nitrofurantoin ER 100mg (Macrobid): 1 capsule by mouth every 12 hours for 5 days, #10, no refills
2. Trimethoprim/Sulfamethoxazole 800mg/160mg (Bactrim DS): 1 tablet by mouth every 12 hours for 3 days, #6, no refills
3. Fosfomycin 3gm PWDR per packet (Monurol): 3 gm by mouth in a single dose, no refills

May add phenazopyridine 200mg (Pyridium): 1 tablet by mouth three times a day as needed (PRN) for 2 days for symptom relief, #6, no refills

# Stakeholder Feedback

**What do you believe warrants further interpretation by the Board of Nursing related to the use of standing orders by RNs and LPNs?**

- Record your statement (or question) on the 3 x 5 card provided.
- One statement per card.
- You may submit more than one card.
- Be clear, concise and constructive in your feedback.

**Stakeholder feedback will be presented to the Board for direction.**