Draft: Division 49
Standards for the Utilization of Protocols

851-049-0000

Rule Summary, Statement of Purpose and Intent

(1) These rules identify requirements of the nurse who utilizes a protocol in the provision of nursing services to a client.

(2) ORS 678.150(6)(a) establishes the Board's authority to supervise the practice of nursing. ORS 678.150(7) establishes the Board's authority to determine the scope of practice. Per ORS 678.010(8)(b)(A), the practice of nursing includes the implementation of medical orders for client care.

(3) A protocol is a form of medical order that is prescribed by a licensed independent practitioner (LIP) and the term is defined in OAR 851-006.

(4) A protocol does not delegate the practice of medicine to a nurse.

(5) A protocol can be developed for an individual person and for individuals of a community.

(6) A protocol describes the practice of nursing in determining the actions and decisions necessary to utilize the protocol. The protocol provides the nurse with a decision making algorithm describing the pre-determined medical order for care.

(7) A protocol does not authorize the nurse to make independent medical diagnosis or prescription decisions.

(8) These rules address do not address standing orders or order sets which are defined in OAR 851-006.

851-049-0005

Standards for Protocol Development

(1) Nursing leadership must be involved in the development of any protocol that describes the decision making and action of nurses.

(2) Nursing leadership must assure that the protocol is based on nationally recognized evidence-based guidelines and recommendations.

(3) Nursing leadership must assure that staff nurse input has been considered during protocol development.

(4) Nursing leadership must assure that the protocol clearly identifies:

(a) The criteria for client inclusion in the protocol;

(b) Alternative actions or exceptions to allow individual client circumstances as assessed by the RN;

(c) The pathway for the RN to notify the LIP when the client does not meet protocol inclusion; and

(d) The pathway for when the RN assessment determines that the protocol is not meeting the needs of the client.

(5) Nursing leadership must assure that the RN has organizational support to exercise the authority described under OAR 851-045-0040(5) to decline implementation of the protocol for the client if the RN determines that the protocol is unsafe, contraindicated for the client, or is inconsistent with the overall plan of care.

(6) For an organization or employer without a nursing leadership structure, the RN assumes accountability for assuring that 851-049-0010 (2), (4), and (5) are included in protocol development.

851-049-0010

Standards for Protocol Utilization

(1) The RN must make an independent decision whether or not the client for whom the protocol is being applied meets inclusion criteria.

(a) The RN's decision must be based on the RN's collection and analysis of assessment data relevant to inclusion criteria of the protocol.

(b) The RN's collection and analysis of assessment data must be documented.

(c) The RN's decision of whether or not the client meets inclusion criteria for protocol implementation must be documented.

(2) The RN maintains accountability for the decision to implement the protocol.

(3) The RN must not continue with or implement the protocol for the client when the RN determines that the client does not meet inclusion criteria.

(4) When the RN determines that the client does not meet inclusion criteria, the RN must consult with the LIP to determine further actions for the client:

(a) The RN must attain a mutual agreement with the LIP to re-implement the protocol or to continue the care of the client utilizing the protocol.

(b) There is no authority for any person to compel the RN to implement a protocol that could, based upon the RN's collection and analysis of assessment data, place the client at risk.

(5) The decision of a client's appropriateness for protocol inclusion requires independent nursing judgment based upon the analysis of information collected during the assessment phase and, therefore, is not within the scope of practice of the licensed practical nurse (LPN).

(6) The LPN may implement a protocol at the clinical direction of the RN or LIP who assumes accountability for determining that the client meets protocol criteria. The

LPN retains the responsibility for adherence to OAR 851-045-0040(5) when acting upon the RN's or LIP's clinical direction to implement a protocol.

(7) The RN may assign protocol implementation to an unregulated assistive person (UAP) per OAR 851-045-0060 based upon the RN's assessment and decision that the client meets protocol inclusion criteria.

851-049-0015

Prescription Refills

(1) Per Oregon Board of Pharmacy OAR 855-041-1125, after one year from date of issue, a prescription for a non-controlled substance becomes invalid and must be re-authorized by the prescriber.

(2) Prior to the nurse communicating a refill of a client's prescription to a pharmacy, the nurse must ensure that the client's prescription for the medication has not expired.

(3) The nurse may only communicate a re-authorization of a prescription or a new prescription when:

(a) The prescriber has authorized the continuing of the medication for the client through a new prescription order; or

(b) The prescriber's plan of care or treatment plan for the client identifies:

(A) The client's chronic medication needs;

(B) Authorizes ongoing renewal of the prescription for the client; and

(C) Includes exceptions to prescription renewal.

(4) The nurse must decline to communicate the refill of the ordered medication, a re-authorization of a prescription, or a new prescription when the nurse determines that the action would be unsafe, contraindicated for the client, or inconsistent with the overall plan of care as described under OAR 851-045-0040(5).

851-049-0020

Dispensing Prescription Medications

The act of a nurse handing a client a medication without a pharmacist first verifying the medication is considered the act of dispensing. Board of Pharmacy OAR 855-043-0740 describes the context in which an RN may dispense a medication. The RN must not dispense prescription medications other than as described in these Board of Pharmacy rules.

851-049-0025

Over the counter medications

(1) Over the counter medications are those medications that are neither legend drugs nor controlled substances.

(2) The RN must not dispense an over the counter medication to a client in the absence of a protocol allowing this action.

(3) Such a protocol that describes the decision making and action of the RN must be developed pursuant to rule number 851-049-0005 and utilized by the nurse pursuant to 851-049-0010.

(4) When the client is capable of self-administration of the over the counter medication, the nurse must witness and document that the client has taken the medication.

(5) When the client is able to understand and follow directions, the RN must document the education provided to the client and the follow up instructions provided to the client.

(6) When the client is unable to understand and follow directions, the RN must generate and document a follow up plan to ensure that the medication has had the desired effect for the client.

(7) The RN is responsible to ensure that the protocol describes actions for the RN to take when the client does not meet the inclusion criteria of the protocol, including contact information for the prescriber and emergency information.