

---

<b>Policy:</b>	<b>500.040</b>
<b>Title:</b>	<b>Standing Orders</b>
<b>Effective Date:</b>	<b>1/2/18</b>

---

**PURPOSE:** To standardize basic nursing care utilizing physicians' standing orders for medications and treatments for use in specific medical conditions.

**APPLICABILITY:** Minnesota Department of Corrections (DOC); health services

**DEFINITIONS:**

Physician standing orders – physician-ordered directions that correspond to specific health conditions (including conditions related to sexual assault) requiring a course of action that may include medications, treatments, lab work, immunizations, or any other interventions as indicated.

Pharmaceutical and therapeutic (P&T) committee – a formal committee consisting of DOC representatives: a psychiatrist, medical director, behavioral health director, and nursing director; and contracted vendor representatives: the medical director, pharmacist, and regional director; and other participants as invited. The purpose of the committee is to review, revise, and approve the formulary and prescribing practices, develop and/or approve treatment protocols, establish therapeutic substitutions, perform drug utilization reviews, and resolve issues involving the delivery and dispensing of medications.

**PROCEDURES:**

- A. The department maintains physician's standing orders for use in specific medical conditions. Standing orders are developed and implemented as outlined in these procedures.
- B. The pharmaceutical and therapeutic (P&T) committee:
  1. Approves all standing orders prior to implementation;
  2. Reviews standing orders at least annually, and revises if indicated;
  3. Signs all standing orders (medical director) prior to implementation and at least annually; and
  4. Documents in the P&T committee minutes the review of standing orders and retains the minutes in central office health services according to the approved retention schedule.
- C. Only registered nurses may authorize the initiation of a standing order.
- D. Registered nurses must document in the progress notes an assessment, including the rationale for initiating a standing order. Documentation of standing order implementation is retained in the medical record.
- E. Standing orders may not be extended or renewed by a registered nurse a consecutive time. A practitioner must be notified for further evaluation and provide a medical order for continued use if this is deemed necessary.
- F. Licensed practical nurses or other trained staff may administer standing orders previously initiated by a registered nurse.

- G. All standing-order medications must be given direct observed therapy (DOT), administered on a dose-by-dose basis.

**INTERNAL CONTROLS:**

- A. The review of standing orders is documented in the P&T committee minutes, which are retained in central office health services according to the approved retention schedule.
- B. Documentation of standing order implementation is retained in the medical record.

**ACA STANDARDS:** 4-4381, 4-4382, 4-4361, and 1-ABC-4E-41

**REFERENCES:** [Policy 500.010, "Health Services"](#)  
[Policy 500.200, "Management of Medications"](#)  
Prison Rape Elimination Act (PREA), [28 C.F.R. §115 \(2012\)](#)

**REPLACES:** Policy 500.040, "Standing Orders/Nursing Protocol Manuals," 7/9/16.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** None

**APPROVED BY:**

Deputy Commissioner, Facility Services  
Deputy Commissioner, Community Services  
Assistant Commissioner, Facility Services  
Assistant Commissioner, Operations Support