

STANDING ORDERS

Background

The goal of a standing order is to facilitate a structured approach to a specific patient management situation.

Such orders must be developed and approved by the appropriate medical authority in the hospital and are intended to be followed by all members of the medical staff. No standing order shall override any other statutory requirements already in force, such as the Controlled Drugs and Substances Act (CDSA).

Requirements

- A standing order may be utilized for providing specific treatments under specific clinical situations.
- The standing order may contain drugs.
- Standing orders must be individually reviewed annually by the appropriate medical authority.
- A protocol may contain a specific set of standing orders. From time to time, a protocol may also involve a delegation of function which, in itself, must be reviewed annually, be documented and then proceed through the same policy formulation that standing orders do.
- Standing orders may be issued in the form of a pre-printed order sheet, attached to the patient's chart at the time of implementation of the standing order.
- Standing orders may include provision for a dosage range of drugs, depending upon specific patient factors, eg. weight, vital signs, etc.

Authorization

- Standing orders are authorized by the Medical Advisory Committee or its delegate and do not require a signature for implementation except where a change is made by a physician for a specific patient or a narcotic is included.

First Print PR 06-93
Revision Exec 04-02

A statement is a formal position of the College with which members shall comply.

1-S61/1-S62