



# Policies, Procedures and Standing Orders

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# Policies

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- Provide the “what” and maybe the “why”
- “What” is general course of action or direction for the agency
- “Why” is usually the purpose of the policy
- Clinical policies should be reviewed and approved by Medical Director



# Procedure

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- Provides the “how” and “by whom”
- Adds detail on:
  - People
  - Equipment
  - Patient preparation or teaching
  - Documentation
  - Actions, referrals and follow-up



# Examples

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- Policy: Legal signatures will be used to document all entries on medical records
- Procedure:
  - What legal signature consists of
  - Whether credentials are required
  - What to do if 2 legal signatures could be the same (legal signature is first initial, last name and there are two J. Reeds)



# Examples

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- Policy: All clients with a positive HIV test result receive information/counseling
- Procedure:
  - Provide approved pamphlet
  - Discuss where client wants to get follow-up care and make referral
  - Counsel re: safe sex



# Examples

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- Policy: All clients arriving at LHD with fever, persistent cough, rash...will be triaged
- Procedure:
  - Who are triage nurses and how the one for each day is determined and communicated
  - Person at front desk will put client in Room X to prevent potential exposure of others



# Examples

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- Policy: Agency will use CDC guidelines and NC Program Manuals for assessing and treating all who present for STD services
- Procedure: (see manuals)
  - Location of this information
  - Who is accountable for keeping it “up to date”



# Standing Orders

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- Signed instructions of a provider
- Describe the parameters under which the nurse may act
- Outline the assessment and interventions nurses may do
- Remove barriers to care
- Required for tests and treatment





# Standing Orders

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- Must be written and signed by provider with that authority under NC statutes
- Must be reviewed annually for necessary updates
- Should be in NCBON format
  - This assures use of the legal framework to allow nurses to take actions that would normally be outside their legal scope



# Standing Orders

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- Can be used when...
  - Diagnosis is made via Standing Order
  - Actions are based on objective data (e.g., lab result, physical finding, patient request)
  - No decision-making is required in determining what action to take (e.g., if X, then do A)



# Standing Orders

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- Cannot be used when...
  - Diagnosis is not determined by following Standing Order
  - Discrimination by the nurse beyond normal vs. abnormal is required
  - Decision-making by nurse is required (e.g., based on assessment findings, do A or B or determining specific type of rash which impacts treatment decision)



# Questions?

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