**Issue/Process:** Standing and Protocol Orders  
**Status:** Approved  
**Reviewing Group:** SterCom  
**Action Requested:**  

### Issue/Background:
Once Computerized Physician Order Entry is implemented in the fall of 2010, physicians will enter all of their orders electronically from any location within the Virtua system or remotely. There are currently Standing and Protocol Orders defined by Virtua that are implemented by clinical staff and signed by physicians after they have been initiated.

### Definitions:
**Standing orders:** are orders approved by a MEC body and clearly stated in policy/by-laws that a nurse can/should implement them as appropriate for a defined patient population. These **do need** a signature. All items included in Standing Orders (including medications) must be defaulted. By licensure, RN’s or other registered clinical ancillary staff cannot decide on or choose orders. (Example: Routine Newborn Nursery Admission Orders)

**Protocol orders:** are standards of practice that are approved by a MEC body that can be initiated quickly as needed. These **do require** a physician order to implement but **do not need** a signature. All items included in Protocol Orders (including medications) must be defaulted. By licensure, RN’s or other registered clinical ancillary staff cannot decide or choose orders. Protocols need to be approved by a MEC committee or department. (Example: Telemetry Arrhythmia Treatment Protocol, Weight Based Heparin Protocol)

CMS and JCAHO have specific guidelines regarding the use of standing orders. The above definitions are within the CMS and JCAHO guidelines.

### Recommendations
- Standing orders be built as order sets and made available to initiate and order by staff as defined for specific departments and/or patient populations. These will go to a physician worklist for co-sign
- Protocol orders be built as order sets and made available to physicians, nurses and appropriate registered ancillary clinicians to enter. If these orders are entered by nurses or appropriate registered clinicians, they must have an order to “initiate” from a physician but they do not need to go to the physician to be co-signed

### Source of Recommendations
- CPOE Project Team

### Response/Comments:
(Please reply “Approve”/“Reject”/“Schedule Conference Call” /”Red Flag” using voting buttons)
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