

Physiotherapy Board of New Zealand

Position Statement – April 2014

Supplying or administering medicines in the absence of a doctor

Any physiotherapist supplying or administering medicines in the absence of a doctor is required to do so under standing orders from a medical practitioner.

Purpose

- To provide a minimum expected standard for physiotherapists who plan to work under standing orders for the supply and/or administration of medicines in the absence of a doctor. To provide information for the public and a resource for doctors who are delegating this work to the physiotherapist.
- The Board may conduct an inquiry into the competence or conduct of any physiotherapist who is in breach of the requirements outlined in this statement.

Introduction

Physiotherapists, working in accordance with their scope of practice under the Health Practitioners Competence Assurance Act 2003 (HPCA), need to ensure their patients receive safe and appropriate evidence informed treatment.

Administering and/or supplying medicine under standing orders is a delegation of care which carries risks and responsibilities for both the issuer [doctor who is delegating] of the standing order and the physiotherapist carrying it out. Although most instances of Physiotherapists working under standing orders occurs within hospital settings, other instances may include, for example, sports physiotherapists working with teams.

Board position

Physiotherapists working under standing orders must comply with the [NZ Government Medicines Regulations \(Standing Orders\) 2002](#) and follow the [Standing Order Guidelines](#) (Ministry of Health, 2012). They should be experienced physiotherapists with appropriate pharmacology training for their area of practise.

For physiotherapists working under standing orders

- Make sure of your legal obligations by thoroughly understanding the standing order regulations and guidelines
- Deviations from the standing order are not permitted
- Maintain appropriate competencies* and be aware of your limitations (consult with the prescribing doctor about any further competencies required)
- Patient safety is paramount, if in doubt – seek assistance
- Ensure that instructions from the prescribing doctor are clear and unambiguous
- Ensure that you are able to communicate with the prescribing doctor at all times
- Referrals to other services must be documented and the prescribing doctor informed
- Keep contemporaneous documentation of care given

- Debrief with the prescribing doctor on a regular basis and on completion of the standing order

* According to the Standing Order Guidelines (Ministry of Health, 2012), appropriate competencies are to be determined by the prescribing doctor.

(Anderson Lynley, 2011)

“It is an offence to fail to meet the requirements of the Medicines (Standing Order) Regulations. The Ministry of Health may, from time to time, audit any standing order”.

[Standing Order Guidelines](#) (Ministry of Health, 2012)

What is a “standing order”?

*“A standing order is a **written instruction** issued by a medical practitioner [doctor] or dentist. It authorises a specified person or class of people (e.g., paramedics, registered nurses) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs. The intention is for standing orders to be used to improve patients’ timely access to medicines; for example, by authorising a paramedic in an emergency or a registered nurse in a primary health care setting.”*

[Standing Order Guidelines](#) (Ministry of Health, 2012)

Are physiotherapists included as “specific person or class of people”?

As “persons engaged in the delivery of a health service”, Physiotherapists are currently authorised to administer and/or supply medicines under standing orders.

[NZ Government Medicines Regulations \(Standing Orders\) 2002](#)

*“A standing order **does not** allow a person to generate a prescription and provide it to a patient to take to a pharmacy to be dispensed (with the prescription signed later by the issuer of the standing order). Pharmacies cannot lawfully dispense unsigned prescriptions. Nor does a standing order allow a person to provide a patient with a prescription that has been ‘pre-signed’ by the medical practitioner or dentist who issued the standing order.”*

[Standing Order Guidelines](#) (Ministry of Health, 2012)

What procedures must be followed?

Clear and comprehensive [standing order guidelines](#) are available from the Ministry of Health (Ministry of Health, 2012).

A standing order must be completed and signed by either a doctor or a dentist and must include:

- An explanation of why the standing order is required
- The circumstances in which the standing order applies
- The class of people able to administer and/or supply under the standing order (eg, nurses or physiotherapists)
- The competency requirements of the person administering and/or supplying a medicine under a standing order
- The treatment of condition(s) to which the standing order applies
- The medicines that may be supplied or administered
- The number of dose(s) of the medicine for which the standing order is valid
- The contraindications and exclusions for the medicines, the validated reference charts for dose calculation (if required) and the monitoring of the medicine (if required)
- The method of administration

- Whether counter-signing is required and, if countersigning is required, the timeframe for counter-signing
- The clinical documentation to be recorded
- The period for which the standing order applies.
- There must also be a process in place for monitoring and reviewing the operation of the standing order, and identifying any adverse incidents that occur.

The operation of a standing order must also be reviewed by the prescriber at least once per year. “

[NZ Government Medicines Regulations \(Standing Orders\) 2002](#)

A referral template guide is published in the Ministry of Health Standing Orders Guidelines and is attached here as [Appendix 1](#). A checklist for the use of standing orders is also available in the guidelines.

Useful references

Anderson Lynley. (2011). Physiotherapists administering medications under instruction. *British Journal of Sports Medicine Online* .

Anderson Lynley. (2010). Traveling light - sports physiotherapists administering medications in the absence of a doctor. *New Zealand Journal of Sports Medicine* , 37 (2), 38-42.

Ministry of Health. (2012, June). *Standing Order Guidelines*. Retrieved August 2013, from Standing Order Guidelines: <http://www.health.govt.nz/publication/standing-order-guidelines>

New Zealand Government. (2002). *Medicines (Standing Order) Regulations*. Wellington: Ministry of Health.

Appendix 1: Standing order template guide

Issued: 00/00/0000		Review date: 00/00/0000
Medicine Standing Order Title	<p>Name the condition you are treating under this standing order – eg, urinary tract infection (UTI), scabies.</p> <p>A standing order covers the treatment of a specified condition. This may involve directions for several different medicines with clear indications for the use of each medicine.</p>	
Rationale	Explain why the standing order is necessary.	
Organisation/clinic	Name and address of the organisation where the standing order is being used.	
Scope (the condition and patient group)	eg, for the treatment of UTI in females over 12 years of age.	
Medicine/s	Name, strength and dose form.	
Dosage instructions for each medicine	eg, 300 mg at night for 3 days.	
Route of administration	eg, oral, deltoid intramuscular or deep subcutaneous injection.	
Indication/circumstances for activating the standing order	eg, to provide post-coital (or emergency) oral contraception to clients in a school clinic or for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors.	
Precautions and exclusions that apply to this standing order	eg, pregnancy, breastfeeding, allergies, contraindications.	
Persons authorised to administer the standing order	Name or class of health professional (eg, registered nurses).	
Competency/training requirements for the person(s) authorised to administer	eg, prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.	
Countersigning and audit	<p>The standing order must specify whether countersigning is or is not required for every administration and/or supply (and under what circumstances).</p> <p>Note: The standing order must be either individually countersigned or included in the monthly audit by the issuer. If countersigning is required, define the timeframe (eg, within 24 hours of administration); if countersigning is not required, define the audit sample (eg, 20% of standing order treatments once a month).</p>	

Definition of terms used in standing order	eg, dysuria is pain or difficulty on urination.
Additional information	Documentation (administration/supply information – including validated dose reference charts); initial and ongoing assessment requirements. Note any supporting documents, eg, policy, guidelines or decision support tools, attached to this standing order.

Signed by issuer:

Name:		Date:	
Title:	Medical practitioner or dentist		

Notes:

This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

The organisational standing order policy and procedure must be signed by management, the issuer and every person operating under standing orders, and attached to the standing order.

This template is copied from the [Ministry of Health Standing Order guidelines](#) (2012)