

**NEVADA STATE BOARD OF NURSING
ADVISORY OPINION**

**OPERATIONAL DEFINITIONS
FOR
PROTOCOL, STANDING ORDERS, AND PREPRINTED ORDER SET**

“**Protocol**” means a series of actions (which may include a number of medications) that may be implemented to manage a patient’s clinical status. A protocol allows the application of specific interventions to be decided by the nurse based on the patient meeting certain criteria outlined in the protocol as long as the intervention is within the scope of practice of the nurse. A protocol includes alternative actions or “exceptions” to the prescriptive orders that allows for individual patient circumstance as assessed by the nurse. These “exceptions” are addressed by application of an algorithm that is a step-by-step procedure for solving a problem or accomplishing the intervention. An agency may, if it chooses, have protocols that are developed by authorized practitioners and are designed to standardize and optimize patient care in accordance with current clinical guidelines or standards of practice.

“**Standing orders**” means medical treatment orders generated by an authorized prescriber who identifies an action or medication that must be implemented or administered. The use of standing orders must be documented as an order in the patient’s medical record and signed by the authorized practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

While there is significant merit to the use of standing orders, there is also the potential for harm to patients if agencies use such orders so that nurses are routinely expected to make clinical decisions outside their scope of practice. This is a complex issue that requires careful consideration by agencies, physicians, nurses and other licensed health care professionals, experts in patient safety and quality improvement, and patients.

“**Preprinted order set**” refers to a tool generally designed to assist authorized practitioners as they write orders. Order sets may include computerized programs that are the functional equivalent of hard copy preprinted order sets. Such tools may include a menu of medications or actions from which the authorized practitioner makes selections to be applied to a particular patient. They sometimes include a standard combination of medications and actions to be followed without amendment whenever the physician selects that order. All orders, preprinted or otherwise, in the medical record must be dated, timed, and authenticated by the person responsible for providing or evaluating the service provided.

RESOURCES:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Memorandum, October 24, 2008

Reviewed by the Nurse Practice Advisory Committee: 2/10/09

Approved by the Nevada State Board of Nursing: 3/18/09