

## What is the Difference Between a Standing Order and a Protocol?

### STANDING ORDERS:

- Used in urgent or emergent scenarios in which immediate actions must be taken to support patient. Used in ED, FBP and inpatient areas in response to pre-determined standards of care. All standing orders are reviewed and approved annually.
- Initiated by Nurse.
- Responsible provider (generally attending physician) must sign standing orders at time of or as soon as possible after execution of nurse-initiated order(s).

Examples of Currently Approved **Standing Orders** (Not all Standing Orders listed):

- Hypoglycemia
- Rhogam
- Chest Pain

*Scenario: Patient unexpectedly develops chest pain. RN may perform actions within the Chest Pain Standing Medical Orders prior to consulting with provider because any delay in care may be detrimental to the patient. EKG, application of oxygen, sublingual nitro, aspirin administration, etc. along with direction to call RRT and/or notify Attending physician immediately for further action. After stabilization of patient, standing orders should be promptly transcribed electronically and subsequently e-signed by the responsible provider.*

### PROTOCOLS:

- Protocols are used pro-actively by providers to support likely/potential patient care circumstances in which a pre-determined response can be identified.
- Protocol must be INITIATED/Ordered by Provider **prior** to nursing response “per protocol.” Subsequent actions based on the ordered protocol would be initiated by RN.

Examples of Currently Approved (available) **Protocols** (Not all Protocols listed):

- \*Hypoglycemia Protocol
- \*Chest Pain
- Alcohol Withdrawal Protocol
- Heparin Weight Based Protocol
- Electrolyte Replacement Protocol

*Scenario: Patient admitted with multiple electrolyte deficiencies. Provider proactively orders Electrolyte Rep Protocol which includes lab testing. Lab results in sub-normal potassium value. Nurse writes order for potassium “per electrolyte replacement protocol”. Separate potassium order does not require additional provider signature. Initial Protocol Order by provider meets requirement.*

\*Note these Protocols parallel actions in the same-named Standing Order; however, the protocol may be ordered pro-actively as determined by the provider if patient is at known risk for issue. If the protocol is ordered by the provider, the medication items within the protocol will be available in the patient profile/MAR, such as D50 or nitroglycerin; otherwise (if standing order used), medications would be obtained by override.