

Standing Medication Order (SMO) Clinical Guideline

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Standing Medication Order (SMO) Clinical Guideline

1. Introduction

This guideline provides Local Health Network (LHN) Drug and Therapeutics Committees (or equivalent committee) (DTCs) with a set of principles to support the preparation, governance and management of standing medication orders (SMOs).

In addition to the principles outlined in this guideline, Schedule 8 medicines (drugs of dependence) have requirements that are mandated by the Controlled Substances legislation. The *Controlled Substances (Poisons) Regulations 2011* allow a registered health practitioner to administer a drug of dependence (Schedule 8) in accordance with a standing order prepared or endorsed by the health service and approved by the Minister (reg44(1)(a)).

2. Background

SMOs legitimise the safe and controlled administration of medicines used in the hospital or health service.

SMOs may be necessary where an approved health practitioner may be expected to initiate therapy (within their scope of practice) without an order from an authorised prescriber (e.g. in an emergency or in hospitals/health services where an authorised prescriber is not always onsite).

3. Definitions

- **Standing Medication Order (SMO)** means: a written instruction issued by a medical practitioner, in accordance with the regulations, authorising any specified health practitioners (within their scope of practice) to document and administer (not prescribe) a specified medication in circumstances specified within the instruction, without a medication order or prescription (also known as: Standing Order, Standing Drug Order (SDO), Medication Standing Order (MSO)).

A SMO legitimises the safe and controlled administration of the documented medicine to consumers within a hospital or health service and does not cover the situation of supply of this medicine to consumers for use outside the hospital or health service.

SMOs are not the same as nurse/midwife initiated medicines (NIM) or telephone/verbal orders. For guidance on the use of nurse/midwife initiated medicines refer to the SA Health [Nurse Initiated Medicines Clinical Guideline](#)

- **Model Standing Medication Order** (also known as Model Standing Drug Order, Model SDO) means: a template for a specific medication and indication which can be adapted based on local governance protocols to meet the specific needs of the site at which it is being used. Generally a model SMO is produced for use across a large number of hospitals or health services e.g. state-wide or LHN-wide.

4. Principles of the standards

National Safety and Quality Health Service (NSQHS) Standards

Standard 1 aims to ensure:

- > There are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

Standard 4 aims to ensure:

- > Clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use; and
- > Consumers are informed about medicines, and understand their own medicine needs and risks.

Aged Care Quality Standards

Standard 7 aims to ensure:

- > Clinicians are sufficient, skilled and qualified to provide safe, respectful and quality care and services.

Standard 8 aims to ensure:

- > Systems are in place for the delivery of safe and quality care and services

National Disability Insurance Scheme (NDIS) Practice Standards

Core Module 2 aims to ensure:

- > Clinicians are competent to safely administer appropriate medicines to meet the needs of the participant.

5. General

Guiding principle 1: Governance of standing medication orders

- 5.1 The LHN DTC (or equivalent committee) has governance of SMOs developed and implemented within their organisation.

The Minister (or delegate) is responsible for the approval of SMOs for administration of drugs of dependence (Schedule 8 drugs).

- 5.1.1 The decision-making process for the authorisation of SMOs should be transparent and accountable, and based on evidence of safety and justification of the need for a standing medication order according to local circumstances.
- 5.1.2 LHN DTCs (or equivalent committee) endorsing SMOs must comprise a broad membership including at a minimum a medical officer, a pharmacist; and a nurse/midwife/extended care paramedic representative for SA Ambulance Service.
- 5.1.3 All SMOs must be approved by an appropriate medical officer, nurse/midwife and pharmacy delegate prior to submission to the DTC (or equivalent committee) for endorsement. (e.g. if the SMO is for a specific unit then the Clinical Head of the Unit (medical officer responsible for the clinical activities of the unit), the Nurse/Midwife Unit Manager (N/MUM) and Senior Pharmacist, or delegates must have reviewed and endorsed the SMO).

Once the DTC (or equivalent committee) has endorsed SMOs for administration of drugs of dependence they must be submitted for approval by the Minister (or Delegate).

- 5.1.4 DTCs (or equivalent committees) must ensure that a register is maintained of current endorsed SMOs, including their review date.

Only SMOs listed on the register are considered current and valid.

SMOs must only be endorsed for medicines that are listed on the South Australian Medicines Formulary (SAMF)¹.

- 5.1.5 Alterations to any part of a SMO without endorsement by the DTC (or equivalent committee) responsible for approving the order will render it invalid.
- 5.1.6 All SMOs must be re-authorised every two years, or when they are amended (whichever is sooner).
- 5.1.7 SMOs that are not renewed by the expiry date are considered invalid.

¹ Hospitals and health services may not keep stock of all items listed on the SAMF and this should be considered when preparing a SMO.

- 5.1.8 It is recommended that three months prior to a SMO's review date it is determined whether the SMO is to be reaffirmed, reviewed or retired.

Guiding principle 2: Determining the need for a SMO

- 5.2 SMOs aim to streamline patient care, particularly where access to a medical officer is not readily available. However in the vast majority of situations, a SMO is not required and medication orders, prescriptions or telephone orders are preferable.
- 5.2.1 When determining if a medicine is suitable for the purpose of a SMO, consider the following:
- > SMOs should not be used as a substitute for process deficiencies or inefficiencies
 - > A risk assessment should be undertaken as part of the endorsement process to determine if it is appropriate to include the medicine in a SMO.
- 5.2.2 Where possible, SMOs should not be duplicated for different clinical areas across the same LHN/health service, rather existing standing medication orders should be amended to incorporate the new clinical area.
- 5.2.3 If a SMO is considered to be necessary across the entire health service, it is recommended that a health service-wide standing medication order be instituted.
- 5.2.4 If a unit specific SMO is required, it is the responsibility of the relevant clinical head(s) of that unit to ensure that the SMO is accurate, current and approved through local governance processes.

Guiding principle 3: Preparing SMO documents

- 5.3 LHNs and health services are encouraged to use a standardised approach to the preparation of SMO documents.
- 5.3.1 SMOs must be in the form of a written instruction and include the key points described in the SMO checklist. (Refer to Appendix 1)
- 5.3.2 Consultation with medical, nursing/midwifery, pharmacy and any other relevant health practitioners must be undertaken when developing a SMO.
- 5.3.3 When submitting a SMO for endorsement, authors are encouraged to outline in a cover letter the relevant background to the standing

medication order, justification of the need for a SMO and details of consultation undertaken during its preparation.

Guiding principle 4: Authorisation to initiate SMOs

5.4 Only health practitioners authorised by their LHN or health service may initiate a SMO.

- 5.4.1 SMOs may authorise any specified health practitioner (within their scope of practice) to administer and document (not prescribe) a specified medicine in circumstances specified within the instruction, without a medication order or prescription. It permits, but does not require the health practitioner to administer medicines.
- 5.4.2 The responsibilities of health practitioners administering medicines from a SMO must be clearly defined. Procedures should also outline any required training (including Sunrise EMR & PAS (Sunrise) training), the minimum standards required by staff authorising a SMO and the mechanism for maintenance of the staff training register.
- 5.4.3 It is the responsibility of the individual designated health practitioner to only administer a medicine from a SMO if they are authorised to do so and have had the appropriate training, and if the order is valid.
- 5.4.4 It is the responsibility of the relevant clinical head of the unit to disseminate information about any changes made to SMOs (including their withdrawal) to their staff.

Guiding principle 5: Training and access to Standing Medication Orders

5.5 Protocols must be in place to ensure that authorised health practitioners who use SMOs are supported by appropriate education or training in their use.

Authorised health practitioners should have access to a register of approved SMOs.

- 5.5.1 Newly employed health practitioners who are authorised to initiate a SMO are to be made aware of any relevant SMOs as part of their orientation.
- 5.5.2 Clinical heads of unit are required to ensure that authorised staff have the appropriate education and training to safely initiate a SMO.
- 5.5.3 Clinical heads of unit must regularly review the SMOs available for use within that clinical area; this should happen at least every two years.

Guiding principle 6: Documentation of SMOs

5.6 All supply and administration of medicines from SMOs must be documented according to LHN/health service and legislative requirements.

5.6.1 Each dose should be documented in the 'Once Only' medicines section of the National Inpatient Medication Chart (NIMC) or in the patient's electronic medication administration record (eMAR). The administering nurse/midwife (or other designated health practitioner) must record all relevant information required by policy, local procedure or legislation, including the:

- > Date and time of the order
- > Generic name of the medicine²
- > Route of administration (approved abbreviations may be used³)
- > Dose and formulation
- > Date and time of administration
- > Printed name and signature (or electronic equivalent) of the administering registered nurse/midwife (or other designated health practitioner) the words 'Standing Medication Order'.

5.6.2 Where a medicine requires a double check of dose and/or administration as specified by policy, local procedures or by legislation, this must also be documented.

5.6.3 Where the SMO states that the treating medical officer is to be notified, this must take place and be documented in the patient's case notes or electronic health record.









5.6.4 Schedule 8 medicines (drugs of dependence)
The usual requirements of the *Controlled Substances (Poisons) Regulations 2011* regarding documenting and witnessing administration of drugs of dependence (Regulation 44(1)) and record-keeping (Regulation 42) apply for drugs initiated in accordance with a SMO.

² Exceptions exist where trade names may be used as outlined in the *Spell it out: Standards*

³ The *Spell it out: Standardised terminology, abbreviations and symbols to be used when communicating about medicines* policy directive outlines clear and unambiguous terminology for the prescribing of medicines

6. Safety, quality and risk management

National Safety and Quality in Health Services (NSQHS) Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aged Care Quality Standards (includes Home care clients)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>
Consumer Dignity & Choice	Ongoing Assessment & Planning with Consumers	Personal Care & Clinical Care	Services & Supports for Daily Living	Organisation's Service Environment	Feedback & Complaints	Human Resources	Organisational Governance

National Disability Insurance Scheme (NDIS) Practice Standards

CORE MODULE				SUPPLEMENTARY MODULES	
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rights and Responsibilities	Governance and Operational Management	Provision of Supports (to participants)	Provision of Supports (environment)	High Intensity Daily Personal Activities Module	Early Childhood Supports Module

7. Appendices

Appendix 1: Checklist for developing Standing Medication Orders

8. Reference

Related SA Health policies/guidelines:

- > [Spell it out: Standardised terminology, abbreviations and symbols to be used when communication about medicines](#)
- > [Nurse Initiated Medicines Guiding Principles](#)

Related legislation and other documents:

- > [Controlled Substances Act \(SA\)1984](#)
- > [Controlled Substances \(Poisons\) Regulations \(SA\) 2011](#)
- > [The Poison's Standard \(SUSMP\) 2013](#)
- > [National Safety and Quality Health Service Standards. Second edition, 2017.](#)
ACSQHC (Australian Commission on Safety and Quality in Health Care). Sydney: ACSQHC; 2017.

The first version of this guideline was developed based on the advice and in consultation with the Standing Medications Orders Working Group. The authors acknowledge the individual policies of each of the Local Health Networks and health services which have been adapted to develop this document.

9. Document Ownership & History

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Approval Date	Version	Who approved New/Revised Version	Reason for Change
02/09/20	V2	Naomi Burgess, Chief Pharmacist	Include information about Schedule 8 medicines (drugs of dependence) following the withdrawal of the <i>Standing orders for the administration of drugs of dependence in a health service facility</i> . Change the recommended SMO review time from annual to every two years Some minor editing
08/07/2015	V1	Portfolio Executive	Original PE approved version.

Appendix

Appendix 1: Checklist for developing Standing Medication Orders

<input checked="" type="checkbox"/>	Category	Suggested Content
<input type="checkbox"/>	Title	Standing medication order – preferred terminology
<input type="checkbox"/>	Generic name	Generic name of the medication to be used
<input type="checkbox"/>	Purpose and/or Scope	Explain the need for the order and under what circumstances the order can be used
<input type="checkbox"/>	Authorisation of staff	Outline which health professionals the SMO applies to including any minimum training requirements.
<input type="checkbox"/>	Clinical areas where order applies	Specify if for use in a specific ward, clinical area or hospital.
<input type="checkbox"/>	Duration of eligibility for order	e.g. one dose only or 24 hours then review by MO
<input type="checkbox"/>	Indication	Indication for use – a separate SMO is required if more than one indication
<input type="checkbox"/>	Contraindications	Situations where the SMO cannot be used. Include any allergies or adverse reactions, and relevant drug-drug and drug-disease interactions
<input type="checkbox"/>	Maximum dose/frequency/route	Including maximum number of doses and frequency of administration, route(s) of administration, a detailed procedure of how and when to administer
<input type="checkbox"/>	Presentation/form	Strength, strength type and form

<input type="checkbox"/>	Assessment or monitoring of the consumer/patient	Include any relevant observations or tests and include reference to specific monitoring guidelines/protocols where applicable. Also consider how to manage any complications or adverse effects if they occur
<input type="checkbox"/>	Adverse effects	Most frequent or important adverse effects that can be expected – for a more detailed list of adverse effects reference can be made to the resources used in preparing the document.
<input type="checkbox"/>	Other relevant standing medication orders	If other standing orders exist which may be used concurrently (e.g. adrenaline)
<input type="checkbox"/>	Documentation	Statement according to the expectations of the SA Health Policy Directive and/or local Drug Committee Approval/Limitation i.e. on the NIMC and in the case notes or through Sunrise.
<input type="checkbox"/>	Governance	Who is responsible for the SMO (author) signatures of applicable units (e.g. Medical, Nursing/Midwifery and Pharmacy) and DTC (or equivalent committee) approval signature
<input type="checkbox"/>	Version control	Including current version number and any variations from previous version
<input type="checkbox"/>	Dates	Date the document was prepared and date for review of the document (max. 2 years from approval)
<input type="checkbox"/>	Resources/References	Encourage consistent referencing style