

Q & A for Care Orders October 2015

The information for this Q & A is taken from the SRNA document, [*Standards for RN Specialty Practices \(2015\)*](#).

1. What are “orders” and “client-specific orders”?

Orders for client care are provided by a regulated health care professional who has the legislated authority to order a procedure/treatment/medication. Regulated health care professionals include: physicians, RN(NP)s, dentists, and podiatrists. Client-specific orders are direct orders specific to a client and considered valid if documented, dated and signed, either on a prescription form or in a client’s clinical record.

2. What types of orders can be used for providing care?

Depending on the client care situation, orders can be:

- client-specific:
 - as in a RN Clinical Protocol for an Advanced RN Intervention.
 - within pre-printed orders that are made client-specific once the physician reviews them and signs the pre-printed order.
- non client-specific:
 - through the use of a Medical Directive contained within a RN Clinical Protocol for a Health Service/Program.

3. When can a RN provide care without an order?

Orders are not required:

- when using a RN Clinical Protocol to address a Health Condition in an Emergency.
- in a life threatening emergency situation. A RN in this situation is obligated to provide the best care possible given the circumstance, and his/her level of competence until a physician can be contacted, even if there is no order in place.
- when a RN with additional authorized practice follows a SRNA Clinical Decision Tool to diagnose, order tests, prescribe and treat Limited Common Medical Disorders.

4. What is a Medical Directive?

A Medical Directive is a client care order written in advance by a physician that is implemented by a RN for a specific client population. Medical Directives are used for situations where a physician’s direct assessment of the client is not required, nor is it practical to provide a client-specific order for the activity (e.g. administer mass influenza vaccinations in a public program).

5. What are the criteria for a Medical Directive?

A Medical Directive includes specific criteria that are found in Appendix C, p. 35-36 in the [*Standards for RN Specialty Practices \(2015\)*](#).

6. When would a Medical Directive be used for implementing care?

A Medical Directive can contain various activities including, but not limited to: ordering tests, referrals to specialists, administering specific medications (e.g. vaccinations), providing a provisional diagnosis derived from a test result, performing an Advanced RN Intervention that is part of a Health Service/Program (e.g. performing a pap smear as part of a cancer screening program).

7. When would the use of a Medical Directive not be appropriate?

A Medical Directive cannot be used for care situations that require a physician to assess, diagnose and prescribe treatments or medications for a client's medical disease or disorder as in otitis media. Also, it cannot be used for physician to RN delegation for activities such as performing intubation or inserting chest tubes.

8. What is a pre-printed order?

A pre-printed order is a document that assists a physician to choose from a list of client care orders for the medical management of a client. Pre-printed orders are made client-specific when they are reviewed and signed by a physician. They are also called "physician order sets" or "order sets".

9. Why shouldn't "standing orders" be used?

Standing orders are non-client specific orders routinely placed on a client's chart that direct the care of a client admitted to a unit or program when certain criteria are met. They are used to implement the same care for every client without taking into account an individual's health care needs and have been used for transfer of medical function (TMF) activities. Standing orders are not good practice and should not be used.

10. Who do I contact with questions about orders, Medical Directives or RN Clinical Protocols?

Please contact a SRNA Practice Advisor at practiceadvice@srna.org.

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