

Standing orders issue not totally resolved

Despite the fact that a memorandum issued on Oct. 24, 2008, by the Centers for Medicare & Medicaid Services (CMS) seemed to resolve a controversy about whether nurses could administer certain medications under emergent conditions per standing orders, and without the signed approval of a physician, this is not the end of the story, say the experts.

“They claim this was a patient safety issue,” says **Barbara Tomar**, MBA, director of federal affairs for the American College of Emergency Physicians in Washington, DC. “On page three of the memo, in the third paragraph, they say that while there is significant merit in standing orders, there is also potential for harm.” The rationale for that stance, she says, is that nurses and other clinical staff routinely are asked to make clinical decisions outside of their expertise. In fact, in an earlier draft CMS indicated it still wanted to engage the professional community in some consensus around “advanced safe practices,” which ACEP considers “totally unnecessary,” according to Tomar.

She definitely is not misinterpreting what she had read. Many standing orders have been validated nationally and clearly have benefits, but some order sets are not as well researched and investigated, says **Pat Adamski**, RN, MS, director of The Joint Commission’s Standards Interpretation Group and the Office of Quality Monitoring. “So, CMS is going to continue to work on this issue, and we look forward to working with them to further develop this process so we have something out there that encourages safety while allowing patients to get the treatment they need in a timely manner,” she says. ■