**Name of relevant institution**

(*Relevant institution* means an aged care facility, hospital, prison or detention centre)

| **Entity details** |
| --- |
| Name of relevant institution: | Name of relevant institution |
| Date the medicines and therapeutics committee[[1]](#footnote-1) of the relevant institution has approved the making of the order: | Name of medicines and therapeutic committee and date decision made |
| Name of the member of the committee who is a prescriber authorised to make standing orders and will sign this standing order: | Name of prescriber and position |
| Date this standing order is made: | Prescriber to enter date in final box ‘Validity and review’ |

| **Locations/services where this standing order applies (if applicable)** |
| --- |
| List here any locations or services within the relevant institution that this standing order applies to (if applicable) |

| **Dealing permitted under this standing order** |
| --- |
| Dealings permitted:1.Administration of a medicine 2. Giving a treatment dose of a medicine under a standing order is only permitted for a midwife or a pharmacist at a public hospital: | This standing order authorises administration of the medicine stated in this standing orderORThis standing order authorises giving a treatment dose of the medicine stated in this standing order by a midwifeORThis standing order authorises giving a treatment dose of the medicine stated in this standing order by a pharmacist at a public hospital |

| **Class of persons authorised to perform dealing specified above** |
| --- |
| Class Name: | List here the relevant class name e.g. registered nurse, enrolled nurse, restricted enrolled nurse  |
| Minimum qualification and training: | Click or tap here to enter text. |

| **Medicine** |
| --- |
| Medicine Name: | **This standing order must only relate to a single medicine and must not relate to giving a treatment dose of a monitored medicine** |
| Poisons Standard Schedule: | Click or tap here to enter text. |
| Form: | Click or tap here to enter text. | Strength: | Click or tap here to enter text. |
| Route: | Click or tap here to enter text. | Quantity: | Click or tap here to enter text. |

| **Circumstances when the medicine may be administered, or a treatment dose given** |
| --- |
| Medical Condition:  | Click or tap here to enter text. |
| Recommended dose or dose range: | Click or tap here to enter text. |
| Instructions including the maximum duration for which treatment of the patient is authorised): | Click or tap here to enter text. |

| **Circumstances when the medicine cannot be administered, or a treatment dose given** |
| --- |
| Specify circumstances:  | Click or tap here to enter text. |
| Include any relevant instructions: | Click or tap here to enter text. |

| **Clinical and other information** |
| --- |
| Reference charts for dose calculation (if required): |  |
| Monitoring requirements (if any): | Click or tap here to enter text. |
| Equipment required: | Click or tap here to enter text. |
| Management procedures required for management of an emergency associated with the use of the medicine: | Click or tap here to enter text. |
| Notes: | Click or tap here to enter text. |

| **Availability to inspect this standing order** |
| --- |
| In accordance with section 108 of the *Medicines and Poisons (Medicines) Regulation 2021*, this standing order is available for inspection at a place to which the order relates by—(a) any person who may administer or give a treatment dose of a medicine under the order; and(b) the prescriber’s employer; and(c) the chief executive (of Queensland Health or delegate); and(d) an inspector (a person who holds office as an inspector under chapter 5, part 2 of the *Medicines and Poisons Act 2019*); and(e) a health ombudsman official (an official under the *Health Ombudsman Act 2013*). |

| **Validity and review** **(prescriber making this standing order to complete)** |
| --- |
| Date of signing: | Prescriber to enter date in final box ‘Validity and review’ |
| Date of Expiry of the standing order (no later than 2 years after the order is made): | The expiry date of the standing order must not be later than 2 years after the above date of signing |
| Review date (no later than 2 years after the order is made): | The review date of the standing order must not be later than 2 years after the above date of signing |
| Name of prescriber (committee member): | Name of prescriber and position |
| Signature (of authorising prescriber): |  |

1. medicines and therapeutics committee, of a relevant institution, means a committee—

(a) established by the institution to approve standing orders for the administration or giving of treatment doses of medicines to patients at the institution; and

(b) whose members include 1 medical practitioner, 1 registered nurse and 1 pharmacist. [↑](#footnote-ref-1)