

ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM

Standing Orders

CHA/P Name: _____ Village: _____

Tribal Health Organization: _____

_____ is authorized to treat patients with the CHAM ASSESSMENTS that are initialed below according to the PLAN listed in the 2006 Alaska Community Health Aide/Practitioner Manual (CHAM). It is not necessary for the Health Aide to contact the Supervising Physician for the initialed ASSESSMENTS unless the problem is severe or the CHAM directs the Health Aide to do so. For all other ASSESSMENTS, the CHA/P must follow the PLAN in the CHAM and report according to the specific PLAN or local Tribal Health Organization protocol. These Standing Orders should be re-authorized and signed every two years or when a change of Supervising Physician(s) occurs.

On this generic Standing Orders form, space has been provided for the Supervising Physician's signature (and initials) as well as space for an alternate physician's signature. Two physicians' signatures are not required; however, some corporations have considered the advantage of having an alternate in the event that the primary Supervising Physician is absent or leaves the position.

The CHAM/clinical competence verification signature space should be signed by the person who can verify that the named Health Aide/Practitioner is clinically competent and consistently and accurately follows the CHAM to guide their practice. The verifying person could be the Field Staff, Training Center Instructor, or the Physician.

This is a generic form developed as a tool to assist organizations in implementing Standing Orders for the Health Aides. It can be modified to fit the needs of the Tribal Health Organization. It is advisable for each Tribal Health Organization to have a written policy regarding Standing Orders.

STANDING ORDERS

Medical supervision is essential to the success of the Community Health Aide Program and CHA/Ps. The following provides additional information about Standing Orders, as an alternative to the CHA/P reporting every patient encounter.

1. Physician-signed Standing Orders authorize a Community Health Aide/Practitioner (CHA/P) to treat a patient by following specific patient care plans as written in the Alaska Community Health Aide/Practitioner Manual (CHAM) (or regional alternative plans) without consulting the referral doctor.
2. Why grant Standing Orders?
 - The CHA/P, with training and experience, can follow the CHAM to provide good care for routine health issues without contacting the doctor on every patient.
 - A CHA/P with appropriate Standing Orders can practice more efficiently.
 - Having Standing Orders for straightforward, routine care reduces demand on the physician's time.
3. When might CHA/Ps get Standing Orders?
 - Many Tribal Health Organization physicians begin granting Standing Orders to eligible CHAs after the completion of their 200 hours of clinical experience at the end of Session II.
 - Generally the Standing Orders are divided by Training Session-specific content.
4. Plans with possible Standing Orders.
 - The CHAM includes the option of allowing a CHA/P to be granted a Standing Order for certain health problems that have been covered in the Community Health Aide Program Basic Training Curriculum and that can be assessed in the village.
 - Plans for which the CHAM provides a possible Standing Order are indicated after the Plan title with:
[Standing Order possible].
 - The Clinical Directors of the Tribal Health Organizations selected an advisory group of physicians experienced at working with CHA/Ps. These doctors decided which Plans would have Standing Orders possible.
 - These are usually common, straightforward problems, where reporting is not likely to change the Assessment or Plan. That is, the doctor probably would not come to a different conclusion if the CHA/P reported verbally or sent in a Patient Encounter Form (PEF).
 - Plans with possible Standing Orders often have an "ALWAYS Report" caution, which safeguards those patients who may be more complicated

(Examples: Infants, elders with multi-system disease, or patients with more concerning symptoms).

- These patients would not be covered by the Standing Order, and the CHA/P would actively consult the referral doctor.
- The Plan in the CHAM is the Standing Order.
 - To grant a Standing Order, the supervising physician must agree with the Plan in the CHAM that the CHA/P will follow.
 - Some of these Plans will include only Patient Education and Recheck information.
 - Other Plans may also include Medicines and procedures.
- or
- Write an alternative Plan for the CHA/P to follow.
 - Due to regional variation of resources, changes in medical practice, etc., some physicians or Tribal Health Organizations may prefer a treatment plan other than what is written in the CHAM.
 - If a different treatment plan is created, it must be clear which instructions the CHA/P is to follow. Any new Plan:
 - ♦ Should be plainly written (preferably in a format similar to the CHAM).
 - ♦ Must be signed by the supervising physician.
 - ♦ Should be on file at the Tribal Health Organization, the CHA/P's clinic, and with the doctor.
5. Who can grant Standing Orders?
 - Only a licensed physician who is employed by the federal government or affiliated with the Tribal Health Organization can grant a CHA/P Standing Orders.
 - Community Health Aides/Practitioners practice under the medical authorization of the supervising physician.
 - Standing Orders authorizing the CHA/P to follow the CHAM treatment Plan (or other written guideline), without consulting a physician, must be signed by the supervising physician, as designated by the Tribal Health Organization.
 6. Deciding if Standing Orders should be granted.
 - To grant a Standing Order, the supervising physician must have sufficient experience working with, or supervising, the individual CHA/P so that the doctor is comfortable with this CHA/P's clinical skills and ability to:
 - Use the CHAM to obtain a thorough History.
 - Perform an adequate Exam, and recognize and describe abnormal findings.
 - Use the CHAM to arrive at an accurate Assessment.

- Follow the Plan without needing further direction.
- Recognize the patients who are exceptional and need to be reported, even with a Standing Order.
 - In addition to personal experience, the physician will also receive information about the CHA/P's clinical skills through:
 - Basic Training Center evaluations of a CHA's progress in training. These evaluations include appraisal of each CHA's clinical skills in:
 - History taking.
 - Physical Exam and Lab skills.
 - Using the CHAM to make Assessments.
 - Ability to follow Plans.
 - Giving Patient Education.
 - Administering medicines.
 - Performing certain treatment procedures.
 - Documenting the encounter.
 - Consultation with Supervisor Instructors/ Clinical Instructors, part of the Tribal Health Organization's CHAP field program, who work with CHA/Ps in the village between and after Basic Training Sessions to:
 - Reinforce skills listed above.
 - Evaluate retention of knowledge and skills in the home clinic setting.
 - Some Tribal Health Organizations use a written Standing Orders test.
 - The test evaluates the CHA/P's skill, when provided with certain history and exam information, to use the CHAM to make an assessment, and to interpret (follow) the steps of the plan.
 - Other Quality Assurance/Quality Improvement systems in place at the clinic.
 - Some Tribal Health Organizations do not use Standing Orders at all. Instead those CHA/Ps report to an on-site midlevel provider or consult with the physician about every patient encounter.
7. The granting of Standing Orders should be individualized.
- Not all CHA/Ps receive Standing Orders.
 - Each CHA/P comes to the job with different skills and abilities.
 - CHA/Ps master clinical skills at different rates, based on background, training, clinical exposure and support.
 - Depending on individual knowledge, skills and abilities, a specific CHA/P may be granted:
 - A full list of Standing Orders.
 - A limited selection of Standing Orders.
 - No Standing Orders.
 - CHA/Ps with Standing Orders still need to have periodic evaluations to ensure maintenance of knowledge and skills.
8. Documentation of Standing Orders.
- The employing Tribal Health Organization should have a Standing Orders form listing the CHAM Plans that are signed off by the supervising physician for each CHA/P, as appropriate.
 - The signed Standing Orders document should be on file at the Tribal Health Organization CHAP program office, the CHA/P's clinic, and in the physician's records.
 - When a CHA/P treats a patient using Standing Orders, without contacting the doctor, the CHA/P should record this on the Patient Encounter Form.
9. Renewing Standing Orders or change of supervising physician.
- Most Tribal Health Organizations that use Standing Orders recommend re-evaluation and re-signing every two years, to emphasize the importance of maintaining knowledge and skills.
 - If the CHA/P supervising physician changes, the new supervising physician must determine which Standing Orders are appropriate, and re-sign those orders that continue to be suitable. The CHA/P functions only under the medical supervision of the doctor.
 - If Standing Orders are not re-signed, the CHA/P may no longer treat patients under them, and would need to report each patient, as directed in the CHAM.
 - Standing Orders must be reviewed and re-signed when a new edition of the CHAM is published.
10. Revoking Standing Orders.
- The supervising physician can revoke a Standing Order if the doctor determines that a CHA/P does not have the skills or resources as outlined above, to treat patients for that specific problem, without contacting the doctor.
 - Revocation of Standing Orders should be done in writing, in consultation with the CHA/P and the CHAP program supervisor.
 - The CHA/P could be recommended for remediation through the Tribal Health Organization's field program, or through a CHAP Training Center.
11. Change of CHA/P Employment.
- Standing Orders are specific to an employer and a physician.
 - If a CHA/P changes employment to a different Tribal Health Organization, or itinerates among agencies, their original signed Standing Orders do NOT carry over with them.
 - The new supervising physician must determine which Standing Orders are appropriate.

ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM
Standing Orders

CHAP Name _____ Village _____

Tribal Health Organization _____

Session II

CHAM Section Plan and Page Number	Standing Order	*CHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Circulatory 2, p. 332	Anemia from Not Enough Iron in Diet		
Digestive 1, p. 361	Minor Abdominal Injury		
Digestive 6, p. 375	Gastroenteritis		
Digestive 10, p. 384	Hemorrhoids or Anal Fissure		
Digestive 16, p. 389	Constipation		
Ear 2, p. 239	Otitis Media with Effusion		
Ear 3, p. 240	Acute Otitis Media		
Ear 6, p. 243	Ear Canal Infection		
Ear 7, p. 244	Object in Ear Canal		
Eye 1, p. 226	Conjunctivitis		
Eye 4, p. 228	Blood on Sclera		
Eyelid 2, p. 221	Blepharitis		
Eyelid 3, p. 221	Insect Bite or Sting to Eyelid or Mild Allergic Reaction		
Eyelid 4, p. 222	Stye		
Mouth 1, p. 254	Canker Sores		
Mouth 3, p. 255	Mouth Herpes, Recurrent Sores		
Mouth 4, p. 256	Sore Corners of Mouth		
Mouth 5, p. 256	Hand, Foot, Mouth Disease		
Mouth 6, p. 257	Thrush		
Mouth 8, p. 259	Irritation from Dentures		
Teeth 8, p. 273	Teething Pain		
Musculoskeletal 5, p. 420	Sprain		
Musculoskeletal 6, p. 421	Neck Pain with Muscle Strain		
Musculoskeletal 7, p. 422	Low Back Pain with Muscle Strain		
Musculoskeletal 8, p. 423	Minor Bruise Under Nail		
Musculoskeletal 10, p. 425	Other Musculoskeletal Injury (includes bruise, swelling, muscle strain)		
Respiratory 1, p. 288	Minor Chest Injury		
Respiratory 2, p. 296	Common Cold		
Respiratory 3, p. 297	Allergic Rhinitis		

ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM
Standing Orders

CHAP Name _____ Village _____

Tribal Health Organization _____

Session II (continued)

CHAM Section Plan and Page Number	Standing Order	*CHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Respiratory 5, p. 298	Laryngitis		
Respiratory 6, p. 299	Viral Pharyngitis		
Respiratory 7, p. 300	Strep Throat		
Respiratory 11, p. 304	Bronchitis		
Respiratory 19, p. 321	TB Screening: PPD		
Skin/Soft Tissue 1, p. 438	Mild Allergic Reaction		
Skin/Soft Tissue 2, p. 438	Insect Bite or Sting		
Skin/Soft Tissue 3, p. 439	Dermatitis, Acute or Chronic		
Skin/Soft Tissue 4, p. 441	Impetigo		
Skin/Soft Tissue 5, p. 441	Chickenpox		
Skin/Soft Tissue 8, p. 445	Lice		
Skin/Soft Tissue 9, p. 446	Scabies		
Skin/Soft Tissue 10, p. 447	Diaper Rash		
Skin/Soft Tissue 11, p. 448	Fungus Skin Infection		
Skin/Soft Tissue 12, p. 449	Acne		
Skin/Soft Tissue 13, p. 450	Dandruff		
Skin/Soft Tissue 14, p. 450	Warts		
Wounds 1, p. 462	Laceration, Abrasion, or Puncture Wound		
Wounds 3, p. 466	Small Foreign Body Under Skin		
Burn 3, p. 472	Minor Burn, 1 st Degree		
Burn 4, p. 472	Minor Burn, 2 nd Degree		
Urinary 1, p. 490	Bladder Infection		

 CHAM/Clinical Verification
 Signature/ Date

 Supervising Physician Signature/Date

 Initials

 Initials

 Alternate Supervising Physician Signature/Date

 Initials

* **CHAM and Clinical Competence** may be demonstrated by such activities as: PEF and radio traffic review, onsite clinical evaluation, and successful completion of Standing Orders Test. Verifying this competency may be completed by Field Staff, Training Center Instructor, or Supervising Physician.

**ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM
Standing Orders**

CHAM/P Name _____ Village _____

Tribal Health Organization _____

Session III

CHAM Section Plan and Page Number	Standing Order	*CHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Child 5, p. 161	Healthy Child, 2 Weeks to 5 Years Old, Includes Immunizations		
Child 7, p. 175	Healthy Child, Age 6 to 10 Years, Includes Immunizations		
Teen 1, p. 181	Teen Health Care, Includes Immunizations		
Female 1, p. 520	Vaginal Discharge, Possible Yeast Infection		
Female 6, p. 525	Patient with Positive Gonorrhea Test or Positive Chlamydia Test		
Female 9, p. 527	Sore or Rash on Genitals: Possible Genital Herpes, Recurrent Sores		
Birth Control 3, p. 548	Starting Other Birth Control Method		
Birth Control 4, p. 551	Refill Birth Control Pills, or Patch, or Vaginal Ring		
Birth Control 5, p. 552	Repeat Depo-Provera Shot		
Birth Control 6, p. 553	Emergency Contraceptive Pills (ECPs)		
Male 3, p. 502	Patient with Positive Gonorrhea Test or Positive Chlamydia Test		
Male 4, p. 502	Genital Rash, Possible Fungus Infection		
Male 6, p. 503	Sore or Rash on Genitals: Possible Genital Herpes, Recurrent Sores		
Pregnancy 1, p. 565	Woman Wants to Get Pregnant		
Pregnancy 2, p. 567	Negative Pregnancy Test		
Pregnancy 5, p. 580	Return Prenatal Visit		
Pregnancy 15, p. 605	Prenatal Glucose Tolerance Test		
Postpartum 1, p. 608	Normal Postpartum Patient		

CHAM/Clinical Verification
Signature/ Date

Initials

Supervising Physician Signature/Date

Initials

Alternate Supervising Physician Signature/Date

Initials

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**ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM
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CHAP Name _____ Village _____

Tribal Health Organization _____

Session IV

CHAM Section Plan and Page Number	Standing Order	*CHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Alcohol/Drug 2, p. 724	Hangover		
Circulatory 10, p. 350	High Blood Pressure, Chronic Care		
Circulatory 11, p. 353	Heart Problem, Chronic Care		
Digestive 18, p. 392	GERD, Chronic Care		
*Female 17, p. 556	*Breast and Cervical Cancer Screening		
Nervous 2, p. 624	Muscle Tension Headache		
Nervous 20, p. 651	Chronic Pain, Chronic Care		
Respiratory 18, p. 317	Lung Disease, Chronic Care		
Respiratory 21, p. 324	Patient on TB Medicine		

* Advanced skill, not part of CHAP Basic Training. Requires additional training.

CHAM/Clinical Verification
Signature/ Date

Initials

Supervising Physician Signature/Date

Initials

Alternate Supervising Physician Signature/Date

Initials

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**ALASKA COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM
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CHAP Name _____ Village _____

Tribal Health Organization _____

Additional Standing Orders

For Plans in the CHAM without a Standing Orders option

CHAM Section Plan and Page Number	Standing Order	*CHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date

CHAM/Clinical Verification
Signature/ Date

Supervising Physician Signature/Date

Initials

Initials

Alternate Supervising Physician Signature/Date

Initials

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CHAP Name _____ Village _____

Tribal Health Organization _____

ADDITIONAL STANDING ORDER NOT WRITTEN IN THE CHAM

AUTHORIZING PHYSICIAN: _____

PLEASE CHECK IF _____ MEDICATION CHANGE OR _____ NEW SKILL

1. Indications for medication or skill?

2. List the risks and benefits that were discussed with CHAP?

3. List complications and contraindications that were discussed CHAP?

4. Describe demonstrated proficiency of knowledge by CHAP?

5. Describe how the CHAP demonstrated proficiency of new skill?

6. Describe your plan for skill maintenance.

Supervising Physician Signature/Date

Medical Director Signature/Date

CHAP Director Signature/Date

Field Supervisor Signature/Date

THIS FORM NEEDS TO BE ATTACHED TO THE CHAP'S STANDING ORDER FORM AND COPIES GIVEN TO: Supervising Physician, CHAP Director, CHA/P, and Field Supervisor. This Standing Order is valid ONLY if all signatures are obtained. This Standing Order must be approved every 2 years.

ARC Approved: 02-08-06 CHAP Directors Approved: 02-09-06