

ALASKA COMMUNITY HEALTH AIDE PROGRAM
Standing Orders-January 2015

CHA/P Name: _____ Village: _____

Tribal Health Organization: _____

_____ is authorized to treat patients with the Alaska Community Health Aide/Practitioner Manual (eCHAM) ASSESSMENTS that are initialed below according to the PLAN listed in the eCHAM. It is not necessary for the Health Aide to contact the Supervising Physician for the initialed ASSESSMENTS unless the problem is severe or the eCHAM directs the Health Aide to do so. For all other ASSESSMENTS, the CHA/P must follow the PLAN in the eCHAM 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. With the transition to the eCHAM in January 2015, it is recommended that all CHA/Ps retake their Standing Orders Exams to demonstrate that they can navigate the eCHAM.

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 Tribal Health Organizations have considered the advantage of having an alternate in the event that the primary Supervising Physician is absent or leaves the position.

The eCHAM/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 eCHAM 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.

To learn more about Standing Orders, please review the eCHAM section, [Standing Orders](#).

ALASKA COMMUNITY HEALTH AIDE PROGRAM
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CHAP Name _____ Village _____

Tribal Health Organization _____

Session II

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Circulatory 2	Anemia from Not Enough Iron in Diet		
Digestive 1	Minor Abdominal Injury		
Digestive 6	Gastroenteritis		
Digestive 10	Hemorrhoids or Anal Fissure		
Digestive 16	Constipation		
Ear 2	Otitis Media with Effusion		
Ear 3	Acute Otitis Media		
Ear 6	Ear Canal Infection		
Ear 7	Object in Ear Canal		
Eye 1	Conjunctivitis		
Eye 4	Blood on Sclera		
Eyelid 2	Blepharitis		
Eyelid 3	Insect Bite or Sting to Eyelid or Mild Allergic Reaction		
Eyelid 4	Stye		
Mouth 1	Canker Sores		
Mouth 3	Mouth Herpes, Recurrent Sores		
Mouth 4	Sore Corners of Mouth		
Mouth 5	Hand, Foot, Mouth Disease		
Mouth 6	Thrush		
Mouth 8	Irritation from Dentures		
Teeth 8	Teething Pain		
Musculoskeletal 5	Sprain		
Musculoskeletal 6	Neck Pain with Muscle Strain		
Musculoskeletal 7	Low Back Pain with Muscle Strain		
Musculoskeletal 8	Minor Bruise Under Nail		
Musculoskeletal 10	Other Musculoskeletal Injury		
Respiratory 1	Minor Chest Injury		
Respiratory 2	Common Cold		
Respiratory 3	Allergic Rhinitis		

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CHAP Name _____ Village _____

Tribal Health Organization _____

Session II (continued)

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Respiratory 5	Laryngitis		
Respiratory 6	Viral Pharyngitis		
Respiratory 7	Strep Throat		
Respiratory 11	Bronchitis		
Respiratory 19	TB Screening: PPD		
Skin/Soft Tissue 1	Mild Allergic Reaction		
Skin/Soft Tissue 2	Insect Bite or Sting		
Skin/Soft Tissue 3	Dermatitis, Acute or Chronic		
Skin/Soft Tissue 4	Impetigo		
Skin/Soft Tissue 5	Chickenpox		
Skin/Soft Tissue 8	Lice		
Skin/Soft Tissue 9	Scabies		
Skin/Soft Tissue 10	Diaper Rash		
Skin/Soft Tissue 11	Fungus Skin Infection		
Skin/Soft Tissue 12	Acne		
Skin/Soft Tissue 13	Dandruff		
Skin/Soft Tissue 14	Warts		
Wounds 1	Laceration, Abrasion, or Puncture Wound		
Wounds 3	Small Foreign Body Under Skin		
Burn 3	Minor Burn, 1 st Degree		
Burn 4	Minor Burn, 2 nd Degree		
Urinary 1	Bladder Infection		

eCHAM/Clinical Verification
Signature/ Date

Supervising Physician Signature/Date

Initials

Initials

Alternate Supervising Physician Signature/Date

Initials

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

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Tribal Health Organization _____

Session III

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Child 5	Healthy Child, 2 Weeks to 5 Years Old		
Child 7	Healthy Child, Age 6 to 10 Years		
Teen 1	Teen Health Care		
Female 1	Vaginal Discharge, Possible Yeast Infection		
Female 6	Patient with Positive Gonorrhea Test or Positive Chlamydia Test		
Female 9	Sore or Rash on Genitals: Possible Genital Herpes, Recurrent Sores		
Birth Control 3	Starting Other Birth Control Method		
Birth Control 4	Refill Birth Control Pills, or Patch, or Vaginal Ring		
Birth Control 5	Repeat Depo-Provera® Shot		
Birth Control 6	Emergency Contraceptive Pills (ECPs)		
Male 3	Patient with Positive Gonorrhea Test or Positive Chlamydia Test		
Male 4	Genital Rash, Possible Fungus Infection		
Male 6	Sore or Rash on Genitals: Possible Genital Herpes, Recurrent Sores		
Pregnancy 1	Woman Wants to Get Pregnant		
Pregnancy 2	Negative Pregnancy Test		
Pregnancy 5	Return Prenatal Visit		
Pregnancy 15	Prenatal Glucose Tolerance Test		
Postpartum 1	Normal Postpartum Patient		

eCHAM/Clinical Verification
Signature/ Date

Initials

Supervising Physician Signature/Date

Initials

Alternate Supervising Physician Signature/Date

Initials

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Tribal Health Organization _____

Session IV

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Alcohol/Drug 2	Hangover		
Circulatory 10	High Blood Pressure, Chronic Care		
Circulatory 11	Heart Problem, Chronic Care		
Digestive 18	GERD, Chronic Care		
*Female 17	*Breast and Cervical Cancer Screening		
Nervous 2	Muscle Tension Headache		
Nervous 20	Chronic Pain, Chronic Care		
Respiratory 18	Lung Disease, Chronic Care		
Respiratory 21	Patient on TB Medicine		

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

eCHAM/Clinical Verification
Signature/ Date

Supervising Physician Signature/Date

Initials

Initials

Alternate Supervising Physician Signature/Date

Initials

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Tribal Health Organization _____

Additional Standing Orders
For Plans in the eCHAM without a Standing Order option

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date

eCHAM/Clinical Verification
Signature/ Date

Supervising Physician Signature/Date

Initials

Initials

Alternate Supervising Physician Signature/Date

Initials

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ADDITIONAL STANDING ORDER NOT WRITTEN IN eCHAM

AUTHORIZING PHYSICIAN: _____

PLEASE CHECK IF _____ MEDICATION CHANGE OR _____ NEW SKILL

1. List indications for medication or skill.

2. List the risks and benefits that were discussed with CHA/P.

3. List complications and contraindications that were discussed with CHA/P.

4. Describe demonstrated proficiency of knowledge by CHA/P.

5. Describe how the CHA/P 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 CHA/P'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.