POLICY: PATHS is committed to allowing each of PATHS Community Medical Centers’ clinical staff to act at his or her highest level of training and licensure in order to achieve the highest quality care and efficient patient flow. Within PATHS Community Medical Centers, clinical staff (nurses and experienced CMAs) is permitted to execute standing orders as if they were unique orders for individual patients. The Medical Director and providers will maintain and revise these standing orders periodically to reflect best practices.

PERSONNEL: Medical Director, Providers, RNs, LPNs, CMAs with supervision

PROCEDURE:

Front Desk

- Patient calls requesting refill of medication or fax document received from pharmacy
- Request forward by Telephone Encounter to the nurse of prescribing provider

Nurse

Routine Refills

If the following criteria are met, the nurse may call or fax to pharmacy without prior consultation with the provider

- No dosage change for last (3) months
- Seen at the Medical Center within the last (6) months
- Seen within last (3) months and has follow-up scheduled with provider if uncontrolled chronic illness of diabetes, HTN, or CVD. If no scheduled follow-up, nurses can schedule the follow up and give medication refills, as specified in standing orders to cover up to the appointment date.
- Seen within (6) months if controlled chronic illness of diabetes, HTN, or CVD
- No controlled meds
- Not an antibiotic
- No pediatric patient refills are covered by these standing orders
- No steroid creams without provider approval
- Nurses will not give refills for respiratory, psychiatric or meds that require PT/INR monitoring, unless first discussing with provider.
• If a nurse has any concerns regarding a refill, even if patient has met criteria, please forward the medication request to the provider with concerns documented to be handled by the provider.

The nurse shall

• Call, fax or e-prescribe refills to the pharmacy using ECW. E-scripts should always be used unless the prescription does not meet the criteria for e-prescriptions (i.e., controlled medications).
• Generate telephone encounter documenting the following:
  o Put the name of medicine and refill, for example, “Micardis refill request”, under reason in the telephone encounter
  o In the message portion, please note for the provider, date of last appointment, and last refill date. You may note any other pertinent information the provider should be aware of.
    ▪ In regards to the date of last appointment, please make sure that it was an appointment with the provider, not a lab encounter or visit with LCSW.
  o Send to appropriate provider for approval or denial
• Update medication list

Standing Orders for Medication Refills:

**Allergy agents**, antihistamines, and decongestants may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _12_ months.

**Anti-hypertensives** may be refilled as a _1_ month supply with _3_ refill as long as the patient has been seen within _3_ months if uncontrolled and _6_ months if controlled.

**Anti-lipidemic agents** (single drug) may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _3_ months if uncontrolled and _6_ months if controlled. Also, Fasting Lipid Profile and LFT must have been done within the past _3-6_ months if uncontrolled and _12_ months if controlled.

**Cardiovascular agents** including angina agents, anti-arrhythmic, diuretics, and heart failure agents may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _3_ months if uncontrolled and _6_ months if controlled.

**Dermatology creams** may be refilled as a _1_ month supply with _1_ refill as long as the patient has been seen within _6_ months.

**Oral Diabetic agents** may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _3_ months if uncontrolled and _6_ months if controlled. No insulins are covered by standing orders, UNLESS nurse has discussed with provider and provider advises nurse to initiate refill.
Thyroid agents may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _3_ months if uncontrolled and _6_ month if controlled. Also, the patient has to have had a TSH within _3_ months if uncontrolled and _12_ months if controlled.

Gastrointestinal agents including antispasmodics, anti-ulcer/GERD agents, colorectal agents, digestive enzymes, and may be refilled as a _1_ month supply with _3_ refills as long as the patient has been seen within _6_ months, or unless otherwise noted under “follow up” by provider.

Signatures:

_________________________________  ____________________
Medical Director     Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date

_________________________________  ____________________
Provider       Date
<table>
<thead>
<tr>
<th>Provider</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>Date</td>
</tr>
<tr>
<td>Provider</td>
<td>Date</td>
</tr>
<tr>
<td>Provider</td>
<td>Date</td>
</tr>
<tr>
<td>Provider</td>
<td>Date</td>
</tr>
<tr>
<td>Director of Clinical Operations</td>
<td>Date</td>
</tr>
</tbody>
</table>