# STANDING ORDERS: Health Professionals & Immunization Practice

## NORTH CAROLINA

### Health Professional

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<td><strong>Advanced Practice</strong></td>
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### NOTES:

1. **Immunization Practice**: Includes the assessment of patient status, the prescription of appropriate vaccines, and the administration of vaccines.

2. **Delegated Authority**: May include the following terms: standing orders, protocol, collaborative agreement, direct or indirect supervision, at the direction of another provider, as ordered by another provider, or as prescribed by another provider.

3. **Legal Interpretation—Nurses**: Registered Nurses retain all authority granted to Practical Nurses and Vocational Nurses. Nurses engaging in advanced practice (Advanced Practice, Clinical Nurse Spec., and Nurse Practitioner) retain all authority granted to Registered Nurses, Practical Nurses, and Vocational Nurses.

4. **Legal Interpretation—Midwives**: Because midwives are not nurses in all states, they are identified as a separate professional category. When midwives are nurses, the following interpretations apply: Midwives who are identified as Registered Nurses retain all authority granted to Practical Nurses and Vocational Nurses. Midwives who engage in advanced practice retain all authority granted to Registered Nurses, Practical Nurses, and Vocational Nurses.

5. **Gray box**: Provider practices within the state, however the state has no relevant law addressing this element.

### MIDWIFE

. . . (5) “Advanced Practice Registered Nurse (APRN)” means a . . . nurse-midwife. . . . (35) “Prescribing Authority” means the legal permission granted by the Board of Nursing and Medical Board for the . . . nurse-midwife to procure and prescribe legend . . . pharmacological agents and devices to a client in compliance with Board of Nursing rules and other applicable federal and state law and regulations. . . . 21 N.C. Admin. Code 36.0120 (2012) Definitions


### NURSES

Clinical Nurse Spec.

. . . (c) Clinical nurse specialist scope of practice incorporates the basic components of nursing practice . . . as well as the understanding and application of nursing principles at an advanced level in his/her area of clinical nursing specialization which includes:  (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem; (2) diagnosing and managing clients' acute and chronic health problems within a nursing framework; (3) formulating strategies to promote wellness and prevent illness; (4) prescribing and implementing therapeutic and corrective nursing measures . . . .  21 N.C. Admin. Code 36.0228 (2012)

**Clinical Nurse Specialist Practice**

**Nurse Practitioner**

. . . (5) “Advanced Practice Registered Nurse (APRN)” means a nurse practitioner. . . . (35) “Prescribing Authority” means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner . . . to procure and prescribe legend . . . pharmacological agents and devices to a client in compliance with Board of Nursing rules and other applicable federal and state law and regulations. . . .  21 N.C. Admin. Code 36.0120 (2012) Definitions

. . . (4) “Nurse Practitioner” or “NP” means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform. . . . (8) “Collaborative practice agreement” means the arrangement for nurse practitioner-physician continuous availability to each other for ongoing supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner. . . .  21 N.C. Admin. Code 36.0801 (2012) Definitions

. . . (b) Nurse practitioners are authorized to write prescriptions for drugs under the following conditions . . . (4) The supervising physician has provided to the nurse practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. . . . (e) Any prescription written by a nurse practitioner or order given by a nurse practitioner for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the boards as the supervisor of the nurse practitioner and such supervising physician shall be responsible for authorizing such prescription or order. . . . N.C. Gen. Stat. § 90-18.2 (2012) Limitations on nurse practitioners

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services . . . with physician supervision and collaboration. . . . These services include but are not restricted to:  (1) promotion and maintenance of health; (2) prevention of illness and disability; (3) diagnosing, treating and managing acute and chronic illnesses; (4) guidance and counseling for both individuals and families; (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs . . . .  21 N.C. Admin. Code 32M.0102 (2012) Scope of practice

. . . (2) Collaborative Practice Agreement: (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site. . . .  21 N.C. Admin. Code 32M.0110 (2012) Quality assurance standards for collaborative practice agreement

. . . (b) Prescribing and dispensing stipulations are as follows:  (1) Drugs . . . that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement . . . (3) The nurse practitioner may prescribe a drug . . . not included in the collaborative practice agreement only as follows: (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner. . . .  21 N.C. Admin. Code 36.0809 (2012) Prescribing authority
(a) The prescribing stipulations . . . apply to writing prescriptions and ordering the administration of medications. (b) Prescribing and dispensing stipulations are as follows: (1) Drugs . . . that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement. . . . (3) The nurse practitioner may prescribe a drug . . . not included in the collaborative practice agreement only as follows: (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner . . . 21 N.C. Admin. Code 32M.0109 (2012) Prescribing authority

A nurse practitioner shall be held accountable . . . for the continuous and comprehensive management of a broad range of personal health services . . . with physician supervision and collaboration . . . These services include but are not restricted to: . . . (2) prevention of illness and disability . . . (5) prescribing, administering . . . drugs. 21 N.C. Admin. Code 36.0802 (2012) Scope of practice

. . . (2) Collaborative Practice Agreement: (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site; (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board; (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner . . . and (d) shall include a pre-determined plan for emergency services. . . . 21 N.C. Admin. Code 36.0810 (2012) Quality assurance standards for a collaborative practice agreement

Practical Nurse

Registered Nurse

PHARMACIST
. . . (r) . . . A pharmacist may . . . assess, record and report adverse drug and device reactions; take and record patient histories relating to drug and device therapy. . . . A pharmacist who has received special training may be authorized and permitted to administer drugs pursuant to a specific prescription order. . . . N.C. Gen. Stat. § 90-85.3 (2012) Definitions

(a) Purpose. The purpose of this Rule is to provide standards for pharmacists engaged in the administration of influenza, pneumococcal and zoster vaccines . . .

(c) Policies and Procedures. (1) Pharmacists must follow a written protocol . . . for administration of influenza, pneumococcal and zoster vaccines and the treatment of severe adverse events following administration. . . . (5) The pharmacist shall not administer vaccines to patients under 18 years of age. (6) The pharmacist shall not administer the pneumococcal or zoster vaccines to a patient unless the pharmacist first consults with the patient's primary care provider. The pharmacist shall document in the patient's profile the primary care provider's order to administer the pneumococcal or zoster vaccines. If the patient does not have a primary care provider, the pharmacist shall not administer the pneumococcal or zoster vaccines to the patient. (7) The pharmacist shall report all vaccines administered to the patient's primary care provider and report all vaccines administered to all entities as required by law, including any State registries which may be implemented in the future. . . .
(e) Supervising Physician responsibilities. Pharmacists who administer vaccines shall enter into a written protocol with a supervising physician who agrees to meet the following requirements: (1) be responsible for the formulation or approval and periodic review of the physician's order, standing medical order, standing delegation order, or other order or written protocol and periodically review the order or protocol and the services provided to a patient under the order or protocol; (2) be accessible to the pharmacist administering the vaccines or be available through direct telecommunication for consultation, assistance, direction, and provide back-up coverage; (3) review written protocol with pharmacist at least annually and revise if necessary; and (4) receive a periodic status report on the patient, including any problem or complication encountered. . . . 21 N.C. Admin. Code 32U.0101 (2012) Administration of vaccines by pharmacists; see also 21 N.C. Admin. Code 46.2507 (2012) Administration of vaccines by pharmacists

PHYSICIAN ASSISTANT

. . . (b) Physician assistants are authorized to write prescriptions for drugs under the following conditions: (1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety. (2) The physician assistant holds a current license issued by the Board. (3) The North Carolina Medical Board has assigned an identification number to the physician assistant which is shown on the written prescription. (4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. . . . N.C. Gen. Stat. § 90-18.1 (2012) Limitations on physician assistants

Source: GWU/SPHHS STANDING ORDERS: Health Professionals & Immunization Practice—Summer 2013
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**NURSES**

Nurse Practitioner

. . . (d) Nurse practitioners are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes and other health facilities. . . .  


**PHYSICIAN ASSISTANT**

. . . (d) Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities. . . . N.C. Gen. Stat. § 90-18.1 (2012) Limitations on physician assistants

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CITED AUTHORITIES
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