

# **Using Practitioner Supply Orders and Standing Orders in the Rheumatic Fever Prevention Programme**

Guidance for sore throat  
management services

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February 2015

Citation: Ministry of Health. 2015. *Using Practitioner Supply Orders and Standing Orders in the Rheumatic Fever Prevention Programme: Guidance for sore throat management services*. Wellington: Ministry of Health.

Published in February 2015  
by the Ministry of Health  
PO Box 5013, Wellington 6145, New Zealand

ISBN: 9780-0478-44487-2 (online)  
HP 6120

This document is available at [www.health.govt.nz](http://www.health.govt.nz)



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# 1 Introduction

In New Zealand, rheumatic fever is a serious illness most often affecting Māori and Pacific people aged 4–19 years. It can develop after a Group A Streptococcal (GAS) throat infection. The Rheumatic Fever Prevention Programme (RFPP) is seeking to reduce the incidence of rheumatic fever. One of the ways in which it does this is by improving access to timely treatment for GAS throat infections among high-priority communities.

One component of improving access to timely treatment is the provision of free antibiotics to children and young adults with a sore throat who present to RFPP sore throat management services. The RFPP enables health professionals who do not normally have prescribing rights (eg, community health workers, nurses or pharmacists) to administer or supply specified antibiotics under specific circumstances. This ensures that sore throats can be treated quickly, without patients needing to see a doctor.

This document provides guidance for the dispensing and supply of antibiotics in RFPP sore throat management services through practitioner supply orders and standing orders. Sore throat management services include school-based programmes, rapid response clinics and other clinics that are part of the RFPP.

This guidance will assist health practitioners in meeting the requirements of the Medicines Act 1981 and Medicines Regulations 1984.

The Ministry of Health requires the delivery of the sore throat management services for the RFPP to adhere to the contract requirements for the service. These contract requirements include who is eligible for treatment in an RFPP sore throat management service.

## What is a practitioner supply order?

A practitioner supply order is a written order made by a practitioner on a form supplied by the Ministry of Health, or approved by the Ministry of Health, for the supply of community pharmaceuticals to the practitioner. The pharmaceuticals are for emergency use, for teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.

In the context of the RFPP, a practitioner supply order enables a practitioner to order quantities of certain antibiotics in excess of the usual limits set by the PHARMAC Pharmaceutical Schedule, to ensure medical supplies are available for patients with suspected or confirmed GAS throat infections.

# What is a standing order?

A standing order is a written instruction issued by a medical practitioner or dentist holding a current practising certificate. It authorises a specified person or class of people (eg, pharmacists and registered nurses) who do not have prescribing rights to administer and/or supply specified medicines under specific circumstances. The practitioner issuing the standing order should be the practitioner signing the practitioner supply order.

In the context of the RFPP, a standing order allows community health workers, pharmacists and nurses who do not have prescribing rights to dispense antibiotics to patients with a GAS throat infection in a school-based, rapid response or other clinic setting.

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## 2 Using practitioner supply orders in sore throat management services

Information on who can complete a practitioner supply order and the pharmaceuticals that may be supplied through a practitioner supply order can be found in the PHARMAC Pharmaceutical Schedule ([www.pharmac.govt.nz/patients/PharmaceuticalSchedule/Schedule](http://www.pharmac.govt.nz/patients/PharmaceuticalSchedule/Schedule)).

Appendix 1 lists antibiotics recommended for the treatment of GAS throat infections.

### Information for medical practitioners writing a practitioner supply order

When writing a practitioner supply order for the RFPP, practitioners must ensure it complies with PHARMAC's Pharmaceutical Schedule rules, including the following:

- The practitioner must specify the order quantity in course-specific amounts on the practitioner supply order: for example, '10 x 200 ml amoxicillin granules for oral liquid 250 mg per 5 ml'. This will enable the pharmacy to dispense each course separately.
- The practitioner must write the RFPP provider name (eg, the clinic providing the service) on the practitioner supply order.
- The practitioner issuing the standing order should be the practitioner signing the practitioner supply order.

Practitioners may write a prescription for the supply of alternative antibiotics not available on a practitioner supply order, in accordance with the Pharmaceutical Schedule, if they think it is appropriate. A co-payment will apply in these circumstances.

### Information for pharmacists dispensing antibiotics pursuant to a practitioner supply order

Pharmacists should adhere to the following guidelines when dispensing antibiotics pursuant to a practitioner supply order for RFPP providers. The guidelines also apply to pharmacies delivering a rapid response service.

- The pharmacist must check the practitioner supply order complies with Pharmaceutical Schedule rules, as follows:
  - The practitioner has specified the order quantity in course-specific amounts on the practitioner supply order: for example, '10 x 200 ml amoxicillin granules for oral liquid 250 mg per 5 ml'.
  - The RFPP provider name (eg, the clinic providing the service) is written on the practitioner supply order. Note the provider may be a pharmacy.

- The pharmacist must dispense the antibiotics in course-specific amounts. For example, he or she must enter into the dispensary system: ‘20 amoxicillin 500 mg capsules’, then repeat this process 10 times; the pharmacist must supply these antibiotics as 10 bottles of 20 amoxicillin 500 mg capsules.
- The pharmacist must dispense antibiotics requiring reconstitution (eg, 200 ml amoxicillin 250 mg/5 ml) to providers in their un-reconstituted powder form along with appropriately sized empty bottles, so that providers can reconstitute them as required. Labels could be provided un-affixed, to enable providers to easily add patient details.

## **Claiming a service fee for dispensing antibiotics from a practitioner supply order**

For each course-specific amount of antibiotic dispensed, the pharmacy system will claim a service fee according to the Community Pharmacy Services Agreement.

Patients receiving antibiotics through the RFPP sore throat management service will not be charged a co-payment.

## **Preparing a label for dispensing antibiotics requested on a practitioner supply order**

The minimum information requirements for a label for antibiotics dispensed from a practitioner supply order for the RFPP are as follows:

- quantity of the medicine in the container
- medicine name, strength and form
- dosage instruction (including the words ‘Take until finished’)
- expiry date (to be written by the health provider when supplying reconstituted liquid antibiotics)
- patient name (to be written by the health provider)
- unique identifying number (often referred to as a ‘prescription number’)
- date item was dispensed by the pharmacy
- name of issuer of the practitioner supply order (doctor who signed the practitioner supply order)
- special information as per the Medicine datasheet (eg, for liquid antibiotics, ‘Shake well before use’ and ‘Keep in the fridge’)
- name, address and contact phone number of the dispensing pharmacy.

**Figure 1: Sample label for tablets/capsules, showing minimum requirements for labelling**

20 Amoxicillin 500 mg capsules  
Take TWO capsules together once daily for 10 days.  
Take until finished.  
Patient name: .....  
#12345/0                      13/9/2013                      Dr Issuer

**Figure 2: Sample label for liquid, showing minimum requirements for labelling**

Shake the bottle; store in the fridge  
200 ml Amoxicillin 250 mg/5 ml Susp  
Take 20 ml once daily for 10 days, using the  
measuring cup provided.  
Take until finished.  
Do not use after ...../...../.....  
Patient name: .....  
#12345/0                      13/9/2013                      Dr Issuer

Pharmacists may consider providing ‘caution and advisory’ expiry label stickers for suppliers of antibiotics to fill in and stick to the bottle.

It is recommended that a glass conical flask is used to measure the water for reconstitution of powder antibiotics. If a conical flask is unavailable a 100 ml syringe can be used. Providers should obtain this equipment from their DHB contacts.

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# 3 Using standing orders in sore throat management services

The use of standing orders is governed by the Medicines (Standing Order) Regulations 2002 (Standing Order Regulations). The Ministry of Health's Standing Order Guidelines 2012 has information for providers on issuing and using standing orders ([www.health.govt.nz/publication/standing-order-guidelines](http://www.health.govt.nz/publication/standing-order-guidelines)).

## Information for issuers of a standing order

The practitioner issuing the standing order should be the practitioner signing the practitioner supply order. The issuer retains overall responsibility to:

- ensure the legislative requirements for the standing order are met
- ensure that anyone operating under the standing order has the appropriate training and competency to fulfil the role
- countersign, audit and review the standing order.

If a standing order includes medicines that require reconstitution, the issuer should ensure the availability of the necessary equipment (eg, accurate measuring vessels) and/or training.

## Information for people working under a standing order

To meet regulatory requirements, a person working under standing orders must have the competency and training to be able to make an assessment that the standing order applies to the presenting patient, the competency to administer and/or supply the medicine, and the knowledge to assess the contraindications and/or exclusions.

Appendix 2 provides a template for issuing standing orders in RFPP sore throat management services. Using the template will ensure that a standing order issued in the context of the RFPP will cover the requirements for supply of antibiotics, including reconstitution where required.

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## 4 Further information

Further information relevant to this document is available online as follows:

- The Ministry of Health website publishes up-to-date information for rheumatic fever patients: [www.health.govt.nz/rheumaticfever](http://www.health.govt.nz/rheumaticfever)
- The Health Promotion Agency website offers resources and information, including resources for families of rheumatic fever patients, and advertising materials: [www.hpa.org.nz/what-we-do/rheumatic-fever-0](http://www.hpa.org.nz/what-we-do/rheumatic-fever-0)
- The PHARMAC website offers resources about giving medicines to children and information about subsidised pharmaceuticals, including those used to treat GAS throat infections: [www.pharmac.govt.nz](http://www.pharmac.govt.nz)
- The Heart Foundation publishes resources and information about rheumatic fever: [www.heartfoundation.org.nz/programmes-resources/health-professionals/other-heart-disease/rheumatic-fever-resources](http://www.heartfoundation.org.nz/programmes-resources/health-professionals/other-heart-disease/rheumatic-fever-resources)

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# Appendix 1: Antibiotics for the treatment of GAS throat infections

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## First-line treatment

amoxicillin orally for 10 days	Children < 30 kg: 750 mg once daily Children ≥ 30 kg: 1000 mg once daily
benzathine penicillin G (BPG), intramuscular, single dose	Children < 30 kg: 450 mg (600,000 units) Children ≥ 30 kg: 900 mg (1,200,000 units)

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## Definite or possible anaphylaxis to penicillin or amoxicillin

erythromycin ethyl succinate orally for 10 days	Children and adults: 40 mg/kg/day in 2–3 divided doses <i>Maximum adult daily dose 1000 mg</i>
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# Appendix 2: Standing order template for RFPP sore throat management services



## Rheumatic Fever Prevention Programme

### Sore throat management service standing order

NB: *Italic text indicates information for the issuer to supply. All other sections give guidance to practitioners. Practitioners may add further detail if they wish.*

<b>Date issued: 00/00/0000</b>	<b>Review date: 00/00/0000</b>	
Medicine standing order title	Group A Streptococcal (GAS) throat infection A standing order covers the treatment of a specified condition. This may involve directions for several different medicines, with clear indications for the use of each medicine. Note: A standing order must be issued by a medical practitioner.	
Rationale	<i>[Explain why the standing order is necessary: for example, 'To enable the administration and/or supply of specified antibiotics by nominated health providers, in the specific circumstances outlined, for the prevention of rheumatic fever in children aged 5–14 and other household contacts.']</i>	
Organisation/clinic	<i>[Provide name and address of the organisation.]</i>	
Scope (the condition and patient group)	<i>[Identify who is eligible for antibiotics in the sore throat management setting.]</i>	
Medicine/s used for the RFPP sore throat management service	<b>First-line treatment</b>	
	amoxicillin orally for 10 days	Children < 30 kg: 750 mg once daily Children ≥ 30 kg: 1000 mg once daily
	benzathine penicillin G (BPG), intramuscular, single dose	Children < 30 kg: 450 mg (600,000 units) Children ≥ 30 kg: 900 mg (1,200,000 units)
	<b>Definite or possible anaphylaxis to penicillin or amoxicillin</b>	
	erythromycin ethyl succinate orally for 10 days	Children and adults: 40 mg/kg/day in 2–3 divided doses Maximum adult daily dose: 1000 mg
Dosage instructions for each medicine	<i>[Provide all applicable instructions for each medication being used to treat GAS throat infection.]</i> Instructions need to be provided on how the medicine is to be reconstituted, the equipment to be used, any storage instructions for the reconstituted product (eg, fridge storage) and appropriate destruction of wastage. Nominated health providers should use a glass conical flask to measure the water for reconstitution of powder antibiotics. Alternatively, they should use 100 ml syringes.	
Route of administration for each medicine	<i>[Provide this information for each medication being used to treat GAS throat infection.]</i>	

Indication/circumstances for activating the standing order	<p>[Provide an indication/circumstances for activating the standing order. For example:  <i>'To provide antibiotic treatment to eligible children and young people and applicable household contacts for the treatment of a GAS throat infection without complicating factors.'</i>]</p>								
Precautions and exclusions that apply to this standing order	<p>[Provide information for all precautions and exclusions that may apply for the medications being used. For example:</p> <table border="1"> <tr> <td colspan="3"> <p>'If there is definite or possible anaphylaxis to penicillin or amoxicillin, use</p> </td> </tr> <tr> <td>erythromycin ethyl succinate orally for 10 days</td> <td colspan="2"> <p>Children and adults: 40 mg/kg/day in 2–3 divided doses  Maximum adult daily dose: 1000 mg'</p> </td> </tr> </table> <p><i>It is recommended medicine data sheet information is included in this section to confirm indications, contraindications, precautions and side effects.</i>]</p>			<p>'If there is definite or possible anaphylaxis to penicillin or amoxicillin, use</p>			erythromycin ethyl succinate orally for 10 days	<p>Children and adults: 40 mg/kg/day in 2–3 divided doses  Maximum adult daily dose: 1000 mg'</p>	
	<p>'If there is definite or possible anaphylaxis to penicillin or amoxicillin, use</p>								
erythromycin ethyl succinate orally for 10 days	<p>Children and adults: 40 mg/kg/day in 2–3 divided doses  Maximum adult daily dose: 1000 mg'</p>								
Persons authorised to administer the standing order	<p>[Provide name and class (eg, 'registered nurse') of individual health professionals.]</p>								
Competency/training requirements for the person(s) authorised to administer	<p>[Specify these requirements. For example, prior to administering antibiotic treatment under a standing order, a person authorised to administer may be required to:</p> <ul style="list-style-type: none"> <li>• undergo in-house training on the policy, procedure and documentation requirements for standing orders</li> <li>• undergo antibiotic reconstitution training, covering information such as type of water to be used, depending on area (eg, tap or bottled)</li> <li>• undergo training on antibiotic wastage destruction processes according to local authority guidelines (generally it is permissible to flush small quantities of antibiotic solutions down the sink with lots of water)</li> <li>• undergo training on how to read a meniscus when using conical flasks.</li> </ul> <p><i>A record of this training will need to be kept.</i>]</p>								
Countersigning and audit	<p>The issuer must complete countersigning and audit. The issuer cannot delegate this to another medical practitioner.  [Specify whether countersigning is required for every administration and/or supply (and under what circumstances).]  Note: The issuer must either individually countersign the standing order or include it in the monthly audit. If countersigning is required, the issuer must define the time frame (eg, within 24 hours of administration); if countersigning is not required, he or she must define the audit sample (eg, 20% of standing order treatments, once a month).</p>								
Definition of terms used in standing order	<p>Insert the definition of all terms used.  [For example, 'A positive throat swab is a pharyngeal or tonsillar swab that identifies the presence of GAS infection.']</p>								
Additional information	<p>[Provide appropriate documentation (this may include administration/supply information – including validated dose reference charts – or initial and ongoing assessment requirements).]  Note that any supporting documents (eg, policy, guidelines or decision support tools) must be attached to this standing order. It is also recommended these include storage instructions of the medicines for security (eg, locked up with access restricted) and temperature (eg, fridge for reconstituted antibiotics and below 25 degrees for everything else).</p>								
Signed by issuer:									
Name:		Date:							
Title:									
Notes:									
<p>This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.</p> <p>The organisational standing order policy and procedure must be signed by management, the issuer and every person operating under standing orders, and attached to the standing order.</p>									