

Texas Department of State Health Services
<<Health Service Region__or Local Health Department>>
Standing Delegation Orders and Standing Medical Orders
Tuberculosis Prevention and Control Services
Directly Observed Therapy (DOT) Provided by Non-licensed Healthcare Workers

I. Definitions

- A. Standing delegation orders (SDO) are defined as written instructions, orders, rules, regulations or procedures prepared by a physician and designed for a patient population with specific diseases, disorders, health problems or sets of symptoms. These instructions, orders, rules, regulations, or procedures are to provide authority for and a plan **for use with patients presenting themselves prior to being examined or evaluated by a physician to ensure that such acts are carried out correctly** and are distinct from specific orders written for a particular patient, and shall be limited in scope of authority delegated.
- B. Standing medical orders (SMO) are defined as orders, rules, regulations or procedures prepared by a physician or approved by a physician or the medical staff of an institution **for patients which have been examined or evaluated by a physician and which are used as a guide in preparation for and carrying out medical and/or surgical procedures.** These orders, rules, regulations or procedures are authority and direction for the performance for certain prescribed acts for patients by authorized persons, as distinguished from specific orders written for a particular patient.

II. Purpose

These standing delegation orders/standing medical orders are provided for <<Department of State Health Services or local health department name>> registered nurses and licensed vocational nurses providing services in <<Health Service Region____or local health department service area>>, under the medical supervision of the <<regional director or local medical director>>. All staff authorized to use these orders will review the SDO/SMO and sign a cover sheet annually. The SDO/SMO and the signature sheets will be retained by the agency for 25 years. It is the intent of all parties involved that the procedures done through them are in conformity with the Texas Medical Practice Act, the Texas Nurse Practice Act, and rules promulgated under those acts.

III. Policy

Under these standing orders, eligible non-licensed healthcare workers working may provide directly observed therapy (DOT) to patients who are suspected of having or confirmed to have TB infection or disease

- IV. Process for development of these standing delegation orders/standing medical orders
- A. Initially written and reviewed annually by staff at the Department of Health Services (DSHS) Central Office TB Program
 - B. Reviewed by TB expert physician(s) who are recognized by the DSHS TB program
 - C. Reviewed and approved by the DSHS Infectious Diseases Medical Officer
 - D. Sent electronically to DSHS regional TB program managers and local health department TB programs as a template for regional or local health department use, once approved by the Regional Medical Director or local health department physician
- V. Requirements for eligible non-licensed healthcare workers (hereafter also referred to as DOT provider) performing these orders
- A. Be an employee (or contractor) of the health department responsible for the care of the patient
 - B. Receive training in accordance with appropriate clinical procedures and standards – this is more concise than listing out what that training is in the SDO as the prior SDO did –
 - C. Employees shall receive initial and annual performance evaluations by the non-licensed healthcare worker's supervisor that document the person's ability to carry out these orders in the customary manner. Contractors shall receive initial and periodic monitoring by a designated health department nurse or employee responsible for TB services to document the person's ability to carry of these orders in the customary manner.
 - D. Accuate documentation of DOT is required. Misrepresentation by the non-licensed healthcare worker of a dose of TB medication as directly observed that was either missed or self-administered shall result in disciplinary action that may include termination or employment or contract
- VI. Place of service and method of contacting the treating physician
- A. Authorized personnel can provide services under the SDO/SMO in the patient's home, in the clinic setting, or other field settings when a process for contacting the supervisor and/or the treating physician has been established by the health department
 - B. Non-licensed healthcare workers that provide services using these orders should contact the treating physician through the established process when medical direction or consultation is needed, when patient assessment data indicates deviations from normal limits, or as specified in any individual standing order. In an emergency situation, the non-licensed healthcare worker is to call 911, provide first aid services, and contact the supervisor and/or the treating physician.
- VII. Procedure to be done each time DOT is provided
- A. Verification of correct patient and correct medication
 - The DOT provider must verify that the patient is the correct patient listed on the medication

orders. If this is the DOT provider's first visit to the patient, ask the patient to state his name; for a child, have the parent or guardian identify the child.

- The DOT provider must verify that the dose packet indicates the patient's correct name. All dose packets must be labeled with the patient's name. If the dose packet is not properly labeled, do not provide the medication to the patient. The DOT provider should return the dose packet to the supervisor for proper labeling.

B. Adverse drug reaction screening questions

- Before the patient ingests the medication, the DOT provider must ask the patient at each visit all the screening questions on the Directly Observed Therapy Log form **TB-206** to determine if the patient is having possible side effects to the TB medications. If the patient is a young child, ask the parent or guardian. Document answers on form TB-206.
- If the patient reports any conditions noted with a double asterisk on form TB-206, do not give the medication. The DOT provider shall call the supervisor immediately for instructions. When a dose of medication is withheld because of symptoms of adverse drug reaction, do not restart medication without a treating physician's order.

C. Symptoms of active TB disease

- If a patient on treatment for LTBI reports symptoms of active TB disease, call the supervisor for instructions before giving the DOT dose. When a dose of medication for LTBI is withheld because of symptoms of active TB disease, do not restart medication without a physician order.
- If a patient on treatment for active TB disease reports a recurrence or worsening of symptoms, advise the supervisor upon return to the clinic or by phone if the DOT provider will not return to the clinic that day.

D. Medication transportation/storage

- Medications must be stored in a safe place (not accessible to children) and protected from prolonged exposure to light or temperature extremes (neither too hot nor too cold). Do not leave medications in a car for prolonged periods of time. Return undeliverable medications to the clinic for storage.
- Some liquid TB medications may need to be refrigerated. NOTE: INH liquid should NOT be refrigerated. The DOT provider should ask the supervisor for any special storage instructions for liquid medications.

E. Medication ingestion

- Have the patient get a glass of water before giving them the dose packet of medication
- Hand each patient the appropriate dose packet for the patient to open. If the patient is a young child, hand the dose packet to the patient's parent or guardian. The parent or guardian will give the young child the medication while the DOT provider observes.
- The patient should be observed continuously from the time the dose packet is given to the patient until the medication is actually ingested. The DOT provider should observe the patient

ingesting the medication in every DOT dose packet and should never leave a DOT packet to be taken later. (Some health departments deliver extra dose packets of medication for weekends and holidays, but these are NOT considered DOT doses. These doses of medication are counted as self-administered therapy).

- It is important that the patient is able to ingest all medications in a single day's dose packet during one DOT provider visit to assure appropriate response to therapy. Medications must be taken on the schedule prescribed for maximum efficacy. If a patient is unable to ingest the entire dose (because of the number of pills, etc.), notify the supervisor immediately.
 - **Liquid medications:** Each time liquid medication is provided, the patient or the patient's parent or guardian should invert and shake the liquid medication several times for proper mixing. If a child is on liquid medication, the DOT provider must observe the parent or guardian pour the appropriate amount of the liquid medication needed and observe the parent or guardian give it to the child.
- F. Unsafe conditions or threats made to the DOT provider should be reported to the supervisor as soon as possible. If the DOT provider feels threatened, he or she should leave immediately and find a safe place.

VIII. Documentation of DOT

- A. Document doses of medication taken by the patient on the Directly Observed Therapy Log form TB-206
- B. When the DOT provider signs or initials the Directly Observed Therapy Log, it means that the provider asked all the questions on the adverse drug reaction screen on form TB-206, delivered the medication to the patient, and observed the patient taking the medications
- C. When the patient initials the Directly Observed Therapy Log, it means that the patient ingested the medication on the date indicated and that the dose was properly identified as DOT or self-administered
- IX. Doses of DOT not Delivered as Scheduled: The DOT provider will notify the supervisor if the patient is not at the agreed time and place. The DOT provider will document the missed appointment on form TB-206

