**Medical Assistant/RN Standing Orders**

1. The medical assistant/RN will create a referral to care management in the EMR if a patient meets ANY of the following and is willing to receive care management services:
   a. Recent hospital admission for acute care due to exacerbation or worsening of existing chronic medical condition such as COPD, DM, Asthma, CAD or CHF
   b. Recent admission for new diagnosis for chronic medical condition such as COPD, DM, Asthma, CAD or CHF, ESRD requiring education and support
   c. Patients with recent discharge from Acute Care setting and considered to be high risk for readmission based on medical conditions, complications in the hospital, or psychosocial challenges/risks
   d. Frequent ED visits for chronic medical conditions that are not well controlled (more than 2 in past 6 months)
   e. Existing chronic medical condition with for more than 6 months (example: DM with HgbA1C of > 8.0) which places the patient at higher risk for admission
   f. Patients at risk for developing chronic medical conditions due to risk factors (example: obesity, hypertension, hyperlipidemia)

2. The medical assistant/RN will create a referral to CCT in the EMR if a patient meets ANY of the following and is willing to receive services:
   a. Hospital Admissions
      i. 3 or more admissions in past 6 months
      ii. 5 or more admissions in past 12 months
      iii. Recent hospitalizations and/or recent skilled nursing facility stay
          1. Identified as being high-risk for readmission due to high medical and/or social need
   b. ER Utilization
      i. 3 or more ER visits in past 6 months
      ii. 5 or more ER visits in past 12 months

3. The medical assistant/RN will create a referral to social work services in the EMR if the patient has ANY of the following needs and is willing to receive these services:
   a. Obtaining transportation
   b. Insurance (MaineCare, Medicare, Health Care Exchange, ACP needs)
   c. Financial assistance (General Assistance, TANF, ASPIRE, local pantries & churches)
   d. Heating & electric resources (LIHEAP, facilitating Medical Emergency Forms for electricity providers with PCP, etc.)
   e. Food resources (Food stamps, food pantries, Meals for Me, etc.)
   f. SSI/SSDI process
g. Housing  
h. Employment  
i. DME Supplies  
j. Completing applications & forms (including discussing literacy issues)  
k. Advocacy with providers & completing ROI’s  
l. Phone support to help with problem solving access to services  
m. Referrals needs (Case Management, Med Management, Counseling, etc.) with PCP assistance  
n. No show counseling to assess resource needs  
o. Home visits or support at appointments  

4. The medical assistant/RN will create a pharmacy consult in the EMR if the patient has ANY of the following barriers and is willing to receive these services:  
   a. Difficulty paying for medications  
   b. Side effects from medications making it difficult to adhere and not resolved at the visit  
   c. Difficulty understanding how to take medications  
   d. Education on use of medications (inhalers, insulin etc.)  
   e. Difficulty remembering to take medications  
   f. Difficulty filling a medication pill box  
   g. Disease-specific education for medications treating chronic diseases such as COPD, CHF, DM, asthma, CAD  
   h. Requests from patients to receive help from a pharmacist  

5. The medical assistant/RN will create a pharmacy consult in the EMR if the patient is being prescribed \( \geq 15 \) medications.  

6. The medical assistant/RN will create a CSI referral if any new patient presents to the team requesting a prescription of chronic opioids or if an existing patient is being started on opioids and is expected to be on it for more than 3 months.  

7. If the patient is receiving any controlled substance for more than a three month period, the medical assistant/RN will perform the following on a yearly basis and flow sheet the results in the EMR for the provider to review and address:  
   a. Random pill count (at least 2-3 weeks after the prescription has been filled)  
   b. Random urine drug screen  
   c. Updated opioid contract/patient agreement  
   d. A prescription monitoring report will be completed quarterly for all patients on controlled substances.
8. The medical assistant/RN will contact the nurse with Community Care and Geriatrics and arrange a home visit if a patient is homebound and unable to attend visits in the clinic (if the PCP does not perform home visits).

9. The medical assistant/RN will create a mental health counseling referral if any of the following are present and the patient is willing to receive services:
   a. Difficulty with grief and loss (recent or complicated)
   b. Difficulty dealing with recent or past trauma
   c. Difficulty managing stress
   d. Anxiety or depressive symptoms

10. The medical assistant/RN will refer the patient to the nutritionist if any of the following needs are identified and the patient is willing to receive services:
    a. Weight management
    b. Management of uncontrolled diabetes
    c. Special diets related to chronic disease or conditions
Preventative Care Standing Orders

1. The medical assistant/RN will order the appropriate colorectal cancer screening based on the patient’s preferences in males and females between the ages of 50-75:
   a. Colonoscopy every 10 years
   b. Sigmoidoscopy every 5 years
   c. IFOB/FIT every year

2. Beginning at the age of 21, the medical assistant/RN will identify whether a woman has had a screening Pap Smear.
   a. From age 21-29, a Pap Smear (cytology only) with reflex should be performed every three years.
   b. From age 30-65, co-testing (Pap Smear and HPV testing) should be performed every five years.
   c. If the patient has had a hysterectomy in which the cervix was removed, and has no history of high-grade pre-cancer or cervical cancer, the MA will flow sheet this in the chart. The patient will not have a Pap Smear.
   d. The medical assistant/RN will have the patient undress from the waist down and give the patient a drape.
   e. The medical assistant/RN will notify or flag the provider that a Pap Smear is indicated.
   f. (If applicable) The medical assistant/RN will complete as much of the Dahl-Chase form as possible; demographics, date of last LMP, provider collecting specimen,
   g. The medical assistant/RN will collect all of the necessary supplies for the Pap (gloves, lubricant, Pap light, brush and/or broom, sure path vial, appropriate size speculum, GC/Chlamydia swab, 2 cotton swabs, red-topped culture) and place on a mayo stand for the provider. Some providers may use a metal speculum.
      i. Small speculum (white) - 1st Pap smear unless obese, thin and no vaginal deliveries
      ii. Medium speculum (green) - history of vaginal delivery or moderately obese without vaginal delivery
      iii. Large speculum (blue) - obese with vaginal delivery or morbid obesity
      iv. Test light to be sure that Pap light works. Plug in if not battery-operated.

3. Between the ages of 50-74, the medical assistant/RN will offer screening for breast cancer by mammogram every two years.
   a. If the patient agrees to the screening mammogram, the medical assistant/RN will place the order in the EMR and the referral department will schedule the test and notify the patient.
4. The medical assistant/RN will order a screening DEXA bone density study on all women over the age of 65 to screen for osteoporosis (if they have never had one).

5. The medical assistant/RN will order a screening lipid panel on men 35 and over and women 45 and over (if they have not already had at least one lipid panel result in their record) if they are at increased risk of heart disease (obese, hypertension, family history of heart disease, cigarette smoker, diabetes).

6. The medical assistant/RN will screen patients age 15-65 for HIV once (unless done previously).

7. The medical assistant/RN will screen all sexually active young women 24 and under for gonorrhea/chlamydia.

8. The medical assistant/RN will screen all patients 65 years or older for risk of falls. If the patient has had a fall in the past year or is at high risk for falls, the medical assistant will place a physical therapy order if the patient is willing to receive these services.
   a. The medical assistant/RN can also refer the patient to Eastern Agency on Aging for a free in-home fall risk assessment and participation in the Matter of Balance program.

9. The medical assistant/RN will offer the shingles vaccine to all patients 60 and over.

10. The medical assistant/RN will order an A1c and an LDL (lipid) yearly for all patients taking an antipsychotic.