

**MAGIC Alliance for Clinical Excellence (ACE)**  
**Updates to Standing House Orders 2022**

We are pleased to share the 2022 MAGIC ACE Standing House Orders. Changes to the 2022 orders are outlined below.

The following standing orders are applicable for patients of on-site participating provider groups in skilled nursing facilities, including Transitional Care Units (TCU) or short-stay patients, and Long-Term Care facilities (LTC). These orders are to be used in place of facility standing orders. [Prior to initiating medication orders, review the patient's current medication list and allergies \[new guidance\]](#). All orders initiated from standing orders should be communicated to the provider.

#### **Admission to Facility**

- Heart Failure Management
  - Call for weight gain [3 pounds or greater in 24 hours \[changed from >2.5# in 48 hours\]](#) or 5 pounds in one week weight unless directed otherwise

#### **Immunizations and Testing [added "Testing"]**

- Complete COVID-19 PCR or antigen testing as indicated for outbreak and/or routine testing per facility policy [\[new order\]](#)
- Per CDC guidelines, administer pneumococcal vaccinations unless contraindicated [\[removed specific pneumococcal vaccinations for changing guidelines\]](#)

#### **Diet**

- If patient has a feeding tube [\[revised orders below\]](#):
  - Water Flush: Flush feeding tube with 150 cc water every 8 hours unless otherwise ordered.
  - Medication Administration: Flush tube with 30 ml water before and after administering each medication. Flush with 60 ml water after all medications have been administered and upon completion of enteral feeding.

#### **Suspected or Known Narcotic Overdose**

- If suspected or known narcotic overdose, administer 0.4mg of Naloxone (Narcan) IM [or 0.4mg/0.1ml nasal spray 1 spray by nasal route as needed \[added nasal route\]](#)

#### **Respiratory**

- Initiate and titrate supplemental O<sub>2</sub> from 1-4 L/min via nasal cannula prn for dyspnea, hypoxia ([O<sub>2</sub> saturation < 90% or <88% for COPD \[added 90% for non-COPD and specified 88% for COPD\]](#)) or acute angina to keep O<sub>2</sub> saturations >90%

#### **Diabetic Management: Hypoglycemia**

- If patient is symptomatic, conscious, and able to swallow or has a feeding tube:
  - Administer 6 oz. fruit juice, milk, other high carbohydrate beverage (e.g., Ensure, Boost), or [glucose tabs or gel](#) orally or via feeding tube [\[removed pop; added glucose tabs or gel as options\]](#)

#### **Bowel: Constipation (Perform steps sequentially)**

- [Consider \["consider" added\]](#) rectal check to determine if impaction is present
- Bisacodyl suppository 10 mg PR [daily prn \[changed from BID prn\]](#)
- Monitor and record results from treatment [\[new guidance\]](#)

#### **Bladder**

- Bladder scan PRN for no void in 8 hours, or suprapubic pain, bladder spasms, or urgency
  - If bladder scanner is unavailable, straight cath for residual and notify the provider [\[new guidance\]](#)

#### **Skin and Wound Management**

- If facility wound management process not available
  - Multiple changes made to reflect current practice standards, please review
  - Removed order to add Multivitamin for Pressure Injuries

### **Sleep**

- Institute a 3-day sleep record if the patient is complaining of difficulty sleeping [if able \[added "if able"\]](#)

### **Advanced Directives**

- [For change in condition \[added guidance\]](#), review POLST and advance directives before calling 911
- If patient transferred out of facility, send copy of POLST with patient [\[new guidance\]](#)