FEATURE ARTICLE

A Review of Anemia Management in the Oncology Setting: A Focus on Implementing Standing Orders

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Standing orders serve an important role in various healthcare settings by empowering nurses to implement certain procedures and activities on behalf of physicians, enabling more immediate interventions, and ultimately improving patient care. Standing orders are based on established clinical practice guidelines and are well suited for supportive interventions. Several evidence-based clinical practice guidelines are available for the treatment of anemia in patients with cancer. The guidelines can serve as a basis for the development of standing orders for the management of treatment-related anemia in patients with cancer, which will enable the delivery of consistently high-quality care to patients. A major advantage to the implementation of standing orders is that patients with suboptimal hemoglobin levels can be treated by oncology nurses in a timely manner and receive high-quality care that is consistent with available clinical evidence.

Standing orders, as defined by the National Institutes of Health (NIH), are predetermined medical orders that allow nursing staff to carry out certain procedures or activities on behalf of medical staff (NIH Clinical Center, 2000). The objective of standing orders is to maintain a standard of practice while providing consistent care for patients. As such, standing orders are derived from evidence-based clinical practice guidelines and ultimately serve to maximize patient care and outcomes. Nurses play an essential role in the development and implementation of standing orders. As stated in the Oncology Nursing Society (ONS) *Statement on the Scope and Standards of Oncology Nursing Practice,* the oncology nurse "participates in quality assessment and improvement activities relative to the nurse's position and practice environment," including "collaborating with other disciplines to determine priority patient care issues for quality when monitoring patient outcomes" (Brant & Wickham, 2004, p. 2). When developed with clinical practice guidelines, standing orders empower oncology nurses to deliver consistently high-quality patient care. The purpose of this article is twofold: first, to summarize the benefits and limitations of standing orders from a general perspective; second, to review the established evidence-based clinical practice guidelines for anemia management in patients with cancer, which ultimately can serve as the basis for the development of standing orders.

At a Glance

- Clinical practice guidelines and standing orders empower nurses to initiate appropriate action without delay.
- As health care moves toward increased accountability, oncology nurses will be responsible for making certain that care is based on research and standardized guidelines.
- Emerging data have led to revised labeling for erythropoietic stimulating agents. Existing institutional protocols and/or standing orders may need to be revised.

The Benefits of Standing Orders

Standing orders, when written by a multidisciplinary team that includes physicians, nurses, and pharmacists, allow nurses to initiate and discontinue drugs more autonomously within the scope of their expertise and knowledge. Standing orders enable nurses to assess the supportive care needs of their patients and to initiate appropriate action without delays that may occur when physician contact is required. They empower nurses to proceed with immediate interventions, saving valuable time for themselves, patients, and physicians. For example, standing orders for acute hypersensitivity reactions are used commonly in oncology settings. Orders for acute hypersensitivity reactions allow for prompt administration of emergency medications, potentially decreasing mortality rates.

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