



## **College Statement**

---

Title	<b>Standing orders for prescribing narcotic drugs to obstetric patients during labour</b>
Statement No.	<b>C-Obs 8</b>
Date of this document	<b>November 2007</b>
First endorsed by Council	<b>July 1995</b>
Next review due:	<b>November 2010</b>

---

The following RANZCOG guidelines on Standing Orders for prescribing of narcotic drugs to obstetric patients during labour are applicable in States/Territories where standing orders are permitted by legislation/regulations.

Practitioners in Australia and New Zealand must ensure that any practice conforms with local legislation/regulations and hospital policies, protocols and guidelines.

- the obstetrician concerned must sign a document indicating the dose and frequency of analgesia which should be given to his/her obstetric patients when in labour, including an indication as to the frequency and maximum number of doses permitted before the patient is reviewed.
- the document should clearly indicate whether there is a difference between a multigravida and primigravida
- the signed document should be approved by the Committee of Management or delegated Committee in the institution concerned
- the document should be kept in the labour ward
- Prior to administration of any narcotic agent, any previous allergy to the medication must be checked by midwifery staff
- where the obstetrician has indicated that he/she does not wish to be notified of the administration of narcotics, especially at night, an indication of when such notification would be appropriate, should be given

- the administration of the narcotic must be noted on the treatment sheet, which must then be signed by the obstetrician within 24 hours of its administration
- where the obstetrician uses such standing orders he/she must be prepared to accept responsibility for narcotic drugs administered in this manner
- the standing orders should be reviewed every six or twelve months (depending on local legislation/regulations) and again signed if no change is made
- a covering locum doctor should sign standing orders separately if that doctor wishes to use standing orders for narcotic administration

## **Links to other College Statements**

C-Gen 2      [Guidelines for consent and the provision of information regarding proposed treatment.](#)

## **Disclaimer**

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.