 **GORD Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Gastro Oesophageal Reflux Disease (GORD) |
| **Rationale** | To promptly and appropriately treat patients presenting with symptoms of GORD |
| **Scope (condition and patient group)** | Adult patients who are presenting with symptoms of heartburn. |
| **Red Flags** | Difficulty in swallowing  Unexplained weight loss associated with gastrointestinal symptoms  Unexplained iron deficiency anaemia  Haematemesis or melaena  Abnormal abdominal mass  Persistent or protracted vomiting |
| **Assessment** | 1. Ask about associated symptoms   * Dysphagia * Acid regurgitation * Anorexia * Weight loss * Symptoms of anaemia * Excessive wind * Altered bowel habit * Melaena   2. Rule out cardiac, respiratory, biliary, or pancreatic causes.  3. Assess diet, alcohol, smoking, BMI.  4. Review any medications (including OTC) that have been tried, as well as current medications.   * Community pharmacists can sell omeprazole, therefore specifically question the patient about this. * Consider the effects of NSAIDs, aspirin, and COX-2 inhibitors in causing GORD.   5. Examination - may be normal or mild epigastric tenderness |
| **Indication** | **Therapeutic trial to aid in the diagnosis of GORD.** |
| **Medicine** | **Omeprazole** 20mg |
| **Dosage instructions** | Take ONE capsule ONCE daily 30 minutes before breakfast with water. |
| **Route of administration** | Oral |
| **Quantity to be given** | 30 days |
| **Contraindications** | No specific contraindications, just be aware of red flags and refer immediately if any present. |
| **Precautions** | * Risk of hypomagnesaemia * A proton pump inhibitor should be prescribed for appropriate indications at the lowest effective dose for the shortest period |
| **Additional information** | Modify any lifestyle factors.   * Healthy eating - e.g., smaller meals, reducing fatty foods, and not eating before bed * Weight reduction * Smoking cessation * Limiting alcohol * Avoiding triggers   If on any aggravating medications, then consultation with a medical practitioner needs to occur to determine whether the medication can be safely withheld or stopped.  The possibility of the patient developing rebound acid secretion following treatment withdrawal should also be discussed. This occurs due to increased production of gastrin, which is released to compensate for the decreased acidity of the stomach when PPIs are taken. |
| **Follow-up** | Patients need to be reassessed if symptoms persist or worsen despite treatment.  Patients should be advised to make another appointment within the month to assess treatment efficacy and continuation or cessation of treatment. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Heartburn - is a burning feeling that rises from the stomach or lower chest towards the neck and frequently occurs after eating. It may also be associated with bending, lying down or straining. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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