

Medical Directive

Title: Physician Assistant Number: HFHT-PA-03

Activation Date: February 1, 2017 Review due by: February 1, 2019

Sponsoring/Contact Person(s) Laurel Cooke RN, Manager, Nursing and Complex Care Teams, HFHT

(name, position, contact particulars): 905-667-4848 ext 127, laurel.cooke@hamiltonfht.ca

	Order and/or Delegated Procedure:	Appendix Attached: ☐ Yes ☒ No Title:	
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#1.0 Health Promotion and Disease Prevention

The Physician Assistant (PA) may provide routine medical care consisting of, but not limited to:

- Adult male and female periodic health exams.
- Well infant and well child health exams
- Cancer screening
- Immunizations
- · Health counseling and education
- Smoking cessation
- Sexual Health Counseling

For the purpose of the exams above noted:

The PA may put an instrument, hand or finger:

- beyond the point of the nasal passages where they normally narrow
- beyond the opening of urethra
- beyond the anal verge
- beyond the labia majora
- into the oral-pharynx
- into an artificial opening in the body.

An "instrument" shall refer to an otoscope, tongue depressor, swab for C&S, nasal speculum, vaginal speculum, rectal thermometer or proctoscope.

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#1.1 Care of Patients with Acute or Episodic Presentations

The Physician Assistant (PA) may carry out the history, physical exam, assessment, and therapeutic inventions of a patient presenting with an acute or episodic complaint. Such complaints consist of but are not limited to:

- headache
- fever
- rash
- fatigue, weakness
- cough, cold, sinus pain/pressure, sore throat, ear problems
- shortness of breath, chest pain, palpitations
- abdominal pain/pressure/cramping, vomiting, change in bowel movement/habits, reflux
- genital/urinary symptoms
- musculoskeletal trauma/pain
- infectious disease presentations
- sexual health problems

#1.2 Care of Patients with Chronic Disease

The Physician Assistant (PA) may carry out the history, physical exam, assessment, and therapeutic inventions of a patient of with a chronic disease. For the purposes of this directive this will include patients with a known, or the new diagnosis, of a chronic disease. Such diseases are, but are not limited to:

- Asthma
- COPD
- Cardiovascular disease
- CHF
- Hypertension
- Diabetes
- Mental Illness
- Autoimmune disorders
- Rheumatologic Disorders
- Cancer
- Osteoporosis

#1.3 Care of the Prenatal Patient

The Physician Assistant (PA) may provide routine medical care to prenatal patients. Patients will be followed in a shared-care model with obstetrics, as determined by the PA and supervising physician. All laboratory tests and medical imaging will be copied to the patient's family physician and the consulting obstetrician. Any high-risk prenatal patient will be immediately referred for sole obstetrical care.

For the purpose of the exams above noted:

The PA may put an instrument, hand or finger:

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- beyond the opening of urethra
- beyond the anal verge
- beyond the labia majora
- into the oral-pharynx
- into an artificial opening in the body.

An "instrument" shall refer to an otoscope, tongue depressor, swab for C&S, nasal speculum, vaginal speculum, rectal thermometer or proctoscope.

The PA will document the full history, physical exam findings, assessment, diagnostics and therapeutics ordered in a patient encounter in that patient's chart within the EMR. The PA will document any discussions regarding care with either the supervising physician and/or the patient's family physician within the EMR. Any direct verbal orders not encompassed by this directive will be recorded within the EMR and document the physician for which they implemented

#2.0 Medical Imaging and Laboratory Testing

The Physician Assistant (PA) may order medical imaging and laboratory testing as required for both diagnosis and medical monitoring of a condition. In doing so the PA must adhere to current practice guidelines and/or the highest standards based on the protocols and best practice adopted by the supervising physician. Any clinical problem that PA determines to be outside her level of competence shall be discussed with the supervising physician OR such cases shall be referred to the supervising physician or the patient's family physician or an appropriate consulting specialist with the approval of the supervising physician.

Such investigation consist of but are not limited to:

- ordering blood work
- · public health blood work
- x-ray
- US
- CT
- MRI

#2.1 Prescribing

The Physician Assistant (PA) may prescribe medication and therapeutics to treat both acute and chronic medical conditions according to current practice guidelines. The PA must adhere to the accepted current practice guidelines and/or the highest standards based on the protocols and best practice adopted by the supervising physician. Any clinical problem that PA determines to be outside her level of competence shall be discussed with the supervising physician OR such cases shall be referred to the supervising physician or the patient's family physician or an appropriate consulting specialist with the approval of the supervising physician. PAs can write prescriptions or refill prescriptions directly for a patient through this medical directive through delegation from the supervising physician. Each new prescription must have the medical directive number included.

The PA may **NOT** prescribe any controlled substances (eg. Narcotics or benzodiazepines).

#2.2 Procedures and Skills

The Physician Assistant (PA) may carry out the following procedures after proving competence.

- Papanicolaou test
- Punch biopsy
- Collection of body secretions/fluids
- Maneuvers and positioning to maintain airway patency
- Administer oxygen therapy using the appropriate device
- Immobilize fractures/suspected fractures using splint and/or cast
- Suture wounds
- Removal of sutures/staples
- Perform wound care
- Administer medication: PO, IM, SQ, ID, inhalation
- Infiltration of local anesthesia including digital nerve block
- Cryotherapy of skin lesions
- Wound debridement
- Skin scrapping for fungal infection
- Toe nail clippings for fungal infection
- Removal of foreign body from ears
- Ear Lavage
- Pare Callus
- Fecal Occult Blood Testing
- Joint Injections and Aspirations
- Cryotherapy or chemical therapy for genital warts
- Partial Ingrown toenail removal
- Incise and drain thrombosed external hemorrhoid
- Mole/lesion removal pre-approved by the supervising physician
- Abscess incision and drainage
- Doppler to determine fetal heart rate

The PA may only carryout the following procedures with the primary supervising physician onsite and immediately available:

If there is anything specifically wanted by the clinic insert here*

#2.3 Immunizations and Administration of Medication

The Physician Assistant (PA) may perform routine immunizations according to public health and travel health schedules. The PA may also administer rabies vaccines provided by public health. In office the PA may administer medication orally and by injection. The PA may perform one and two-step TB skin tests, Vitamin B 12 injections, allergy injections, iron injections, HPV vaccination, Shingles vaccination, Hepatitis A and B immunization, pneumococcal vaccination, and all routine childhood and adult immunizations.

Recipient Patients:	Appendix Attached: ☐ Yes ☐ No	Title:
	Appendix 2 Authorizer Approval Form	

- 1. All active patients of HFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), who require the above mentioned care by the Physician Assistant.
- 2. The supervising physician and/OR the patient's family physician has established a relationship with the patient prior to the encounter with the PA.

Author	rized Implementers:	Appendix Attached: ⊠ Yes □ No Title: Appendix 1 Implementer Approval Form
	 Hamilton FHT Physician Assistant The PA must adhere to current practice guidelines and/or the highest standards based on the protocols and best practice adopted by the supervising physician. Medical services provided by the PA must be consistent with the PA's education, training and experience. Any task, procedure or clinical problem that the PA determines to be outside her level of competence shall be discussed with the supervising physician OR such cases shall be referred to the supervising physician or the patient's family physician or an appropriate consulting specialist with the approval of the supervising physician. 	
Indicat	ions:	Appendix Attached: ☐ Yes ☒ No Title:
1.		rom all patients or decision makers prior to implementing the directive. with any policies of the Hamilton Family Health Team and the CPSO
Contra	indications:	
	All life threatening, persistent or unusua Any irate, hostile, threatening or drug-se	medical-legal ramifications that would be best handled by the
6.	At encounter in which the patient reque	sts the supervising physician.
Conse	nt:	Appendix Attached: ☐ Yes ☒ No Title:
1.	Patients of Hamilton FHT Family Physic	ians.
2.	The Physician Assistant obtains patient	consent prior to the implementation of care.
Guidel Proced	ines for Implementing the Order / lure:	Appendix Attached: ☐ Yes ☒ No Title
1.	For assessment and treatment of Patier	nts who meet the Indications described above:
Docum		
	nentation and Communication:	Appendix Attached: ☐ Yes ☒ No Title:

Review	and Quality Monitoring Guidelines:	Appendix Attached: ☐ Yes ☒ No Title:	
 Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one currently practicing physician assistants employed by the HFHT 			
2.	2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a mimimum of one currently practicing physician assistants employed by the HFHT		
 If new information becomes available between routine renewals, and particularily if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a mimimum of one currently practicing physician assistants employed by the HFHT 			
Administrative Approvals (as applicable): Appendix Attached: Yes No Title:			
Not Applicable			
Approv	ving Physician(s)/Authorizer(s):	Appendix Attached: ⊠ Yes ☐ No	
		Title: Appendix 2 Authorizer Approval Form	
Hamilton FHT Family Physician 'Authorizer Approval Form'/ Signatures attached.			

Appendix 1 Implementer Approval Form

(Physician Assistant)

Medical Directive # HFHT PA-03

Name of Implementer	Signature	Date
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Appendix 2 Authorizer Approval Form

(Physician Assistant)

Medical Directive # HFHT PA-03

Name of Physician or Authorizer	Signature	Date