

Mental Health and Addictions Program Resource Manual

Title:	Physician Assistant –Prescribing Medications to CKHA Mental Health and Addictions Program Patients (Medical Directive #1)	Policy Number: MHAP #1-270
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Chatham-Kent Health Alliance embraces a philosophy of Patient and Family-Centred Care; the values and beliefs of which enable and support partnerships of patients, families, and their healthcare providers. The ultimate goal is to provide quality, safe care for patients and families in an environment of respect and trust for all partners.

POLICY:

1. Description of Procedure:

- (a) The Physician Assistant (PA), on the authority of this medical directive, may order, adjust the dose of, or discontinue drugs for patients in the Mental Health and Addictions Program of Chatham-Kent Health Alliance in accordance with the College of Physicians and Surgeons of Ontario Policy Statement #5-12 Delegation of Controlled Acts, the CKHA formulary and pharmacy guidelines.

2. Authorized To:

Physician Assistant, who is employed in this capacity within the Mental Health and Addictions Program of Chatham-Kent Health Alliance.

3. Authorized From:

College of Physicians and Surgeons of Ontario Policy Statement #5-12 Delegation of Controlled Act Procedures 2007. Chief of Psychiatry will authorize the performance of this medical procedure.

4. Pre-existing Criteria:

Assessment of patient status including:

- a) Mental health and physical history;
- b) Lab results;
- c) Allergies;
- d) Co-morbid factors.

Knowledge of the Drug including:

- a) Dose, frequency, route, duration of therapy;
- b) Expected action;
- c) Potential side-effects/adverse reactions;
- d) Possible drug/drug and drug/food interactions;
- e) Monitoring/documentation requirements;
- f) Any appropriate precautions/special instructions.

The assessment of the patient's status meets criteria for treatment as outlined in the Compendium of Pharmaceuticals and Specialties (CPS)

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5. Contraindications

- a) Non-prescription drugs such as heparin, insulin, etc. which are beyond the scope of practice of the Physician Assistant;
- b) Contraindications to specific drugs as outlined in the CPS;
- c) Known positive history of drug sensitivity or allergy; toxic symptoms;
- d) Pre-existing morbidity/history suggesting increased risk for adverse outcome, e.g. renal disease or liver damage;
- e) Known interactions between drugs.

Any concerns the pharmacist and/or the attending physician/psychiatrist may have regarding PA prescribing of any drug will be discussed and clarified with the PA before the drug is administered.

6. Educational Requirements:

- a) The PA will have the Completed an accredited PA program in Canada or the US;
- b) The PA will be Certified through PACCC (Physician Assistant Certification Council of Canada) for Canadian educated/trained PAs which gives the certification of **CCPA** (Canadian Certified Physician Assistant) or Certified through NCCPA (National Commission on Certification of Physician Assistants) for American educated/trained PAs which gives the certification **PA-C** (Physician Assistant Certified);
- c) The PA will and have previous clinical experience in prescribing medication within their scope of practice.

7. Reporting/Recording:

The PA will ensure that all required consents and/or treatment orders are in place and documented. Medications are prescribed in accordance with all provincial/federal legislation and Chatham-Kent Health Alliance policies, procedures and guidelines for medication orders. The PA is responsible for monitoring and documenting, on the patient's chart, the response to drug therapy.

8. Resources:

- a) Physicians/psychiatrists
- b) Pharmacists
- c) Director of Pharmacy

9. References:

- a) College of Physicians and Surgeons of Ontario Policy Statement #5-12 Delegation of Controlled Acts
- b) CKHA Clinical Practice Manual – Medical Orders/Medical Directive, 3-30-20
- c) CKHA Formulary Guidelines
- d) Compendium of Pharmaceuticals and Specialties and other drug information resources

10. Review:

This medical directive will be reviewed annually by Chief of Psychiatry

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