

Dr (X)

Physician Assistant Medical Directive

Title: Physician Assistant

Number: PA-01

Activation Date: January 3, 2019- (change this)

Review due by: January 3, 2021- (adjust date)

Sponsoring/Contact Person(s) Manager- (name)
(name, position, contact particulars): 000-000-0000

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>#1.0 Health Promotion and Disease Prevention</p> <p>The Physician Assistant (PA) may provide routine medical care consisting of, but not limited to:</p> <ul style="list-style-type: none">• 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 <p>For the purpose of the exams above noted:</p> <p>The PA may put an instrument, hand or finger:</p> <ul style="list-style-type: none">• 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. <p>An "instrument" shall refer to an otoscope, tongue depressor, swab for C&S, nasal speculum, vaginal speculum, rectal thermometer or proctoscope.</p> <p>For the purpose of the exams above noted:</p> <p>The PA may put an instrument, hand or finger:</p> <ul style="list-style-type: none">• 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. <p>An "instrument" shall refer to an otoscope, tongue depressor, swab for C&S, nasal speculum, vaginal speculum, rectal thermometer or proctoscope.</p>		
#1.1 Care of Patients with Acute or Episodic Presentations		

The Physician Assistant (PA) may carry out the history, physical exam, assessment, and therapeutic interventions 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 interventions of a patient 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:

- 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.

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
- bone density
- US
- CT
- MRI
- FOBT testing

#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/Shave 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
- Cryotherapy or chemical therapy for genital warts
- Partial Ingrown toenail removal
- Incise and drain thrombosed external hemorrhoid
- Abscess incision and drainage
- Doppler to determine fetal heart rate

#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 -name of clinic or organization) 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.

Authorized Implementers:

Appendix Attached: ☒ Yes ☐ No

Title:

Appendix 1 Implementer Approval Form

1. (Hamilton FHT -name of clinic or organization) Physician Assistant
2. 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.

Indications:

Appendix Attached: ☐ Yes ☒ No

Title:

1. The PA must obtain informed consent from all patients or decision makers prior to implementing the directive. Consent will be obtained in accordance with any policies of the Hamilton Family Health Team and the CPSO policy on obtaining consent.

Contraindications:

1. Consent was not obtained.
2. Any task, procedure or clinical problem that the PA determines to be outside her/his level of competence.
3. All life threatening, persistent or unusual presentations.
4. Any irate, hostile, threatening or drug-seeking patients.
5. In any case which may potentially have medical-legal ramifications that would be best handled by the supervising physician or that patient's family physician.
6. Appointment in which the patient refuses to see the PA and demands to see the physician.

Consent:

Appendix Attached: ☐ Yes ☒ No

Title:

1. Patients of (HFHT -name of clinic or organization) Family Physicians.
2. The Physician Assistant obtains patient consent prior to the implementation of care.

Guidelines for Implementing the Order / Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Title:		
1. For assessment and treatment of Patients who meet the Indications described above:		
Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. 2. 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.		
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
1. 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 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 minimum of one currently practicing physician assistants 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one currently practicing physician assistants		
Administrative Approvals (as applicable):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
Not Applicable		
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 2 Authorizer Approval Form
1. (HFHT -name of clinic or organization) Family Physician 'Authorizer Approval Form'/ Signatures attached.		

Appendix 1 Implementer Approval Form

Physician Assistant

Medical Directive # (HFHT) PA-01

Name of Implementer/PA	Signature	Date

**Appendix 2
Authorizer Approval Form**

Physician Assistant

Medical Directive # (HFHT) PA-01

[illegible]