

PA Competency Checklist – Diagnostics and Therapeutics 2.02

PA Name:	Does the PA meet the Standard? (Initial + date)		Plan
	Y	N	

CLINICALEXPERT

Teach patients diabetes self care skills – individual and group.			
Teach self-monitoring of blood glucose (SMBG) effectively including finger pricks on patients if necessary.			
Teach patients (& care givers)/perform glucagon injection skills.			
Formulate a preliminary treatment and management plan based on assessment and investigation results, availability of consulting services, and needs of the patient.			
Teach patients/ perform management of medications for therapy in the areas of: <ul style="list-style-type: none"> • Diabetes • Related metabolic disorders • Related cardiovascular prophylactic measures • Other endocrine disorders 			
Teach patients / perform management of insulin skills – including: <ul style="list-style-type: none"> • Pen and syringe technique • Priming technique and • Injection & site selection technique 			
Titrate/manage insulin effectively including basal, bolus and mixed.			
Perform/teach, and titrate/manage Advanced MDI management (I:C ratios & ISFs).			
Teach/ administer subcutaneous, intradermal and intramuscular therapy and administer oxygen therapy.			
Insert saline lock catheters and IV catheter.			
Perform/ teach continuous glucose monitoring systems (CGM), including; <ul style="list-style-type: none"> • Insertion/removal of CGM • Proper site care for CGM • Interpret reports and make appropriate therapeutic recommendations 			

DIABETES &
ENDOCRINOLOGY

Name of PA: NAME

Signature: _____

Date: ____/____/____

Name of Primary Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

PA Medical Directive – Diagnostics and Therapeutics 2.02

Number: 2.02

Activation Date: Date **Review due by:** Annual Basis

Sponsoring/ Contact Person(s) _____, Primary Supervising Physician

 Name , Supervising Physician

 Name , Supervising Physician

 Name , Supervising Physician

 Name , Supervising Physician

Orders: **Appendix Attached** **Title: Order Table**

(PA NAME) PA may implement orders for and/or perform diagnostic and therapeutic procedures as ordered on the appended Order Table, in accordance with the conditions identified in this directive. Orders for procedures include those for:

- Treatment of Mild to Moderate Hypoglycemia
- Treatment of severe hypoglycemia/administration of glucagon medications and samples
- Educating patients on self monitoring blood glucose (SMBG) and perform finger pricks
- Medications (No narcotics at this time d/t Controlled Drug and Substances Act.)
- Therapeutic Interventions
- Introduction to insertion and removal of diabetes continuous glucose monitoring systems

Recipient Patients:

- Adult patients ≥ 18 yrs of age (or, >16 yrs old with physician consent) who have been referred to _____ for diabetes care, related metabolic disorders, cardio-metabolic risk management, or other endocrine disorders
- Registered to any supervising physician who has approved this directive and
- Being referred for consultation by an _____ physician to a supervising physician who has approved this directive
- Patients referred by advertisements to any _____ physician.

Authorized Implementers: **Appendix Attached** **Title: Diagnostics and Therapeutics– 2.02 Competency Checklist**

PA(s) who have successfully completed the Competency Assessment, have reviewed the directive and have been authorized to practice under medical directives.

Where PAs are authorized to implement physician orders pursuant to this directive, the following co-implementers may carry the orders out in accordance with their regulatory authority and role descriptions : RN, RD, CRC

Indications:

Appendix Attached

Title: Order Table

1. Patients must have a working diagnosis given by the PA's supervising physician and/or have presenting complaints as identified on the appended Order Table,
2. Unless noted on the Order Table:
 - a. Diagnostic orders may be implemented for patients registered to a supervising attending physician and those referred for consultation who will be registered to a supervising physician.
 - b. Therapeutic orders may only be implemented for registered patients.
3. Unless noted on the Order Table, indications for medications are in accordance with the following medication references:
 - Compendium of Pharmaceutical & Specialties (2013)¹
 - Canadian Diabetes Association, Clinical Practice Guidelines, (2013)²
 - American Diabetes Association, Clinical Practice Recommendations, (2013)³
 - AACE Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus © (2011)⁴
4. See appended Order Table for specific presenting complaints, working diagnoses and indications

Contraindications:

Patient refuses procedure. See appended Order Table for specific contraindications.

Guidelines for Implementing the Order / Procedure:

Appendix Attached

Title: Order Table

See appended Order Table.

Documentation and Communication:

(PA NAME) PAs will document medication administered and/or therapeutic intervention in the patient record.

Review and Quality Monitoring Guidelines:

Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it, will report these to Dr. _____ or supervising physicians as soon as possible for appropriate disposition. This does not include untoward or unintended outcomes or issues that are possible clinical sequelae regardless of whether a direct order or directive is used..

Administrative Approvals

PA _____ Medical Directive 2.01 is approved by the Primary Supervising Physician, Dr. _____ and all other _____ physicians acting as supervising physicians for the PA as listed and signed as authorizers.

¹ Canadian Pharmacist Association. *Compendium of Pharmaceuticals and Specialties: The Canadian Drug Reference for Healthcare Professionals*. Ottawa, ON: Canadian Pharmacist Association, 2013.

² Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes In Canada. *Can J Diabetes* 2013;37(suppl 1):S1-S212.

³ American Diabetes Association. "Clinical Practice Recommendations". *Diabetes Care*. 36.1 (2013): S1-108.

⁴ American Association of Clinical Endocrinologists. "American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan." *Endocr Pract*. 17.1 (2011): 1-53.

Order Table

Medical Directive
Diagnostics and Therapeutics 2.02

Therapeutic Intervention/Medication Administration	Indications / Contra-indications and Guidelines
<p>Treatment of Mild to Moderate Hypoglycemia</p>	<p>Indications</p> <p>Registered or non-registered adult patient 18 yrs or older (or, >16 yrs old with physician consent)</p> <p>Conscious patients with Type 1 or Type 2 Diabetes presenting with mild to moderate hypoglycemia (blood glucose <4 mmol/L)</p> <p>Contra-indications</p> <p>Patient refusal</p> <p>Guidelines</p> <p>Competent staff are able to provide treatment for mild to moderate hypoglycemia in a patient who presents with a glucometer reading of <4 mmol/L with a conscious gag reflex. In the event the patient is unable to check blood glucose him/herself, PA may perform finger pricks using a single use lancet.</p> <p>Staff will provide 3 glucose tablets or the equivalent of 15g of fast acting carbohydrate (i.e. 1/2 cup juice). <i>*If the patient is taking Acarbose patient must be treated with 3 dextrose tablets, or 1 cup of milk or 1 T of honey</i></p> <p>Staff will set timer to recheck blood glucose after 15 minutes.</p> <p>If, after 15 minutes, blood glucose remains below 4 mmol/L, repeat treatment with 15g of fast acting carbohydrate.</p> <p>When levels are >4 mmol/L staff will provide a snack consisting of carbohydrate and protein (i.e. 1 Glucerna™ bar, 1 package of cheese & crackers).</p> <p>Staff are required to document the event in the clinic chart.</p>

<p>Treatment of Severe Hypoglycemia / Administration of Glucagon</p>	<p>Indications</p> <p>Registered or non-registered adult patient 18 yrs or older (or, >16 yrs old with physician consent)</p> <p>Patient with Type 1 or Type 2 Diabetes presenting with severe hypoglycemia in a conscious or unconscious individual.</p> <p>Contra-indications</p> <p>Patient refusal Patient has an allergy to glucagon</p> <p>Guidelines</p> <p>PAs are able to administer 1 mg of glucagon subcutaneously or intramuscularly to patients who present with severe hypoglycemia and are unconscious.</p> <p>PA must call for emergency services.</p> <p>Once patient regains consciousness staff will provide 4 glucose tablets or the equivalent of 15 - 20g of fast acting carbohydrate (i.e. 3/4 cup juice). <i>*If the patient is taking Acarbose patient must be treated with 4 dextrose tablets, or 1 cup of milk or 1 T of honey)</i></p> <p>Staff will set timer to recheck blood glucose after 15 minutes.</p> <p>If, after 15 minutes, blood glucose remains below 4 mmol/L, repeat treatment with 15g of fast acting carbohydrate.</p> <p>When levels are >4 mmol/L staff will provide a snack consisting of carbohydrate and protein (i.e. 1 Glucerna™ bar, 1 package of cheese & crackers).</p> <p>PA must document the event in the clinic chart.</p>
<p>Educating patients on self monitoring blood glucose (SMBG) and performing finger pricks</p>	<p>Indications</p> <p>Registered adult patient 18 yrs or older (or, >16 yrs old with physician consent) Patient with Type 1 or Type 2 Diabetes, Pre-diabetes</p> <p>Guidelines</p> <p>PAs may educate patients on glucose monitoring machines by teaching patients the proper use of an appropriate glucometer and lancing devices.</p> <p>PAs may provide sample strips and lancets during the education session.</p> <p>PAs may perform finger pricks using a single use lancet on patients during glucometer teachings when such demonstrations are needed.</p>

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<p>Introduction to insertion and removal of diabetes continuous glucose monitoring systems.</p>	<p>Indications Adult patient 18 yrs or older (or, >16 yrs old with physician consent). Diagnosed with diabetes and referred by a physician.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines Competent PAs are able to educate patients on the use of CGMS or iPro. Competent PAs are also able to teach insertion and removal of CGMS or iPro devices.</p>
<p>PAs may requisition an order for or provide dietary counseling.</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 yrs old with physician consent) who have been referred to LMC for diabetes care, related metabolic disorders, or cardio-metabolic risk management.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: Dietary counseling in accordance with the CDA guidelines will be provided to or ordered for patients as deemed necessary by the PA.</p>
<p>PAs may prescribe the groups of medications as described in the Practice Outline under Attachment A: Practice Arrangements.</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 yrs old with physician consent) who have been referred to LMC for diabetes care, related metabolic disorders, cardio-metabolic risk management, or other endocrine disorders</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: PAs will follow the guidelines of the CPS, CDA, ADA and the AACE see comments on cover directive, Indications #3. Where conflict exists between the CPS, CDA, ADA and the AACE guidelines, the CDA Guidelines will take foremost priority, in guiding the PA.</p>
<p>PAs may provide counseling and education regarding the role of Insulin, use of Insulin pen and technique of Insulin administration.</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 yrs old with physician consent) who have been referred to LMC for diabetes care, related metabolic disorders, or cardio-metabolic risk management.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: Insulin education and counseling will follow CPS, CDA, ADA & AACE guidelines.</p>
<p>PAs may provide counseling and education</p>	<p>Indications</p>

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<p>regarding the role of GLP-1s, use of GLP-1 pen and the technique of GLP-1 administration</p>	<p>Adult patient's \geq 18 yrs of age (or, >16 yrs old with physician consent) who have been referred to LMC for diabetes care, related metabolic disorders, or cardio-metabolic risk management.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: GLP-1 education and counseling will follow CPS, CDA, ADA & AACE guidelines.</p>
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Approving Physician(s)/Authorizer(s):	
Primary Supervising Physician: Name	
_____	_____
<i>Signature</i>	<i>Date</i>
Supervising Physician: Name	
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<i>Signature</i>	<i>Date</i>
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Supervising Physician: Name	
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<i>Signature</i>	<i>Date</i>