

Appendix A
Medical Directive Approval
Medical Directive

Please complete all sections as per Medical Directive Policy III-m-15

1. **Name of Medical Directive:** Blood Culture Specimen Collection in Post-Operative General Surgery Patients for General Surgery Physician Assistants

Medical Directive Number:

Check appropriate boxes. Is this a: New
Revised
Review

Name of Contact Person:

Area of Expertise: General Surgery

2. Description of Procedure:

(This includes a specific description of the procedure or intervention being ordered. The description must include the specific patient population that the directive is being ordered for).

General Surgery Physician Assistants will complete an assessment of any post-operative general surgery patient on 14S, 14N and 14N SSDU with a newly documented fever of > 38 C and (i) new symptoms of cough or shortness of breath, (ii) new symptoms of dysuria or increased frequency, (iii) new symptoms of increasing abdominal pain or (iv) indwelling PICC or central line.

The General Surgery Physician Assistant will document the clinical assessment and symptoms that prompted an order for blood culture. The General Surgery Physician Assistant will discuss the plan with the patient to collect the blood culture.

The General Surgery Physician Assistant will initiate the order for blood culture in PowerChart and document this order as a "Medical Directive". The order to initiate blood cultures will be reviewed the RN, who will assess that the patient meets the clinical criteria for blood cultures and who will co-implement the directive.

The General Surgery Physician Assistant will be responsible for directly contacting the responsible physician and/or surgical team to verbally notify them of their assessment and blood culture collection within 4 hours of the blood collection. The MRP will be responsible for following up on the results of the blood cultures.

Does the medical directive include the delegation of a controlled act procedure?

Yes No

Medical Directive Name:

Medical Directive Number:

3. Authorized To:

(This refers to either a specific individual or group of health care professionals practicing in a specific clinical specialty area or with a specific patient population. Educational qualifications of the individual or group must be identified).

This medical directive applies to:

1. General Surgery Physician Assistants who have successfully completed orientation to the PA role
 2. Have completed a training session and written test on this medical directive.
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4. Authorized By:

(This will identify the authorizing physician, the specific Acts and Sections under which the procedures are being performed).

Please list the names of physicians in the Program authorization section to whom the medical directive applies. Please see below

5. Indications:

(This includes broad patient and/or pre-existing circumstances that must be present before the procedure/intervention can be implemented).

Blood cultures may be initiated for any post-operative general surgery patient on 14S, 14N and 14N SSDU with a newly documented temperature of ≥ 38 degrees C and (i) new symptoms of cough or shortness of breath, (ii) new symptoms of dysuria or increased frequency, (iii) new symptoms of increasing abdominal pain or (iv) indwelling PICC or central line, provided:

1. The patient is Post-Operative Day # 3 or greater
 2. No previous blood cultures have been collected in the last 48 hours
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6. Contraindications

(This refers to any specific contraindications for implementing the procedure/interventions).

None provided the patient meets the clinical indications for the medical directive and the patient assents to the procedure.

7. Resources/References:

(This will include specific resources and reference sources such as MSH Policies & Procedures; Program specific guidelines/ protocols/handbooks, Medical Staff, Published literature, Pharmacist, etc.)

Beilman G.J., Dunn D.L. (2010). Chapter 6. Surgical Infections. In Brunnicardi F, Andersen D.K., Billiar T.R., Dunn D.L., Hunter J.G., Matthews J.B., Pollock R.E.(Eds), *Schwartz's Principles of Surgery, 9e*. Retrieved January 10, 2014 from <http://accessmedicine.mhmedical.com/content.aspx?bookid=352&Sectionid=40039747>

Daams, F., Luyer, M., Lange, J. (2013). Colorectal anastomotic leakage: Aspects of prevention, detection and treatment. *World J Gastroenterol* April;19 (15). 2293-2297.

Jackson, A., Connor, M., Dreyer, J.S. (2012). Critical care and trauma part 8: Surgical Sepsis. The Ptolemy Project. Office of Internal Surgery: University of Toronto Libraries.

Medical Directive Name:

Medical Directive Number:

8. Review:

(This will include the annual date of Review).

Medical directives should be reviewed annually to ensure the following: current content, appropriateness of use and updating of physician and staff authorization lists. It is the responsibility of Program members to monitor quality issues associated with medical directive implementation.

Approved by:

Chairperson, Clinical Practice Committee _____ **Date:** _____

Chairperson, Medical Advisory Committee _____ **Date:** _____

Appendix B
Medical Directive Authorization

Medical Directive Name: Blood Culture Specimen Collection in Post-Operative General Surgery Patients for General Surgery Physician Assistants

Medical Directive Number:

Program Authorization Signatures:

I have reviewed Medical Directive Policy III-m-15 and the attached medical directive(s) and hereby approve them for submission to the Clinical Practice Committee.

Note:

- It is the responsibility of the Authorizing Physician and Department Head/Program Director to identify the service/program physicians to whom the medical directive applies.
- It is the responsibility of the Advanced Practice Nurse (where applicable) or Manager and Educator to identify the staff to whom the medical directive applies.
- It is the responsibility of program members to monitor quality issues associated with medical directive implementation.

	Name & Designation	Signature
Authorizing Physician		
Department Head/Program Director		
List of Physicians to Whom the Directive Applies	Append list if necessary See Below	
Manager/NUA (for non-APN directives)		
Clinician. CNS/NP (for non-APN directives):		
Authorized Health Care Professional(s)	Append list if necessary	

Date approved by MAC: (to be completed by CPC Chairperson)

Date of annual review:

