

Appendix A
Medical Directive Approval
Medical Directive

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

1. **Name of Medical Directive:** Complete Blood Count and Electrolytes Order 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 symptoms of bleeding, fever > 38 C or low urine output.

The General Surgery Physician Assistant will document their clinical assessment will discuss the plan to obtain blood work for CBC and electrolytes with the patient.

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

The General Surgery Physician Assistant will be responsible for directly contacting the responsible surgeon and/or surgical team to verbally notify them of their assessment and that CBC and electrolytes have been drawn within 4 hours of the blood collection. The MRP will be responsible for reviewing the results of the blood work.

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

Yes No

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 the 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

Appendix A (cont'd)

Medical Directive Name:

Medical Directive Number:

5. Indications:

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

An order for blood work for a CBC and electrolytes may be initiated by the General Surgery Physician Assistant provided:

1. The patient has new symptoms of:
 - a. bleeding (blood or melena per os, rectum, stoma, NG or percutaneous drain and/or hypotension [systolic BP < 100])
 - b. fever > 38 C or
 - c. low urine output (less than 10 mL/hr over 4 consecutive hours)
2. The General Surgery Physician Assistant reviews the patient's previous CBC and electrolytes prior to initiating a new order for CBC and electrolytes.

6. Contraindications

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

None if 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.

Doherty G.M. (2010). Chapter 5. Postoperative Complications. In Doherty G.M.(Eds), *CURRENT Diagnosis & Treatment: Surgery, 13e*. Retrieved January 10, 2014 from <http://accessmedicine.mhmedical.com/content.aspx?bookid=343&Sectionid=39702792>

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.

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: Complete Blood Count and Electrolytes Order 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:

