

**Appendix A**  
**Medical Directive Approval**  
**Medical Directive**

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

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1. **Name of Medical Directive:** Cardiac Markers 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

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**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 or 14N SSDU with a complaint of new onset chest pain, shortness of breath or tachycardia > 100 bpm.

The General Surgery Physician Assistant will document the clinical assessment and will discuss the plan with the patient to initiate an order for cardiac markers (i.e., serial troponin and sensitive troponin q8h X 3).

The General Surgery Physician Assistant will initiate the order for cardiac markers in PowerChart and document this order as a "Medical Directive". The order to initiate cardiac markers will be reviewed the RN, who will assess that the patient meets the clinical criteria for cardiac markers 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 cardiac marker collection within 1 hour of the blood collection.

The General Surgery Physician Assistant will document the name of the individual notified and the time this individual was notified in the patient chart. The MRP is responsible to follow up on the blood results.

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

Yes  No

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**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:

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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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**Medical Directive Name:** Cardiac Markers in Post-Operative General Surgery Patients For General Surgery Physician Assistants.

**Medical Directive Number:**

**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**

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**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 cardiac markers may be initiated by the General Surgery Physician Assistant for any post-operative general surgery patient on 14S, 14N, 14N SSDU provided:

1. The patient has newly documented complaints of chest pain, shortness of breath and/or tachycardia over 100 bpm
2. No previous cardiac markers 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 if the patient meets the clinical indications for this 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.)

Disease. In Papadakis M.A., McPhee S.J., Rabow M.W. (Eds), *CURRENT Medical Diagnosis & Treatment 2014*. Retrieved January 10, 2014 from

<http://accessmedicine.mhmedical.com/content.aspx?bookid=330&Sectionid=44291012>

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**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.**

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**Approved by:**

**Chairperson, Clinical Practice Committee** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chairperson, Medical Advisory Committee** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Appendix B**  
**Medical Directive Authorization**

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

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

**Date of annual review:**



