

Appendix A
Medical Directive Approval
Medical Directive

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

1. **Name of Medical Directive:** 12 Lead Electrocardiogram (ECG) in Post- Operative General Surgery Patients For General Surgery Physician Assistants

2. **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 complaint of new onset chest pain, shortness of breath or newly documented tachycardia > 100 bpm.

The General Surgery Physician Assistant will document the clinical assessment and discuss the plan with the to obtain a 12 Lead ECG with the patient.

The General Surgery Physician Assistant will initiate the order for ECG in PowerChart and document this order as a "Medical Directive". This order to initiate the ECG will be reviewed the RN, who will assess that the patient meets the clinical criteria for ECG 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 ECG collection within 1 hour. The MRP will be responsible for reviewing the ECG.

The General Surgery Physician Assistant will document the name of the individual notified and the time this individual was notified in the patient chart.

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

Yes No If yes, which procedure(s)?

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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Appendix A (cont'd)

Medical Directive Name:

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

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

1. The patient has newly documented complaints of chest pain, shortness of breath and/or tachycardia > 100 bpm
2. The patient has not had a previous ECG in the last 24 hours.

6. Contraindications

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

None

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>

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: ECG

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:

Appendix C

MSH MEDICAL DIRECTIVE

TEMPLATE FOR MEDICATIONS

Medical Directive Name:

Medical Directive Number:

Drug Classification	Drug Name and Dosage Range	Indications	Absolute Contraindications	Special Considerations (including relative contraindications)

Appendix D

MSH MEDICAL DIRECTIVE

TEMPLATE FOR DIAGNOSTIC TESTS/INTERVENTION

Medical Directive Name:

Medical Directive Number:

Diagnostic Test/Intervention	Indications	Special Considerations (including contraindications)

Appendix E

MSH MEDICAL DIRECTIVE

TEMPLATE FOR CONSULTATIONS

Medical Directive Name:

Medical Directive Number:

Consultation	Indication	Special Considerations