

Appendix A
Medical Directive Approval
Medical Directive

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

1. **Name of Medical Directive:** Nasogastric Tube Insertion Order for 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 assess any post-operative general surgery patients on 14S, 14N or 14N SSDU with vomiting to determine the need for insertion of a nasogastric (NG) tube.

The General Surgery Physician Assistant will document their assessment and discuss with the patient the rationale for inserting an NG tube.

The General Surgery Physician Assistant will initiate the order for an NG tube in PowerChart and document this order as a "Medical Directive". This order to initiate NG tube insertion will be reviewed by the RN, who will assess that the patient meets the criteria for NG tube insertion 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 insertion of NG tube within 1 hour. The MRP and/or surgical team will be responsible for ordering a post-insertion CXR and reviewing the CXR to ensure correct placement of the NG tube.

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 directives 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.

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).

NG tube insertion may be initiated for any post-operative general surgery patient on 14S, 14N or 14N SSDU provided:

1. The patient has not had esophageal or gastric surgery.
2. The patient does not have known esophageal varices.
3. The patient has vomited > 200 mL of gastric contents over 4 consecutive hours irrespective of whether anti-emetics have been administered.

6. Contraindications

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

1. Any post-operative patient who has had esophageal or gastric surgery
2. Any patient with known esophageal varices

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.)

Rajbhandari R, Wright S.C. (2012). Chapter 119. Placement of Nasogastric Tube. In McKean S.C., Ross J.J., Dressler D.D., Brotman D.J., Ginsberg J.S. (Eds), *Principles and Practice of Hospital Medicine*. Retrieved December 18, 2013 from <http://accessmedicine.mhmedical.com/content.aspx?bookid=496&Sectionid=41304095>

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: Nasogastric Tube Insertion Order for 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:

