

MEDICAL DIRECTIVE: Physician Assistant Orders in the Emergency Department

<p>Developed by: Dr. Pierre Mikhail</p>	<p>Approval Date: January 2010</p>
<p>Authorized By (Signature and Date): Emergency Department Authorizing Signatures please see attached list in Appendix B.</p> <p>_____</p> <p>Dr. Pierre Mikhail – Director of Emergency Medicine</p> <p>_____</p> <p>Catherine Racine – Director of the Emergency Department</p>	<p>Review or Revision Date: Every Three years</p>
<p>Administrative Authority (Signature and Date):</p> <p>Bev McFarlane - Chief Nursing Officer Executive</p> <p>_____</p> <p>_____</p> <p>Dr. David Mathies – Medical Advisory Committee/Chief of staff</p> <p>_____</p> <p>Michelle Bott – Director of Professional Practice</p>	<p>Date of Approval Minutes: Pharmacy and Therapeutics Committee Medical Advisory Committee</p>

Description of Intervention

The physician assistant, working in the Emergency Department, may implement orders as outlined in the table in Appendix A, provided that:

1. The Physician Assistant has met the educational requirements and demonstrated competence as outlined in the Appendix A, and
2. The patient meets the indications for the investigation or procedure as outlined in Appendix A, and
3. There are no contraindications for the procedure as outlined in Appendix A.

Specific patient conditions or circumstances that must be met before procedure can be implemented

1. The patient must be a registered patient of the Emergency department, and
2. The patient condition must meet the indication(s) for the specific investigation or procedure as outlined in Appendix A, and
3. A physician, who has signed as an authorizer of this medical directive, is currently on duty, and

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4. The patient consents to the plan of care and to receiving care from the Physician Assistant.

Contraindications to implementation

The medical directive may not be implemented if:

1. The patient exhibits any of the contraindications as outlined for the specific procedure or diagnostic test as outlined in Appendix A, or
2. The patient does not consent to the plan of care or to receiving treatment from the Physician Assistant, or
3. An authorizing physician is not currently on duty.

Who may implement the procedure and the educational requirements

A physician assistant, working in the Emergency Department, may implement the Medical Directive once they have completed the required educational requirements as outlined for each investigation or procedure in Appendix A.

Documentation

Treatments that have been implemented and the patient's response to therapy, if applicable, will be documented in the clinical record as per hospital documentation standards.

The following will be documented on the MD order sheet/section of the clinical record:

- The name of the medical directive
- The orders given
- The name, signature and designation of the individual implementing the medical directive

The following will be documented in the clinical record:

- The patient assessment
- The directive implementation
- Treatments that have been implemented and,
- The patient's response to therapy, if applicable.

Communication Path

The Physician Assistant will contact the supervising physician or the physician covering the department (if different from the authorizing physician) if clarification of any aspect of the medical directive is required. The supervising physician or physician covering the emergency department will be notified of the completion of treatments and the patient's response to treatment.

Any untoward events resulting from this medical directive will be relayed to the authorizing physician.

This medical directive will be communicated to:

- The ED Director
- Nurse Manager of the ED
- ED Committee

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- MAC

References

College of Nurses of Ontario (2004) *Medical Directives-Revised 2000*. Toronto: Author.

College of Physicians and Surgeons of Ontario (2007). *Policy #4-03: Delegation of Controlled Acts*. Toronto, Ontario: Author.

Provincial HHR Strategy & Professional Issues Ontario Hospital Association (2007). *Chapter 6: Delegation and Medical Directives Toolkit: Project Working Document*. Toronto, Ontario: Author.

Regulated Health Professions Act, 1991.

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Appendix A: Order Table for Physician Assistant's Working in the Emergency Room

Presenting Complaint	Orders	Indications / Contra-indications and Guidelines	Specific Physician Assistant Educational Requirements that must be met prior to implementation
<p>1) Suspected Extremity Orthopedic Injury (in addition to injuries covered in Emergency Department Medical Directives in section 6))</p>	<p>PAs will:</p> <ol style="list-style-type: none"> 1. Obtain and document the history from the patient including: Time, approximate force and MOI, ability to use extremity and any sensory changes following the injury, date of LMP on females of child bearing age, tetanus status in the presence of broken skin integrity, and complaints of any additional injury. 2. Perform and document physical exam including Neurovascular assessment of the affected limb checking for the 6 P's: Pulses, Pain, Pallor, Paresthesia, Paralysis, Poikilothermia. 3. Remove any constricting clothing or jewellery prior to any plain film x-rays being performed. (if this requires additional movement of the limb NV status will be repeated and documented). 4. Any injury that requires additional support will be splinted/sling prior to 	<p>Indications:</p> <p>In addition to any of the specific indications and Common MOI (mechanism of injury) for individual body parts listed below (1a to 1q), any of the following: Severe pain, point tenderness, swelling or joint effusion, ecchymosis, severe deformity or angulation, bony crepitus, inability to move joint through a normal active ROM,</p> <p>Contra-indications/Precautions:</p> <ol style="list-style-type: none"> 1. Patient unwilling to give consent. 2. Known or suspected pregnant patients require notification of DI staff for proper shielding. 3. Intoxication or uncooperative patient. 4. Unstable vitals SBP<90, HR >130 chest pain, SOB, or decreased LOC. 5. Signs or symptoms of neurovascular compromise in the affected limb e.g. compared to opposite limb: diminished sensation with decreased distal pulses, 	<p>Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager.</p>

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	<p>x-ray.</p> <p>Administer an ice pack (wrapped in fabric) and elevate the extremity for injuries <24 hrs old.</p>	<p>prolonged or inadequate capillary refill, decreased warmth with pallor, or suspected nerve entrapment.</p> <p>For 4-6 above or in the event of a suspected open fracture (opening in the skin with/without obvious bleeding at or near the site of injury) the ED physician to be notified immediately for assessment of the patient.</p>	
<p>1.a) Fingers (phalanges)</p>	<p>PAs may implement an order for Anterior-Posterior (AP)/ Lateral (Lat.)/Oblique (Obl.) and must list specific fingers e.g. index, middle, ring etc...</p> <p>e.g Left index finger AP/Lat/Ob.</p>	<p>Indications (MOI):</p> <ul style="list-style-type: none"> ▪ Crush injuries ▪ Digits caught in equipment ▪ Forceful hyperextension 	<p>Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager</p>
<p>1.b) Thumb (phalanges)</p>	<p>PAs may implement an order for AP/Lat/Obl for specific thumb.</p>	<p>Indications (MOI):</p> <ul style="list-style-type: none"> ▪ Direct trauma ▪ Impaction ▪ Hyperextension ▪ Varus or valgus stress 	<p>Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager</p>
<p>1.c) Hand (metacarpals)</p>	<p>PAs may implement an order for AP/Lat/Obl for specific hand.</p>	<p>Indications (MOI):</p> <ul style="list-style-type: none"> ▪ Crush injuries ▪ Striking firm surface 	<p>Completion of Emergency Department Medical Directive Training with ED Director and ED</p>

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		<ul style="list-style-type: none"> - e.g. A punch with a closed fist ▪ Direct blows <p><i>*If the patient has injuries to both hand and wrist, a separate radiographic series should be performed for each.</i></p>	Nurse Manager
1.d) Humerus	PAs may implement an order for Humerus AP/Lat e.g. Left humerus AP/Lat	Indications (MOI): <ul style="list-style-type: none"> ▪ Fall on extended, outstretched arm ▪ Direct trauma, severe twisting of arm ▪ Direct blow to the arm during a fall or MVC 	Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager
1.e) Shoulder (humerus)	PAs may implement an order for AP/trans scap/axillary (anterior, posterior, transcapular lateral, axillary lateral)	Indications (MOI): <ul style="list-style-type: none"> ▪ Fall on outstretched arm ▪ Direct impact on shoulder Clinical Findings: <ul style="list-style-type: none"> ▪ Gross swelling and discoloration may extend to chest wall 	Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager
1.f) Toes (phalanges)	PAs may implement an order for Toe AP/Lat and Specify which toe by number: 1 = Great toe 2	Indications (MOI): <ul style="list-style-type: none"> ▪ Dropped heavy objects ▪ Stubbing the toe Clinical Findings:	Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager

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	3 4 5 = Baby toe <i>e.g.</i> Right 4th toe AP/Lat	<ul style="list-style-type: none"> ▪ Difficulty ambulating or wearing shoes ▪ Subungual hematoma 	
1.g) Lower leg (tibia & fibula)	PAs may implement an order for Tib/Fib AP/Lat <i>e.g.</i> Right Tib/Fib AP/Lat	Indications (MOI): <ul style="list-style-type: none"> ▪ Rotational or twisting forces ▪ Direct trauma ▪ Fall with compression forces or a fixed foot Clinical Findings: <ul style="list-style-type: none"> ▪ Inability to weight bear 	Completion of Emergency Department Medical Directive Training with ED Director and ED Nurse Manager
2) Suspected Corneal Injury	1. Administration of Ophthalmic anaesthetic (tetracaine 0.5%) 2 drops on the everted lower eyelid of the affected eye. Repeat medication installation as needed for pain control while awaiting further assessment. Perform visual acuity measurement pre and post medication administration if possible.	Indications: History or indicators of corneal injury in patients with age greater than 9 yrs: abrasion, foreign body, thermal injury, ultra-violet injury Contra-indications: Allergy to ophthalmologic anaesthetic Age less than 9 yrs Guidelines: See following ED Advanced Triage and	Documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated.

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	2. Perform and document eye examination to include visual fields, EOM's, fundoscopy, pupillary response, eversion of upper eyelid to r/o Foreign body, r/o hyphema, hypopyron, +/- IOP if required. 3. Administration of Fluorescein dye 2 drops on the everted lower eyelid of the affected eye and examination with slit-lamp to determine degree of corneal injury or presence of foreign body.	treatment algorithm for suspected corneal injury	
3) Suturing above the fascia	For the purpose of suturing above the fascia, the physician assistant may: <ul style="list-style-type: none"> ○ Perform a procedure below the dermis, including probing, cleansing , removal of a foreign body, and suturing of the wound ○ Order and administer the following local anaesthetic agents by injection: <ul style="list-style-type: none"> ○ Lidocaine Plain 1% or 2% solution ○ Marcaine 0.25% or 0.5% solution 	Indications: Patient over the age of 16. Contraindications: Allergy or sensitivity to local anesthetic agents; Nerve, vascular, or tendon injury; facial injuries. L.E.T. and lidocaine with epinephrine is contraindicated in the following situations: mucous membranes, digits, nose, ear, penis, burns, or grossly contaminated wounds.	Documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated.

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	<ul style="list-style-type: none"> ○ Lidocaine with epinephrine 1% or 2% solution ○ Order and administer the following topical anaesthetic agents: <ul style="list-style-type: none"> ○ L.E.T. (lidocaine 4.3%, epinephrine 0.05% and tetracaine 0.5%) 		
4) Casting	The PA may apply a circumferential cast for suspected or confirmed extremity fractures.	<p>Indications:</p> <p>Non-displaced, stable, extremity fracture with no neurovascular compromise</p> <p>Contraindications:</p> <p>Neurovascular involvement, open fractures, fractures requiring surgical intervention, displaced fractures.</p>	Documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated.
5) Splinting	The PA may apply a splint for suspected or confirmed extremity fractures	<p>Indications:</p> <p>Non-displaced, stable, extremity fracture with no neurovascular compromise</p> <p>Contraindications:</p> <p>Neurovascular involvement, open fractures,</p>	Documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated

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		fractures requiring surgical intervention, displaced fractures.	
6) Incision and Drainage of Abscess	The PA may do a simple I and D for cutaneous abscesses	<p>Indications:</p> <p>Fluctuant cutaneous abscesses.</p> <p>Contraindications:</p> <p>Abscesses on the face or neck.</p> <p>Abscesses in the region of inguinal hernia locations</p> <p>Abscesses near the vulva or vagina and those in close approximation to the anal sphincter</p>	Documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated
7) Completion of WSIB, Form 1 and Other Forms	The PA may complete any medical form.	<p>Indications:</p> <p>Any medical form, as long it is reviewed and signed by the supervising physician</p> <p>Contraindications:</p> <p>The PA will not complete a form on a patient he/she has not seen</p>	None
8) Emergency Department Medical Directives	The physician assistant may implement all of the following Emergency	As per individual medical directives	Completion of Emergency Department Medical Directive

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	Department Medical Directives: 1. ASA (Acetylsalicylic acid) administration 2. Fentanyl Directive 3. Ventolin/Atrovent Administration (Adults) 4. Tetanus Administration 5. Administration of Topical Anesthetics 6. Administration of Acetaminophen & Ibuprofen (Adult) 7. 12 Lead ECG 8. Capillary Blood Glucometer 9. Cardiac Labs 10. INR/PTT (Coagulopathy) 11. Point of Care Urine Testing 12. Pregnancy Testing (Qualitative & Quantitative 13. Abdominal Pain Panel 14. Knee X-Ray & Ottawa Rules 15. Foot X-Ray (Adult & Peds >5 yrs) 16. Wrist X-Ray (Adult & Peds >5) 17. Clavicle X-Ray (Adult & Ped >5) 18. Chest X-Ray (Adult) 19. Elbow X-Ray (Adult & Ped)		Training. All procedurally based directives require documentation of 5 successful demonstrations on the Physician Assistant's Record of Delegation, with sign off from a physician that Delegation is indicated

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	<ul style="list-style-type: none"> 20. Femur X-Ray (Adult) 21. Forearm X-Ray (Adult & Peds) 22. Hip X-Ray (Adult) 23. Tib/Fib X-Ray (Adult & Peds) 24. Application of Oxygen (Adult and Peds) 25. IV Initiation (Adult) 26. Adult Catheterization 27. Administration of Acetaminophen/Ibuprofen(Peds) 28. Application of Topical Anaesthetics (Peds) 29. Pediatric Emesis Protocol-Ondansetron 30. Application of Oxygen (Pediatric) 		

Directives Added:

Date:

1. Taking Telephone Orders: See Policy and Procedure

2. Insertion of Foley Catheter: See Policy and Procedure

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Appendix B: Authorizing Emergency Department Physicians

Name	Date	Signature