**Emergency Department Medical Directive – Physician Assistant**

**Title:** Medical Directives, Physician Assistant  
**Number:**

**Activation Date:**

**Review due by:**

**Sponsoring/Contact Person(s):**  
Critical Care Program Director

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**Orders:**

Orders as identified on the appended order table:

1. Humerus X-ray
2. Shoulder X-ray
3. Clavicle X-Ray
4. AC joints with and without weights
5. Chest X-ray
6. Abdominal X-rays
7. Tetracaine 0.5% 2 drops to affected eye, may repeat times one
8. Fluorescein dye, 2 drops affected eye
9. Ketorolac 30mg IM
10. Suturing above the fascia
11. Splinting

And the following ED Medical Directives:

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<tr>
<th>Laboratory Tests &amp; Diagnostic Procedures</th>
<th>MD.EMR.10183</th>
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<tbody>
<tr>
<td>Medications</td>
<td>MD.EMR.10184</td>
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<tr>
<td>Therapeutic Procedures</td>
<td>MD.EMR.10185</td>
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<td>Diagnostic Imaging</td>
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<td>Pediatric</td>
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<td>Cardiac Events</td>
<td>MD.ALL.16951</td>
</tr>
<tr>
<td>Sepsis</td>
<td>MD.ALL.15872</td>
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</tbody>
</table>

**Recipient Patients:**

Any patient registered in the ER who meets the conditions identified in this directive.

If a patient has a directive implemented and leaves without being seen by the attending physician, the PA will forward the record to the attending physician for disposition.

**Authorized Implementers:**

The Physician Assistant who has successfully completed the relevant ED Medical Directive orientation program.
Indications:
Appendix Attached:  ☑ Yes ☐ No
Title: Medication Order Table

- Prior to implementation of any directive, a patient assessment is completed in accordance with standards of practice and any applicable hospital policy. **Allergies and sensitivities must be documented.**
- Specific indications are identified in the appended Order Table.

**Definitions** for indications used in the table:

1. **Acute Coronary Syndrome (ACS)** – as manifested by discomfort (pressure or pain, radiating or non-radiating, anterior or posterior) from jaw to umbilicus that may include any of the following:
   - Shortness of Breath (SOB)
   - Diaphoresis
   - Pallor
   - Nausea/vomiting
   - Dysrhythmias (palpitations, tachycardia, bradycardia)
   - Syncope
   - Weakness, lightheadedness, pre-syncope
   - Lethargy

2. **Fever** – Temperature greater than or equal to 38°C
3. **Hypothermia** – Temperature less than or equal to 36°C
4. **Hemodynamic instability** – as manifested by one or more of the following signs of shock:
   - Tachypnea
   - Tachycardia
   - Hypotensive
   - Altered level of consciousness
   - Pale
   - Diaphoretic

5. **Immunocompromised** - Patients with one or more of the following:
   - On chemotherapy for cancer
   - Use of Infliximab (e.g. Remicade)
   - Organ transplant(s)
   - Splenectomy
   - HIV
   - Lupus, rheumatoid arthritis and other chronic inflammatory conditions
   - Diabetes mellitus
   - Chronic alcohol abuse
   - Chronic corticosteroid therapy

6. **Major bleed** – any volume loss that causes hemodynamic instability resulting from possible GI bleed, ruptured aneurysm, ruptured spleen, femur fracture, or ectopic pregnancy
7. **Major trauma** – high risk mechanism of injury

**Contraindications:**
See appended Order Table.
**Consent:**

The PA implementing the directive will obtain consent in accordance with the *Health Care Consent Act*. The PA will identify himself/herself as a PA and obtain consent from the patient to be treated by a PA.

**Guidelines for Implementing the Order / Procedure:**

The PA will contact the authorizing physician, if clarification of any aspect of the medical directive is required. The MRP or physician covering the ED will be notified of treatment and the patient’s response. Any untoward events resulting from this medical directive will be relayed to the authorizing physician.

**Documentation and Communication:**

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

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

The following will be documented in the clinical record:

- The patient assessment
- The directive implemented
- Treatments that have been implemented
- The patient’s response to therapy

Note: Clear and timely notification, communication and documentation between the nurse and the physician are critical to safe, proper use of a medical directive.

**Review and Quality Monitoring Guidelines:**

Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it will report these to the ER manager as soon as possible for appropriate disposition. This does not include untoward or unintended outcomes or issues that are possible clinical sequelae regardless of whether a directive or direct order is used.

**Administrative Approvals:**

**Approving Physician(s)/Authorizer(s):**

**References**


*Compendium of Pharmaceuticals and Specialties (CPS) 2012*


*Guelph General Hospital, 2008, Medical Directive: Physician Assistant Orders in the Emergency Department*

*Jovey, Roman Managing Pain: The Canadian Healthcare Professional Reference: The Canadian Pain Society 2002*

*Provincial HHR Strategy & Professional Issues Ontario Hospital Association (2007)*


*Regulated Health Professions Act, 1991*

This template has been adapted from the Emergency Department Medical Directives Implementation Kit [www.oha.com/edmedicaldirectives](http://www.oha.com/edmedicaldirectives)
<table>
<thead>
<tr>
<th>Orders</th>
<th>Indications</th>
<th>Contraindications</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| **1. Humerus** | - Fall on extended, outstretched arm  
- Direct trauma, severe twisting of arm  
- Direct blow to the arm during a fall or MVC  
- Pathological Reasons | 1. Known or suspected pregnancy - may require a beta HCG  
2. Beta HCG MUST be negative for all abd x-rays on women of child-bearing age  
3. Unstable patient – physician to be contacted immediately  
4. Signs or symptoms of neurovascular compromise in the affected limb physician to be contacted immediately  
5. Open fractures will be assessed by the emergency physician directly | Completion of Emergency Department Medical Directive Training program for “Medical Directive: Ordering of X-rays in the Emergency Department”  
There is no age restrictions for a PA ordering X-Rays |
| **2. Shoulder (humerus)** | - Fall on outstretched arm  
- Direct impact on shoulder  
- Pathological Reasons  
Clinical Findings: Gross swelling and discoloration may extend to chest wall | | |
| **3. Clavicle** | - Fall on arm or shoulder  
Direct trauma to shoulder laterally | | |
| **4. AC joints with and without weights** | | | |
| **5. Chest X-ray**  
- PA and LAT  
- Inspiration and Expiration | - Patient presents with respiratory symptoms (cough or dyspnea or lateralizing chest pain) and has any ONE of the following:  
1. Abnormal Unilateral breath sounds on auscultation  
2. HR greater than 100  
3. RR greater than 25  
4. Temp greater than 37.8C  
Trauma  
Pathological Reasons  
Rule out pneumothroax  
Oxygen Saturation below 96%  
Hx of foreign body | | |
| **7. Abdominal X-rays**  
a. 2 views with upright CXR  
b. Abd/CXR  
c. Supine abdomen | a. Rule out bowel obstruction/ free air  
b. Hx of foreign body  
c. Flank pain for renal colic | | |
| **7. Tetracaine 0.5%  
2 drops on the everted lower eyelid of the affected eye**  
*May repeat times one | Corneal Abrasion  
Perform visual acuity measurement pre and post medication | Allergy to ophthalmologic anaesthetic  
Age less than 9 yrs | History or indicators of corneal injury in patients with age greater than 9 yrs: abrasion, foreign body, |
<table>
<thead>
<tr>
<th>8. Administration of Fluorescein dye 2 drops</th>
<th>For use with a slit lamp examination to determine degree of corneal injury or presence of foreign body.</th>
<th>Allergy Age less than 9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Ketorolac 30mg IM</strong></td>
<td>Mild to Moderate Pain</td>
<td>Hypersensitivity to ketorolac, aspirin, other NSAIDs, Active or history of peptic ulcer disease Recent or history of GI bleeding or perforation Renal disease or risk of renal failure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document allergies, renal history, GI bleed/PUD history.</td>
</tr>
<tr>
<td>10. Suturing above the fascia</td>
<td>Perform a procedure below the dermis, including probing, cleansing, removal of a foreign body, and suturing of the wound if easily accessible</td>
<td>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</td>
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<tr>
<td>11. Splinting</td>
<td>Non-displaced, stable, extremity fracture with no neurovascular compromise</td>
<td>Neurovascular involvement, open fractures, fractures requiring surgical intervention, displaced fractures.</td>
</tr>
<tr>
<td>Apply a splint for suspected or confirmed extremity fractures</td>
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</tbody>
</table>