

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

Orders:

Appendix Attached: Yes No

Title: Medication Order Table

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:

Laboratory Tests & Diagnostic Procedures	MD.EMR.10183
Medications	MD.EMR.10184
Therapeutic Procedures	MD.EMR.10185
Diagnostic Imaging	MD.EMR.10225
Pediatric	MD.EMR.10198
Cardiac Events	MD.ALL.16951
Sepsis	MD.ALL.15872

Recipient Patients:

Appendix Attached: Yes No **Title:**

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:

Appendix Attached: Yes No **Title:**

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:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
The PA implementing the directive will obtain consent in accordance with the <i>Health Care Consent Act</i> <i>The PA will identify himself/ herself as a PA and obtain consent from the patient to be treated by a PA</i>	
Guidelines for Implementing the Order / Procedure:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Medication Order Table
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:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p><i>The following will be documented on the MD order sheet/section of the clinical records:</i></p> <ul style="list-style-type: none"> - <i>The name of the medical directive</i> - <i>The orders given</i> - <i>The name, signature and designation of the individual implements the directive</i> <p><i>The following will be documented in the clinical record:</i></p> <ul style="list-style-type: none"> - <i>The patient assessment</i> - <i>The directive implemented</i> - <i>Treatments that have been implemented</i> - <i>The patient's response to therapy</i> <p>Note: Clear and timely notification, communication and documentation between the nurse and the physician are critical to safe, proper use of a medical directive.</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
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:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
References	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p><i>College of Physicians and Surgeons of Ontario (2007) Policy #4-03: Delegation of Controlled Acts. Toronto, Ontario: Author</i> <i>Compendium of Pharmaceuticals and Specialties (CPS) 2012</i> Ernst A. et al. LAT vs TAC for Topical Anasthesia in Face and Scalp Lacerations. /American Journal of Emergency Medicine. /1995;13(2):151-154. <i>Guelph General Hospital, 2008, Medical Directive: Physician Assistant Orders in the Emergency Department</i> Jovey, Roman Managing Pain: The Canadian Healthcare Professional Reference: The Canadian Pain Society 2002 <i>Provincial HHR Strategy & Professional Issues Ontario Hospital Association (2007)</i> Tintinelli,j.E Kelen,GD and Stapczynski, J.S Emergency medicine: A Comprehensive Study Guide, 6th Edition 2004. <i>Regulated Health Professions Act, 1991</i> This template has been adapted from the Emergency Department Medical Directives Implementation Kit www.oha.com/edmedicaldirectives</p>	

**Appendix
Order Table**

**Medical Directives, Physician Assistant
This table cannot be relied upon in the absence of
Emergency Department, **NEED NUMBER****

Orders	Indications	Contraindications	Guidelines
1. Humerus	<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 ▪ Pathological Reasons 	<ol style="list-style-type: none"> 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 6. Patient is intoxicated or has other distracting injuries and is unable to follow direction, maintain motor control or is uncooperative. 	<p>Completion of Emergency Department Medical Directive Training program for “Medical Directive: Ordering of X-rays in the Emergency Department”</p> <p>There is no age restrictions for a PA ordering X-Rays</p>
2. Shoulder (humerus)	<ul style="list-style-type: none"> ▪ Fall on outstretched arm ▪ Direct impact on shoulder ▪ Pathological Reasons <p>Clinical Findings: Gross swelling and discoloration may extend to chest wall</p>		
3. Clavicle	<ul style="list-style-type: none"> ▪ Fall on arm or shoulder 		
4. AC joints with and without weights	<ul style="list-style-type: none"> ▪ Direct trauma to shoulder laterally 		
5. Chest X-ray - PA and LAT - Inspiration and Expiration	<ul style="list-style-type: none"> • Patient presents with respiratory symptoms (cough or dyspnea or lateralizing chest pain) and has any ONE of the following: <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<p>Corneal Abrasion</p> <p>Perform visual acuity measurement pre and post medication</p>		

	<p>administration if possible.</p> <p>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, hypopyon, +/- IOP if required.</p>		thermal injury, ultra-violet injury
8. Administration of Fluorescein dye 2 drops on the everted lower eyelid of the affected eye	For use with a slit lamp examination to determine degree of corneal injury or presence of foreign body.	Allergy Age less than 9 years	
9. Ketorolac 30mg IM	Mild to Moderate Pain	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	Document allergies, renal history, GI bleed/PUD history.
<p>10. Suturing above the fascia</p> <p>Administer the following local anaesthetic agents by injection:</p> <ul style="list-style-type: none"> ○ Lidocaine Plain 1% or 2% solution ○ Bupivacaine 0.25% or 0.5% solution ○ Lidocaine with epinephrine 1% or 2% solution ○ LET 	<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 if easily accessible 	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
<p>11. Splinting</p> <p>Apply a splint for suspected or confirmed extremity fractures</p>	Non-displaced, stable, extremity fracture with no neurovascular compromise	Neurovascular involvement, open fractures, fractures requiring surgical intervention, displaced fractures.	