

PATIENT CARE MANUAL
•MEDICAL DIRECTIVE

Name and Description of Procedure/Treatment/Intervention Being Ordered: History and Physical Examination		Date Developed:	Revised / Reviewed:	Number	Medical Directive # Category - # Revision # e.g. Medicine-001-0
Category: e.g. OR, ER, ICU, CCU, Paed, Medicine: Medicine Service			1 of 3		PA Medical Directive Medicine-001-0
Next Review:	Issuing Authority:	Status		Approval By:	
	Professional Practice Committee Medical Advisory Committee				

Approvals:	Signature:	Approval Date:
Physician group supporting the delegation Name: Medicine		
Professional Group accepting the delegation Name: Physician Assistants		
Program Director, Medical Director (Program Governing Council) Name:		
Director, Professional practice (Professional Practice Committee) OR Chair, Pharmacy & Therapeutics Committee Name:		
Medical Advisory Committee Name:		

<p>Name and Description of Procedure/Treatment/Intervention Ordered: History and Physical Examination Physician Assistants (PAS) may perform history and physical assessment procedure as ordered on the appended Order Table, in the accordance with the condition identified in this directive.</p>
<p>Clinical Conditions Required: [Must be detailed <u>and</u> specific].</p> <ul style="list-style-type: none"> ▪ Adult patients \geq 18 yrs of age who are: <ul style="list-style-type: none"> ○ Registered to an supervising attending physician who has approved this directive ○ Being referred for consultation by a physician with hospital privileges to a supervising physician who has approved this directive

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<p>Situational Circumstances Required: [If necessary — must be detailed and specific] i.e. Consent</p> <ul style="list-style-type: none"> ▪ Consent <p>PAs implementing the directive will obtain consent in accordance with any relevant hospital policies and procedures. If a patient or legal substitute decision maker is unable to provide consent, or if obtaining proper informed consent exceeds PA competencies as identified during the Level 1 Assessment, the PA will contact the supervising physician prior to implementing any orders or performing any procedures.</p> <p>MEDICINE SERVICE UNIT MANUAL</p>
<p>Indications / Contraindications: [should be very thorough, detailed and comprehensive] See attached Order Table</p> <ul style="list-style-type: none"> ▪ The term "instrument" will only refer to the following: otoscope, tongue depressor, swabs for culture and sensitivity, nasal speculum, drainage tools, reflex hammer, urinary catheter, NG tube.
<p>Physician's Order:</p> <ul style="list-style-type: none"> ▪ The PA may not put an instrument*, hand or finger <ul style="list-style-type: none"> - Beyond the opening of the urethra. - Beyond the anal verge. - Into an artificial opening into the body. <p>To perform a physical exam and to swab or aspirate joint for culture and sensitivity.</p>
<p>To Professional Group Authorized to Implement the Medical Directive: (Identified by Name and Professional Designation:</p> <ul style="list-style-type: none"> ▪ Physician Assistants- Medicine
<p>Names and Signatures of Physician(s) Authorized and Responsible for the Medical Directive and Date Effective</p>

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Order Table

This table should not be relied upon in the absence of: History and Physical Examination Medicine-001-0

Patient Population	Orders	Indications/ Contra-indications and Guidelines
<ul style="list-style-type: none"> ▪ Registered to an attending supervising physician who has approved this directive ▪ Being referred for consultation by a physician with hospital privileges to a supervising physician who has approved this directive 	<ul style="list-style-type: none"> ▪ The PA can take complete history of the patient. (History of present illness, Past Medical History, PsychoSocial History, Sexual History, Allergic History, Medication History, Family history etc) ▪ The PA may do complete physical examination except: Put an instrument*, hand or finger**• <ul style="list-style-type: none"> i. Beyond the point of the nasal passages where they normally narrow. ii. Beyond the opening of the urethra• iii. Beyond the anal verge. iv. Into an artificial opening into the body. 	<p>Indications: See presenting complaint</p> <ul style="list-style-type: none"> ▪ The term "instrument" will only refer to the following: otoscope, tongue depressor, throat swabs for culture and sensitivity, nasal speculum, reflex hammer ▪ ** The performance of a pelvic bimanual examination or vaginal speculum exam is not permitted ▪ PA can perform gag reflex and corneal reflex if indicated <p>Contraindication: Patient refusal or refusal by POA if patient is not capable</p> <p>Guidelines: PA must document all information gathered in history taking and all findings (including pertinent negatives) of the physical examination in the chart</p>

PRACTICE OUTLINE

IDENTIFYING INFORMATION

<p>Professional Designation:</p>	<p>Physician Assistants in Inpatient Family Medicine/ Inpatient Medicine Service (within Medicine Health Service)</p>
<p>Practice Arrangements:</p> <p>Inpatient Medical Units</p> <p>Emergency Department</p>	<p>Supervision and Reporting: Administrative Lead:</p> <p>Supervising Physicians:</p> <p>Other Supervising Physician:</p>
	<p>Clinical Duties & Authority: Under Supervision and Medical Directives (History, Physical Assessment, Diagnostics and Therapeutics)</p> <p>Direct Order</p>



Care Coordination:

1. Assessment of patients. Complete history and physical examination (as per Medical Directive 001).
2. Document (consultation note or progress note):
 - findings of assessment
 - results of laboratory and diagnostic tests
 - differential diagnosis and a working diagnosis
 - proposed diagnostic and therapeutic interventions

Discuss all of them with supervising physician

3. Order diagnostic and therapeutic procedures (as outlined in Medical Directive 002) All clinical skills to have been supervised and approved by Inpatient Family Medicine staff physicians.
4. Implement telephone orders from supervising physicians in collaboration with other members of the team. Ensure orders are co signed within 24 hours.
5. Liaise between supervising physician and other members of the interdisciplinary team regarding relevant changes to individual care of the patient t. Attend and participate in unit based patient rounds o ensure consistency in plan of care and proactive discharge planning.
6. Teach and counsel patients and families regarding diagnosis, recommended treatment plans, prevention/reduction of risk factors, follow-up plan and expected date of discharge after discussing with supervising physician
7. Prepare written or dictated Discharge summaries and ensure supervising physician writes discharge order and prescriptions
8. Follow patients daily as delegated by supervising physician

Addressing Differences:

Consult and refer to _____/Administrative Lead

Competency Indicators:	Plan for completing Level 1 Assessment: Done
	Competency Checklists (Core & Procedural): To be completed and attached to Practice Outline.
Supporting Protocols:	PAs should be well versed in: Common Medical Diagnoses and their treatment (as per supervising physicians) Medical Directive 001 Medical Directive 002
References:	

Underlying Principles:

- 1 . In the absence of the most responsible physician, the PA will work within their scope of practice towards initiating/continuing the patient's plan of care.
2. The expectation is that- the PA has a direct conversation with their supervising physician outlining the patient's status and symptoms to receive a direct order to be initiated.
3. Competency indicator documentation must be completed and attached to the Practice Outline.
4. If an issue arises on the Inpatient unit, the PA will be paged back to the unit.
5. The PA role is not intended to duplicate roles or work that is already being done.
6. Identified gaps in service are to be the priority.

7. PA practice allocation is as follows:

- Inpatient units: _80 %.
- Emergency Department _20____%

