

## MEDICAL DIRECTIVE MANUAL

<b>Name and Description of Procedure/Treatment/Intervention Being Ordered:</b> <h3 style="margin: 0;">Discharge Planning</h3>		<b>Date Developed:</b>	<b>Revised Reviewed:</b>	<b>Page Number</b>	<b>Medical Directive #</b>
<b>Category: e.g. OR, ER, ICU, CCU, Paed, Medicine:</b> <h3 style="margin: 0;">Medicine</h3>					<b>PA Medical Directive Medicine -003-0</b>
<b>Next Review:</b>	<b>Issuing Authority:</b>	<b>Status</b>		<b>Approval By:</b>	
	Interprofessional Practice Committee Medical Advisory Committee				

Approvals:	Signature	Approval Date:
Department Chief Name:		
Program Medical Director Name:		
Administrative Director Name:		
Director, Laboratory Medicine Name:		
Director, Diagnostic Imaging Name:		
Chair, Pharmacy & Therapeutics Committee Name:		
Chair, Interprofessional Practice Committee Name:		
Medical Advisory Committee Name:		

Physician group supporting the delegation: In-Patient Family Medicine/ Internists
Professional group accepting the delegation: Physician Assistants

Name and Description of Procedure/Treatment/Intervention Ordered: <b>Discharge Order and Associated Planning</b>
Clinical Conditions Required: <b>See appended Order Table</b>
Situational Circumstances Required: <b>Discharge Planning</b>
Indications / Contraindications: <b>Adult patient 18 years and older and admitted under supervising physician's service who is ready for discharge from hospital</b>
Physician's Order:
Professional Group Authorized to Implement the Medical Directive: (see attached: Professional Group Authorized to Implement the Medical Directive Form) Physician Assistants: Physician Assistant— Medicine (see attached <i>Authorized Approval Form</i> )
Names and Signatures of Physician(s) Authorized and Responsible for the Medical Directive and Date Effective: (see attached <i>Authorizer Approval Form</i> ) in-Patient Family Medicine / Internists (see attached <i>Authorized Approval Form</i> )

Medical Directives (continued)		Page Number	Document Number
Filename		1	2.0
<b>Order Table</b>			
This table should not be relied upon in the absence of: Diagnostics and Therapeutics Medicine-002-0			
Medical Directive	Order	Indications/Contra-indications and Guidelines	
Discharge Planning	<p>PA may implement an order for any of the following:</p> <ol style="list-style-type: none"> <li>1. Write verbal order from supervising physician for discharge</li> <li>2. Dictate discharge summary</li> <li>3. Sign the print out of computer generated medication list report from the power chart on discharge for medications which patient is already taking during hospital stay And/or will continue to take after discharge</li> <li>4. Order follow-up plan (MD consult or diagnostic work —up) required on discharge</li> </ol>	<p><b>Indications:</b> Adult patient 18 years and older and admitted under supervising physician's service who is ready for discharge from hospital</p> <p><b>Contra-indications:</b></p> <p><b>Guidelines:</b></p> <ol style="list-style-type: none"> <li>1. PA will implement these orders after discussing with supervising physician and after getting verbal approval from supervising physician</li> <li>2. PA will stamp patient's hospital card on the print out of computer generated medication list report</li> <li>3. PA will write Her/His full name, designation, signature and date on prescription</li> <li>4. PA will write Supervising physician's full name and his/her CPSO number on prescription</li> </ol> <p>PA will write medical directive number on prescription.</p>	



