

MEDICAL DIRECTIVE MANUAL

Name and Description of Procedure/Treatment/Intervention Being Ordered: History and Physical examination		Date Developed:	Revised / Reviewed:	Number	Medical Directive # Professional Discipline – Service - # e.g. PA-Med-1
Category: e.g. OR, ER, ICU, CCU, Paed, Medicine: Neurology					Medical Directive PANeuro-001-01
Next Review:	Issuing Authority:	Status	Approval By:		
	Interprofessional Practice Committee Medical Advisory Committee				

Approvals:

Signature:

Approval Date:

Physician Group Supporting Delegation: Name: Medicine - Neurology		
Professional Group Accepting Delegation Name: Physician Assistant		
Program Director, Medical Director (Program Governing Council) Name:		
Director, Professional Practice (Professional Practice Committee) or Chair Pharmacy and Therapeutic Committee Name:		
Medical Advisory Committee Name:		

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.

Clinical Conditions Required:

- Adult patients \geq 18 yrs of age who are:
 - 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

Situational Circumstances Required:

Consent

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.

MEDICINE SERVICE UNIT MANUAL

Indications / Contraindications:

See attached Order Table.

PATIENT CARE MANUAL

Medical Directives (continued)	Page Number	Document Number
Filename	2 of 3	

- The term "instrument" will only refer to the following: otoscope, ophthalmoscope, nasal speculum, reflex hammer, flash light, sterile needles to examine sensation, tongue depressor, tuning fork, stethoscope.

Physician's Order:

- The PA may not put an instrument* , hand or finger
 - I. Beyond the opening of the urethra.
 - II. Beyond the anal verge.
 - III. Into an artificial opening into the body.

To perform a physical exam.

Professional Group Authorized to Implement the Medical Directive: (see attached: Professional Group Authorized to Implement the Medical Directive Form)

Physician Assistants- Medicine (Neurology)

Names and Signatures of Physician(s) Authorized and Responsible for the Medical Directive and Date Effective: (see attached Authorizer Approval Form)

PATIENT CARE MANUAL

Medical Directives (continued)		Page Number	Document Number
Filename		3 of 3	
Order Table			
This table should not be relied upon in the absence of: History and Physical Examination PA-Neuro-001-01			
Patient Population	Orders	Indications/ Contraindications and Guidelines	
<p>Being referred for consultation by a physician with hospital privileges to a supervising physician who has approved this directive</p> <p>Being referred for consultation by a physician for outpatient assessment to supervising physician who has approved this directive</p>	<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: <p>Put an "instrument", hand or finger:</p> <ol style="list-style-type: none"> i. Beyond the point of the nasal passages where they normally narrow. ii. Beyond the anal verge. iii. 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, ophthalmoscope, nasal speculum, reflex hammer, flash light, sterile needles to examine sensation, tongue depressor, tuning fork, stethoscope. • ** The performance of a pelvic bimanual examination or vaginal speculum exam is not permitted • PA can perform gag reflex and comeal 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

Area of Practice: - Inpatients Wards and Intensive Care Units, Emergency Department at (*hospital name*);

- Outpatient Neurology Service including Stroke Clinic, Memory Clinic and General Neurology Clinic

Roles & Responsibilities:

Physician Assistant provides consultation with thorough history and relevant physical exam of the Patients admitted to (*hospital name*) as requested by referring physician for a Neurological Consultation. Physician Assistant then document findings and report them to supervising physician. Based on clinical scenario PA may implement Diagnostic and Therapeutic Medical Directive in order to establish diagnosis or initiate treatment.

Practice Arrangements:

Supervision and Reporting Structure/Requirements:

(i.e. Supervising Physician, Area Manager)

Supervision and Reporting:

Administrative Lead:

Supervising Physician:

Clinical Duties & Authority:

Under direct supervision

Under Medical Directives (History and Physical assessment, Diagnostic and Therapeutics)

Under Direct Order

Care Coordination:

(Include the process for implementing a physician's direct order and the process for implementing a physician's order using a medical directive)

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 above with supervising physician and dictating a full consultation report
3. Order Diagnostic and Therapeutic procedures (as outlined in Medical Directive Neurology-002). All clinical skills to have been supervised and approved by Neurology staff physicians.
4. Implement telephone orders from supervising physicians in collaboration with other members of the team. Ensure physician cosigns orders within 24 hours.
5. Liaise between supervising physician and other members of the interdisciplinary team regarding relevant changes to individual care of the patient. Attend and participate in unit based patient rounds to ensure consistency in plan of care and proactive discharge planning.
6. Teach and counsel patients and families regarding diagnosis, prevention/reduction of risk factors, follow-up plan and expected date of discharge after discussing with supervising physician.
7. Follow patients as needed or as delegates by supervising physician.
8. Prepare written or dictated discharge recommendations, arrange follow-up appointments with Neurology service

Educational Facilitator:

1. Provide in service teaching within area of expertise to multidisciplinary team members, health care students including medical students, physician assistants and nursing staff.
2. Aim of teaching to improve symptoms recognition and treatment of common neurological presentation

Process for resolving differences in opinion: Consult and refer to N.Cournoyea (Administrative Lead)

Competency Indicators:	
Competency Checklists (Core & Procedural): To be completed and attached to Practice outline	
Supporting Protocols: PA should be versed in: Common Medical Neurological Diagnoses and their Treatment (as per supervising physicians) Medical Directive Neurology-001 Medical Directive Neurology-002	
References:	
Signatures:	
Physician Sponsor(s): Name(s):	Signature(s):
Administrative Sponsor(s): Name(s):	Signature(s):

Underlying Principles:

- 1 . In the absence of supervising physician, the PA will work within his/her scope of practice in collaboration with most responsible physician 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 of work is already being done.
6. Identified gaps in services are to be priority.
7. PA practice allocation is as follows:
 - Inpatient Units: 75%
 - Emergency Department 20%
 - Outpatient Service 5%

