

## PATIENT CARE MANUAL: MEDICAL DIRECTIVE

Name and Description of Procedure/Treatment/intervention Being Ordered: <b>Diagnostics and Therapeutics</b> <b>Postoperative Complications</b>		Date Developed:	Revised / Reviewed:	Number	Medical Directive # Category - # - Revision # e.g. OR-001-0
Category: e.g. OR, ER, ICU, CCU, Paed, Medicine: Orthopaedics					PA Medical Directive Onh0-002-1.0
Next Review:	Issuing Authority:	Status	Approval By:		
	Professional Practice Committee Medical Advisory Committee				

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

<p>Name and Description of Procedure/Treatment/Intervention Ordered:</p> <p><input type="checkbox"/> Management of Post-operative Complications</p> <p>Physician Assistants (PAs) may implement orders for and/or perform diagnostic and therapeutic procedures as ordered on the appended Order Table, in accordance with the condition identified in this directive. (May further identify orders, e.g. Orders for procedures include those for:</p> <ul style="list-style-type: none"> <li>▪ Labwork (Blood, Urine, Stool and Swab specimens)</li> <li>▪ Diagnostic Procedures (e.g. ECG, spirometry)</li> <li>▪ Diagnostic Imaging</li> <li>▪ Medications (No narcotics at this time due to Controlled Drug and Substances Act)</li> </ul>
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**PATIENT CARE MANUAL:**

Medical Directives (continued)	Page Number	Document Number
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Therapeutic Interventions		
Clinical Conditions Required: [Must be detailed and specific]		
See appended Order Table		
Situational Circumstances Required: [If necessary — must be detailed and specific] i.e. Consent		
<input type="checkbox"/> 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. <b>ORTHOPEDIC SERVICE UNIT MANUAL</b>		
Indications / Contraindications: [should be very thorough, detailed and comprehensive]		
<ol style="list-style-type: none"> <li>1. Patients must have a working diagnosis given by the PA's supervising physician and/or have presenting complaints as identified on the appended Order Table</li> <li>2. Unless noted on the Order Table:                             <ol style="list-style-type: none"> <li>a. Diagnostic orders may be implemented for patients registered to a supervising attending physician and those referred for consultation.</li> <li>b. Therapeutic orders may only be implemented for registered patients.</li> </ol> </li> <li>3. Indications for medications are as noted in the following Order Tables.</li> <li>4. See appended Order Table for specific presenting complaints, working diagnoses and indicators.</li> </ol>		
Physician's Order:		
See appended Order Table		
To Professional Group Authorized to Implement the Medical Directive: (Identified by Name and Professional Designation):		
<input type="checkbox"/> Physician Assistants- Orthopaedics  Names and Signatures of Physician(s) Authorized and Responsible for the Medical Directive and Date Effective  All Orthopaedic Physicians		

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Medical Directives (continued)		Page Number	Document Number
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<b>Order Table</b>			
<b>This table should not be relied upon in the absence of: Diagnostics and Therapeutics Ortho-002-1.0</b>			
Presenting Complaints	Order	Indications/Contraindications and Guidelines	
Fever (temperature $\geq 37.7^{\circ}\text{C}$ )	<p>PAs may implement an order for any of the following tests if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Complete Blood Count</li> <li>▪ Urea, Creatinine, Electrolytes, ESR</li> <li>▪ Chest X-ray</li> <li>▪ Urine Analysis</li> <li>▪ Urine Culture and Sensitivity</li> <li>▪ Blood Culture</li> <li>▪ C-difficile toxin</li> </ul> <p>PA will check patient allergy status prior to implementing an order for acetaminophen oral or rectal: 325-650 mg every 4-6 hours PRN (do not exceed 4 g/day)</p>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients, for suspected infection or suspected inflammatory process.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> For postoperative patients use most common presentation with regards to time from surgery.</p>	
Cough (acute or exacerbation of chronic cough)	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Chest x-ray (PA/LAT or portable)</li> <li>▪ Complete Blood Count</li> </ul> <p>If cough is associated with sputum and fever (temperature <math>\geq 37.7^{\circ}\text{C}</math>) PAs may implement an order for any of the following tests if indicated after assessment:</p> <ul style="list-style-type: none"> <li>▪ Blood culture</li> <li>▪ Sputum Gram Stain</li> <li>▪ Sputum Culture and Sensitivity</li> <li>▪ Sputum for AFB</li> <li>▪ PFT</li> <li>▪ Consultation of Medicine service (Must be cosign by Physician)</li> </ul> <p>If cough is associated with Hemoptysis PAS may implement an order for any of the following tests if indicated after assessment:</p> <ul style="list-style-type: none"> <li>▪ INR</li> <li>▪ PTT</li> </ul>	<p><b>Indications:</b> Adult orthopaedic patients, for suspected acute or exacerbated chronic respiratory disease.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> If cough is associated with Hemoptysis PAS must contact supervising physician immediately.</p>	

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Medical Directives (continued)	Page Number	Document Number
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<b>Order Table</b>		
<b>This table should not be relied upon in the absence of: Diagnostics and Therapeutics Ortho-002-1.0</b>		
<b>Presenting Complaints</b>	<b>Order</b>	<b>Indications/Contraindications and Guidelines</b>
Acute onset of shortness of breath	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Check or review vitals with RN (Stat)</li> <li>▪ 12 leads EKG (Stat)</li> <li>▪ Complete Blood Count</li> <li>▪ BUN, Creatinine, Electrolytes</li> <li>▪ Chest X-ray (PA/LAT or portable)</li> <li>▪ Cardiac Enzymes (Stat)</li> </ul>	<p><b>Indications:</b> Adult orthopaedic patients, for suspected acute onset shortness of breath.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> Call MD immediately after orders</p>
Acute non-traumatic chest pain	<p>PAS may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Check or review vitals with RN (Stat)</li> <li>▪ 12 leads EKG (Stat)</li> <li>▪ Complete Blood Count</li> <li>▪ BUN, Creatinine, Electrolytes</li> <li>▪ Chest X-ray</li> <li>▪ Cardiac Enzymes (Stat)</li> <li>▪ Give patient ASA 325 mg orally x 1 (Stat)</li> </ul>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients with acute onset of chest pain.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> Call MD immediately after orders</p>

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Medical Directives (continued)		Page Number	Document Number
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<b>Order Table</b>			
<b>This table should not be relied upon in the absence of: Diagnostics and Therapeutics Ortho-002-1.0</b>			
Presenting Complaints	Order	Indications/Contraindications and Guidelines	
Constipation	<p>PA will check patient allergy status prior to implementing an order for any of the following medication, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Docusate 100 mg PO BID</li> <li>▪ Senna 8.6mg 2 tab PO QHS (Standing/PRN)</li> <li>▪ Lactulose 30 cc PO BID (Standing/PRN)</li> <li>▪ Bisacodyl 10 mg, I suppository PR daily PRN</li> </ul> <p>If no bowel movement with above regimens PA may order fleet enema PRN</p> <p>If patient is constipated and on examination bowel sounds are absent, PA can order the following x-ray:</p> <ul style="list-style-type: none"> <li>▪ Three Views of the Abdomen</li> </ul>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients with no bowel movements for more than 3 days, or history of chronic constipation</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> Call MD immediately after abdominal x-ray</p>	
Acute Dysuria	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Urine R&amp;M</li> <li>▪ Urine C&amp;S</li> </ul> <p>If patient has confirmed Urinary Tract Infection/cystitis, PA will check patient allergy status prior to implementing an order for cotrimoxazole double strength (DS) 1 tablet orally BID x 3 days</p>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients with frequent urination or pain during urination (burning sensation)</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> For other specific urethritis, or kidney involvement call MD for consult</p>	

PATIENT CARE  
MANUAL:

Medical Directives (continued)		Page Number	Document Number
Filename		6 of 7	2.0
<b>Order Table</b>			
<b>This table should not be relied upon in the absence of: Diagnostics and Therapeutics Ortho-002-1.0</b>			
Presenting Complaints	Order	Indications/Contra-indications and Guidelines	
Acute urinary retention	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Urine R&amp;M</li> <li>▪ Urine C&amp;S</li> <li>▪ Insert or order urethral catheterization</li> </ul> <p>PAs will review patient Past Medical History, Social History, list of past and current medications in connection with clinical findings.</p>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients who is unable to void.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> PA should contact MD to report findings and to discuss further diagnostic or management plan.</p>	
Acute swelling of extremities	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Doppler US to rule out DVT</li> <li>▪ Chest X-Ray if by shortness of breath and orthopnea</li> <li>▪ ECG (Stat) with cardiac enzymes (q 8 hours) if suspected acute coronary syndrome</li> <li>▪ LFTs if suspected liver disease</li> <li>▪ Urine R&amp;M, BUN and Creatinine if suspected kidney disease</li> <li>▪ CBC with WBC differential if suspected skin infection</li> </ul> <p>PAs will review patient Past Medical History, Social History, list of past and current medication in connection with clinical findings.</p>	<p><b>Indications:</b> Adult orthopaedic patients (pre or postoperatively) with acute swelling of extremities.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> PA should contact MD to report findings and to discuss further diagnostic or management plan.</p>	

## PATIENT CARE MANUAL

Medical Directives (continued)		Page Number	Document Number
Filename		7 of 7	2.0
Order Table			
This table should not be relied upon in the absence of: Diagnostics and Therapeutics Ortho-002-1.0			
Presenting Complaints	Order	Indications/Contraindications and Guidelines	
Acute confusion	<p>PAs may implement an order for any of the following tests, if indicated after physical assessment (see: Ortho-001-1.0):</p> <ul style="list-style-type: none"> <li>▪ Electrolytes, including Calcium</li> <li>▪ Capillary Blood Glucose</li> <li>▪ LFTs, BUN, Creatinine</li> <li>▪ Serum drug level (if suspected)</li> <li>▪ Urine toxicity screen</li> <li>▪ Urine C&amp;S, R&amp;M</li> </ul> <p>PAs will review patient Past Medical History, Social History, list of past and current medication in connection with clinical findings.</p>	<p><b>Indications:</b> Adult (pre or postoperatively) orthopaedic patients with acute change from baseline level of cognition or disturbance of consciousness.</p> <p><b>Contraindications:</b> Patient refusal</p> <p><b>Guidelines:</b> PAs contact MD immediately to provide information and discuss further management plan.</p>	

**PRACTICE OUTLINE**

**IDENTIFYING INFORMATION**

Professional Designation:	Physician Assistants on Orthopedics in Surgery Health Service
Practice Arrangements:  Operating Room	<b>Supervision and Reporting:</b>  Administrative Lead:  Supervising physicians:  <b>Other Supervising Physicians:</b>
	<b>Clinical Duties &amp; Authority:</b> Under Medical Directives: Physical Assessment & History (ortho-001-1.0); Post op Complications, Diagnostics and Therapeutics (ortho-002-1.0) Direct Order
	<b>PA in the operating room performs under direct supervision of staff Orthopedic physicians. Their duties include:</b> 1. Assist in preparation and draping of patients. 2. Surgical assist (wound opening, bleeding control, suction, wound closure). Supervising physician should establish readiness for these procedures.
Competency Indicators:	
Supporting Protocols:	
References:	



**PRACTICE OUTLINE**

**IDENTIFYING INFORMATION**

Professional Designation:	Physician Assistants on Orthopedics in Surgery Health Service
Practice Arrangements:  Emergency Room	<p><b>Supervision and Reporting:</b> Administrative Lead: Supervising physicians:</p> <p><b>Other Supervising Physicians:</b></p>
	<p><b>Clinical Duties &amp; Authority:</b> Under Medical Directives: Physical Assessment &amp; History (ortho-001-1.0); Post op Complications, Diagnostics and Therapeutics (ortho-002-1.0) Direct Order</p>
	<p><b>PA may be called to the Emergency Department to assist with relevant Orthopedic cases. PA in the ED work under direct supervision of staff Orthopedic Physicians. Their duties include:</b></p> <ol style="list-style-type: none"> <li>1. Collect history and perform relevant Physical Examination (as outlined in Medical Directive ortho001-1.0).</li> <li>2. Present results to supervising physicians with proposal of diagnostic and therapeutic interventions.</li> <li>3. Identify and manage pre-operative complications by ordering diagnostic procedures and/or medications (as outlined-in Medical Directive ortho-002-1.0).</li> <li>4. Perform diagnostic and therapeutic procedures as outlined in Medical Directive O ortho-002-1.0, (joint aspiration for culture and sensitivity, injection of medication intra-articularly</li> </ol>
Competency Indicators:	

Supporting Protocols:	
References:	

**PRACTICE OUTLINE**

**IDENTIFYING INFORMATION**

Professional Designation:	Physician Assistants on Orthopedics in Surgery Health Service
Practice Arrangements:  Fracture Clinic	<p><b>Supervision and Reporting:</b> Administrative Lead: Supervising physicians:</p> <p><b>Other Supervising Physicians:</b></p>
	<p><b>Clinical Duties &amp; Authority:</b> Under Medical Directives: Physical Assessment &amp; History (ortho-001,,1.0); Post op Complications, Diagnostics and Therapeutics (ortho-002-1.0) Direct Order</p>

	<p><b>PA in the Fracture Clinic practice under direct supervision of staff Orthopedic Physicians. Their duties include:</b></p> <ol style="list-style-type: none"> <li>1 . Collect history and perform relevant physical examination of patient referred for consultation to supervising physician.</li> <li>2. Present assessment to supervising physicians with proposal of management. After approval, arrange diagnostic procedures, consultation or laboratory testing according to existing protocol.</li> <li>3. Perform diagnostic and therapeutic procedures as outlined in Medical Directive: Diagnostics and Therapeutics (ortho-002-1.0), such as joint aspiration for culture and sensitivity, injection of medication intra-articularly.</li> <li>4. Record results of consultation by using telephone dictation system.</li> <li>5. Assist in application of casts.</li> <li>6. In some circumstances, such as urgent admission, PA's can perform history and physical assessment for suitability to surgery. Supervising physician should co sign these findings.</li> </ol>
Competency Indicators:	
Supporting Protocols:	
References:	

**PRACTICE OUTLINE**  
**ITLINE**

**IDENTIFYING INFORMATION**

Professional Designation:	Physician Assistants on Orthopedics in Surgery Health Service
Practice Arrangements:  Inpatient Surgery	<p><b>Supervision and Reporting:</b> Administrative Lead: Supervising physicians:</p> <p><b>Other Supervising Physicians:</b></p>
	<p><b>Clinical Duties &amp; Authority:</b> Under Medical Directives: Physical Assessment &amp; History (ortho-001-1.0); Post op Complications, Diagnostics and Therapeutics (ortho-002-1.0) Direct Order</p>

**Care Coordination: Orthopedic Unit:**

1. Meet daily in am with PCC to review ad on (non elective) pts to determine OR readiness. (Follow up with OR, Diagnostics, consults).

The PA will participate in preoperative assessment of orthopedic patients with regards to completion of medical records, necessary consultations and investigations. Ensure complete documentation in preoperative phase (anaesthesiology and medicine consults, Echo, blood work, etc) to avoid unnecessary delays of surgery.

2. Assessment of patients. Complete history and physical examination (as per Medical Directive ortho-001-1.0).
3. Identify and manage perioperative complications of Orthopedic patients by ordering diagnostic procedures and/or medications appropriate to each individual case (as outlined in Medical Directive ortho-002-1.0).
4. Liase between supervising Orthopedic physicians and other allied health professionals regarding complications or relevant changes to individual care of the patient. Attend unit based patient rounds.
5. Perform diagnostic and therapeutic interventions such as insertion of urinary catheter, needle aspiration of joints, collection of specimens for analysis (swab specimen for culture and sensitivity), placement of peripheral IV access, and venipuncture. All clinical skills to have been supervised and approved by Orthopedic staff physicians.
6. Implement telephone orders from supervising physicians in collaboration with other members of the Team. Ensure orders co signed within 24 hrs.
7. Teach & Counsel patients/ families regarding recommended treatment plans, surgery and expectations for discharge planning.

	<p><b>Addressing Differences:</b> Consult &amp; Refer to staff man / Administrative lead</p>
Competency Indicators:	<p><b>Plan for completing Level 1 Assessment:</b> Done</p>
	<p><b>Competency Checklists (Core &amp; Procedural):</b> To be completed and attached to Practice Outline</p>

Supporting Protocols:	<p><b>PA's should be well versed in:</b>  Ortho pathways: Total Hip / Knee, Fracture Hip, Bilateral knees  Medical Directives: Physical Assessment &amp; History (ortho-001-1.0), Post op Complications, Diagnostics and Therapeutics (ortho-002-1.0).</p>
References:	
<p><b>Underlying Principles:</b></p> <ol style="list-style-type: none"> <li>1. In the absence of the most responsible physician, the PA is striving to advance the achievement of the patient's orthopedic goals.</li> <li>2. The expectation is that the PA has a direct conversation with their supervising physician outlining the patients' status and symptoms to receive a direct order to be initiated.</li> <li>3. Direct orders not be initiate without physician consultation in cases of hypovolemia and hypotension.</li> <li>4. Competency indicator documentation must be completed and attached to the Practice Outline.</li> <li>5. If an issue arises on the Inpatient Orthopedic Unit, the PA will be paged back to the unit.</li> <li>6. Practice Outline and Competency Profile to be reviewed on an annual basis or as required.</li> </ol> <p><b>Note:</b>  PA role not intended to duplicate roles or work that is already being done (work of bargaining unit).  Identified gaps in service are to be the priority. PA practice allocation is as follows:  Orthopedic Inpatient Unit: 70% of time  Fracture clinic: 20%  Operating Room: 10%  Emergency Room: marginal</p>	



