

MANUAL: PHYSICIAN ASSISTANT

CATEGORY: Medical Directive

SUBSET: Physician Assistant (PA)

SECTION: Oncology

NUMBER: MED DIR -

TITLE: Ordering Diagnostic Tests

PAGE: Page 1 of 2

ISSUED BY: Medical Advisory Committee

DATE: April 5, 2011

REFERENCE: See end of directive

REVIEWED:

REVISED:

SITE/PROGRAM: - Oncology

AUTHORIZING PHYSICIANS: Medical Oncologist

CRITERIA:

1. Any patient under the care of the Oncologist or for consultation by an Oncologist.
2. The Oncologist deems the PA to have the ability and judgment to implement the medical directive.
3. The patient consents to the plan of care and to receiving care from the Physician Assistant

EXCEPTION TO CRITERIA:

1. Any patient not under the care of the Oncologist or identified Oncologists.
2. The PA does not possess the ability and judgment to implement the medical directive.
3. The patient exhibits any of the contraindications for the specific procedure or diagnostic test

INITIATED BY: Physician Assistant, Oncology

PHYSICIAN NOTIFICATION:

1. Any exception criteria met.
2. The authorized analysis and interpretation of an x-ray film, ultrasound or ECG is the responsibility of a radiologist or qualified professional. PA's are expected to consult with the radiologist or another qualified professional if the interpretation of such tests requires clarification.

PROCEDURE FOR DIRECTIVE:

1. The PA on the authority of this medical directive is authorized to order diagnostic tests as outlined in Appendix A in - for patients in the Oncology Program.
2. The ordering of these diagnostic tests will be done in order to: confirm the diagnosis of an episodic illness or injury as suggested by the client's history and/or physical findings; rule out a potential diagnosis that would require physician consultation, if present; assess and monitor ongoing conditions of stable chronic illnesses; and/or screen for diseases.
3. Specific orders will be written and signed by the PA with reference to medical directive and responsible physician's name. Order must include the type of test/procedure required, the necessary views, and the clinical reason for the tests.
4. Develop appropriate follow-up based on diagnostic results, history and physical, laboratory results, medication profile and clinical presentation.
5. Documentation will follow current corporate policy for documentation.

SANCTIONED BY: Medical Advisory Committee

DATE: April 5, 2011

DATE OF REVIEW: October 1st 2011

MANUAL: PHYSICIAN ASSISTANT

CATEGORY: Medical Directive

SUBSET: Physician Assistant (PA)

SECTION: Oncology

NUMBER: MED DIR - 2

TITLE: Ordering Diagnostic Tests

PAGE: Page 2 of 2

ISSUED BY: Medical Advisory Committee

DATE: April 5, 2011

REFERENCE: See end of directive

REVIEWED:

REVISED:

Appendix A

Diagnostic Tests Authorized to the Physician Assistant in Oncology

Laboratory

Type and Crossmatch
Serum Magnesium
PT/INR/PTT
BUN
LDH
PSA
CEA, CA 15-3, CA-19, CA125
Beta HCG
Alpha Fetoprotein
Ferritin
Trponin
CKMB
Calcium
Phosphorus
Albumin
CBC w/ Differential
Electrolytes

Liver Function Tests
Renal Function Tests
Serum Iron
TIBC
D-Dimer
B12
Folate
Estrogen
Progesterone
Blood Cultures
Urine Cultures
Beta 2 microglobulin
Serum Protein Electrophoresis with IF
Urine Protein Electrophoresis with IF
Serum Light Chain
Point of Care Blood Sugar Testing

Diagnostic Tests

Bone Scan
CT (head, chest, abdomen, pelvis)
MUGA Scan
Echocardiogram
Doppler
ECG
Xray
Ultrasound

Consults

CCAC
Social Work
Dietitian
Physiotherapy
Occupational Therapy