	POLICY Number: 7311-60-027 Title: MEDICAL DIRECTIVES
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Interprofessional Practice, Education & Research Cross Index: 7311-60-004 Date Approved: February 14, 2012 Date Revised: April 28, 2016 Date Effective: May 19, 2016 Date Reaffirmed: Scope: SHR

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DEFINITIONS

Direct Order means a prescription for a procedure, treatment or intervention for a particular Patient. A Direct Order is written by an individual Practitioner for a specific intervention to be administered at a specific time for a specific Patient. May be written, printed or verbal, and requires the signature of the attending Practitioner or medical resident.

Health Care Professional (HCP) means health care providers who are licensed to provide treatment and have a defined scope of professional practice which does not include prescription authority.

Medical Directive means a prescription for a protocol, procedure, treatment or intervention that may be performed for a range of Patients who meet certain conditions. It is always printed and **does not** require the signature of the attending Practitioner or medical resident.

Patient means patient, client or resident.

Practitioner means physicians, dentists, chiropractors and midwives.

Review means a collaborative and inclusive process of consultation involving all stakeholders, resulting in no substantive change to the content of the directive. A reviewed Medical Directive may be reformatted.

Revision means a collaborative and inclusive process of consultation involving all stakeholders, resulting in substantive change to the content of the directive. A revised Medical Directive may also be reformatted.

1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR's) requirements regarding Medical Directives including the standards for the development, Review, Revision and approval of all Medical Directives.

2. PRINCIPLES

- 2.1** Medical Directives promote safe, timely, consistent and high quality patient care.
- 2.2** All Practitioner orders or prescriptions for a procedure/treatment/intervention must exist in one of two forms: Direct Order or Medical Directive.
- 2.3** Knowledge, skill and judgment are essential for implementing all Practitioner orders, and no order for treatment should be implemented automatically, without an assessment of the individual Patient. A Medical Directive is intended to provide direction for standard best practice care in:
 - 2.3.1** Common care situations where Patient outcomes are predictable and assessment by a Practitioner is not required, or
 - 2.3.2** Common emergency situations to provide timely, standard lifesaving care before a Practitioner is able to attend.

3. POLICY

- 3.1** A Medical Directive identifies a specific treatment or range of treatments or interventions, the specific Patient conditions that must be met and any specific circumstances that must be met before the Medical Directive can be implemented.
- 3.2** Development of a Medical Directive requires a collaborative and inclusive process involving all potential groups of HCPs affected (directly or indirectly) by the Medical Directive. At a minimum, a Practitioner, Manager responsible for clinical practice, and key stakeholders will be involved in the development.
- 3.3** The head of the medical department(s) in which a Medical Directive is used shall assume responsibility for its use.
- 3.4** The group of HCPs involved in developing the Medical Directive shall determine which HCPs may initiate the Medical Directive including, but not limited to: Advanced Care Paramedic (ACP), Licensed Practical Nurse (LPN), Occupational Therapist (OT), Physical Therapist (PT), Registered Nurse (RN), Respiratory Therapist (RT).
- 3.5** Medical Directives are reviewed at least every three years or as required by professional standards, by the appropriate interprofessional health care team.
 - 3.5.1** Medical Directives to licensed nurses must be reviewed annually.
- 3.6** All new, reviewed and revised Medical Directives require approval from applicable professional and operational leads.
- 3.7** All new and revised Medical Directives require approval from the Practitioner Advisory Council (PAC).

3.8 All Medical Directives receive final approval from the Vice President, People, Practice and Quality.

3.9 The Medical Directives Committee, reporting to the Director, Interprofessional Practice, Education & Research, will oversee and support the development, Review, Revision and approval of all Medical Directives.

4. ROLES AND RESPONSIBILITIES

4.1 Medical Department Head(s)

- 4.1.1 Accountable for development, Review and Revision of Medical Directives sponsored by their department. The development, Review and Revision may be delegated.
- 4.1.2 Approve new, reviewed and revised Medical Directives sponsored by their department, and approve those for which they are stakeholders.
- 4.1.3 Ensure all Practitioners within the service are aware of all approved Medical Directives.
- 4.1.4 Rescind Medical Directives that are no longer appropriate.

4.2 Practitioners in departments using Medical Directives

- 4.2.1 Know all Medical Directives in effect for the department.
- 4.2.2 Be available for consultation if there are concerns about implementing a Medical Directive.
- 4.2.3 Follow-up based on results of tests.

4.3 Director

- 4.3.1 Approve new, reviewed and revised Medical Directives for their service.

4.4 Practice Leader

- 4.4.1 Approve new and revised directives on behalf of their discipline.
- 4.4.2 In the absence of identified Practice Leader, the Director performs this function.

4.5 Vice President, People, Practice and Quality

- 4.5.1 Provide final approval of all Medical Directives.

4.6 Manager

- 4.6.1 Ensure HCPs receive education as needed in the use of Medical Directives.
- 4.6.2 Ensure Medical Directives are accessible to HCPs.
- 4.6.3 In community/clinic settings ensure Medical Directives are documented in program policy.

4.7 HCP who initiate a Medical Directive

- 4.7.1 Considers the known risks to the Patient of implementing the Medical Directive.
- 4.7.2 Must possess the knowledge skill and judgment required to safely implement the Medical Directive.
- 4.7.3 Consider the predictability of the outcomes.
- 4.7.4 Determine that management of the possible outcomes is within the scope of his or her practice; and if so, whether he or she is competent to do so.

- 4.7.5 Ensure, for the purpose of reporting results and follow up care, that the name of the responsible Practitioner is provided with orders for testing/treatment sent to other departments (e.g. medical imaging, laboratory).
- 4.7.6 Document the use of the Medical Directive on the individual Patient record, where such records are in use.
- 4.7.7 In community/clinic settings, be aware of location of program policy which documents the Medical Directive.

4.8 Medical Directives Committee

- 4.8.1 Provide guidance to staff and Practitioners developing, reviewing or revising Medical Directives.
- 4.8.2 Review and recommend approval of new, reviewed and revised SHR Medical Directives.
- 4.8.3 Ensure form numbers are assigned as required for a new Medical Directives.
- 4.8.4 Maintain a list of current SHR Medical Directives (Appendix A) and maintain records of Medical Directive approvals.
- 4.8.5 Remove expired Medical Directives from catalogue in consultation with the sponsoring department.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Interprofessional Practice, Education & Research.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

Capital Health, Nova Scotia, *Medical Directives*, 2009

College of Nurses of Ontario, *Directives*, 2014

College of Registered Nurses of Nova Scotia, *Care Directives: Guidelines for Registered Nurses*, 2012

Regina Qu'Appelle Health Region, *Physician Orders*, 2007

Saskatchewan Registered Nurses Association, *Standards for RN Specialty Practices*, September 2015

The Hospital for Sick Children, *Management of Medical Directives*, 2011

The Ottawa Hospital, *Guidelines for the Development of Directives*, April 2010

PROCEDURE 1 OF 2

Number: 7311-60-027

Title: Medical Directives Development

Authorization

- President and CEO
 Vice President, Finance and Corporate Services

Source: Director, Interprofessional Practice, Education & Research

Cross Index: 7311-60-004

Date Approved: February 14, 2012

Date Revised: April 28, 2016

Date Effective: May 19, 2016

Date Reaffirmed:

Scope: SHR

1. PURPOSE

The purpose of this procedure is to provide standards for the development, consultation, activation, review and revision of all Medical Directives.

2. PROCEDURE

2.1. Development, Review and Revision

2.1.1 The team developing or revising the Medical Directive is responsible for:

- Ensuring that the Medical Directive is evidence driven,
- Including in the Medical Directive the specific circumstances that must exist before the Medical Directive can be implemented:
 - the specific treatment or range of treatments (e.g. medications, diagnostic tests),
 - the specific conditions that must be met: Patients to be included or excluded in a Medical Directive, and
 - which HCP can initiate the Medical Directive.
- Including in the Medical Directive the name of the responsible medical department,
- Consulting with each group impacted by the Medical Directive (i.e. pharmacy, medical imaging, nursing etc). For inquiries related to appropriate stakeholder consultation, contact the Medical Directives Committee Chair (see Appendix B),
- Obtaining approval as per 2.2 below.
- Providing education for HCP who will use the Medical Directive.
- Communicating the approved Medical Directive to affected medical departments, clinical programs and practice leaders.

2.2. Approval (see Appendix B Flow Chart)

2.2.1 All new, reviewed and revised Medical Directives must be signed off by the following prior to application to Vice President, People Practice and Quality for final approval:

- Medical Department Head(s) for medical service sponsoring the directive,
- Medical Department Head(s) for medical services involved in the directive,

- Director(s) for programs using the directive, and
- Director, Pharmacy for all Medical Directives involving medication use, Director-Diagnostic Imaging for all Medical Directives involving imaging and Director, Laboratory Medicine for all Medical Directives involving ordering laboratory tests.
- Practice Leader(s) for HCPs using the Medical Directive.

2.2.2 All new and revised Medical Directives must also be signed off by the following committees:

- Pharmacy & Therapeutics Committee for Medical Directives involving medications,
- SHR Nursing Practice Committee for Medical Directives involving nursing practice, and
- Practitioner Advisory Council.

2.2.3 New, revised and reviewed Medical Directives shall be submitted to Vice President, People Practice and Quality with a completed *Medical Directive Approval form* (see Appendix C), for final approval.

2.2.3.1 Approved Medical Directives are returned and retained by the Medical Directives Committee.

2.2.4 The next renewal date will be established as the anniversary of the date of the last approval signature.

2.3. Rescinding

2.3.1 The sponsoring Medical Department Head will initiate the process of rescinding any Medical Directive that is no longer appropriate, in consultation with the Medical Directives Committee.

2.4. Catalogue

2.4.1 A list of SHR Medical Directives will be maintained as Appendix A of this policy.

2.4.2 Medical Department Heads will maintain a file of Medical Directives which will be made available to clinical programs, ordering Practitioners/ residents and Practice Leaders.

2.4.3 The Manager responsible for clinical practice is responsible to maintain a current list of Medical Directives applicable to the service, accessible for staff.

2.4.4 Medical Directives formatted as chart forms, will be catalogued in the electronic SHR Clinical Documentation Catalogue.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedure education, monitoring, implementation and amendment is the responsibility of the Director, Interprofessional Practice, Education & Research.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges with SHR.

PROCEDURE 2 OF 2

Number: 7311-60-027

Title: Medical Directives Use

Authorization

President and CEO

Vice President, Finance and Corporate Services

Source: Director, Interprofessional Practice, Education & Research

Cross Index: 7311-60-004

Date Approved: February 14, 2012

Date Revised: April 28, 2016

Date Effective: May 19, 2016

Date Reaffirmed:

Scope: SHR

1. PURPOSE

The purpose of this procedure is to establish the standards for the use of Medical Directives.

2. PROCEDURE

2.1. Use by Practitioners

The Practitioner responsible for the care of an individual Patient receiving care under a Medical Directive is responsible for:

- 2.1.1 Being aware of the presence of the Medical Directive and its impact on Patient care.
- 2.1.2 Identifying and providing direct, Patient specific orders for any Patient who is an exception to the Medical Directive.
- 2.1.3 Responding to concerns of other HCPs by providing direct, Patient specific orders for any Patient whose care cannot be managed under the Medical Directive.

2.2 Use by other HCPs

The HCP who initiates a Medical Directive is responsible for:

- 2.2.1 Ensuring the Medical Directive has a current date.
- 2.2.2 Considering the initiation of the Medical Directive for every Patient who falls within the identified population.
- 2.2.3 Assessing the Patient to determine whether the specific Patient conditions and any situational circumstances identified in the Medical Directive, have been met.
- 2.2.4 Knowing the risks to the Patient of implementing the Medical Directive.
- 2.2.5 Possessing the knowledge, skill and judgment required to implement the Medical Directive safely.
- 2.2.6 Knowing the predictability of the outcomes of the intervention.
- 2.2.7 Determining whether management of the possible outcomes is within the scope of her/his practice, and whether she/he is competent to do so.
- 2.2.8 Ensuring appropriate resources are available to assist with management of possible outcomes.

- 2.2.9 Contacting the Practitioner responsible for care of the Patient with any concerns or if orders require clarification.
- 2.2.10 Ensuring the name of the responsible Practitioner is provided with orders for testing/treatment sent to other departments (e.g. Medical Imaging, Laboratory Medicine).
- 2.2.11 Documenting the use of the Medical Directive on the individual Patient record as per unit/program procedure, for example:
 - ensuring that a copy of the Medical Directive, with a Patient information label, is placed on the Patient's record; adding date and time to the Medical Directive, or
 - writing the name and date of the Medical Directive and signing on the care record.
- 2.2.12 For all Patients – documenting the administration of any medications or other interventions/treatments as per unit/program procedure.

3. PROCEDURE MANAGEMENT

The management of this procedure including policy education, monitoring, implementation and amendment is the responsibility of the Director, Interprofessional Practice, Education & Research.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges with SHR.

SHR Medical Directives

Medical Directive Number	Medical Department	Name of Directive	Health Care Professional	Form number	Required review date
MD-001	Anesthesia	Pre-operative Pediatric Dental Orders (up to 18 years of age)	RN	103265	May 2020
MD-002	Anesthesia	Pre-operative Pediatric Ear, Nose, and Throat Orders (up to 18 years of age)	RN	103473	April 2020
MD-003	Urology	Transrectal Ultrasound Guided Prostate Biopsy Antibiotic Prophylaxis Medical Directive Order Set	RN	103599	August 2019
MD-004	Infection Prevention & Control	Antibiotic Resistant Organism (ARO) Admission Screen Orders	RN, RPN, LPN	102780	April 2020
MD-008	Neonatology	NICU 24% Sucrose Solution for Procedural Pain Management	RN	103691	October 2019
MD-009	Occupational Health & Safety	Initiation of Anaphylaxis Management	OHN, RN Peer Immunizer	N/A	September 2019
MD-010	Occupational Health & Safety	Seasonal Influenza Vaccination Administration	OHN	N/A	September 2019
MD-011	Occupational Health & Safety	Administration of Publically Funded Biological Products (Vaccines and Tuberculin Testing)	OHN	N/A	February 2020
MD-016	Occupational Health & Safety	Ordering Laboratory Tests and Interpreting Laboratory Test Results	OHN	N/A	February 2020
MD-022	Infection Prevention & Control	Antibiotic Resistant Organism (ARO) Surveillance Orders	ICP	103907	April 2020
MD-023	Pediatrics	Initiation of Anaphylaxis Management for Palivizumab (Synagis®) for Respiratory Syncytial Virus Prophylaxis	RSV Clinic RN	N/A	September 2019
MD-026	Population & Public Health	Anaphylaxis Management Post-Administration of Biological Products in a Clinic or Community Setting	PHN, Home Care RN	N/A	September 2019
MD-027	Surgery, Medicine & Emergency	Adult Sepsis/Severe Sepsis Medical Directive – Trigger Tool	RN & LPN	104018	November 2019
MD-028	Emergency Medical Services	Influenza Vaccine Administration	Paramedic	N/A	October 2020
MD-029	Anesthesia	Pre-operative Pediatric Topical Anesthesia (up to 18 years of age)	RN & LPN	104102	June 2019
MD-030	Population & Public Health	Immunization with Publicly Funded Biological Products	RN - PHN, RN - Home Care	N/A	September 2019
MD-031	Population & Public Health	Immunization with Non-Publicly Funded Biological Products	RN - PHN Travel & Immunization of Special Populations, Sexual Health & Street Health	N/A	September 2019
MD-032	Population & Public Health	Collecting, Ordering and Interpreting Laboratory Results for Management of Specific Sexually	RN – PHN Sexual Health and Street Health	N/A	September 2019

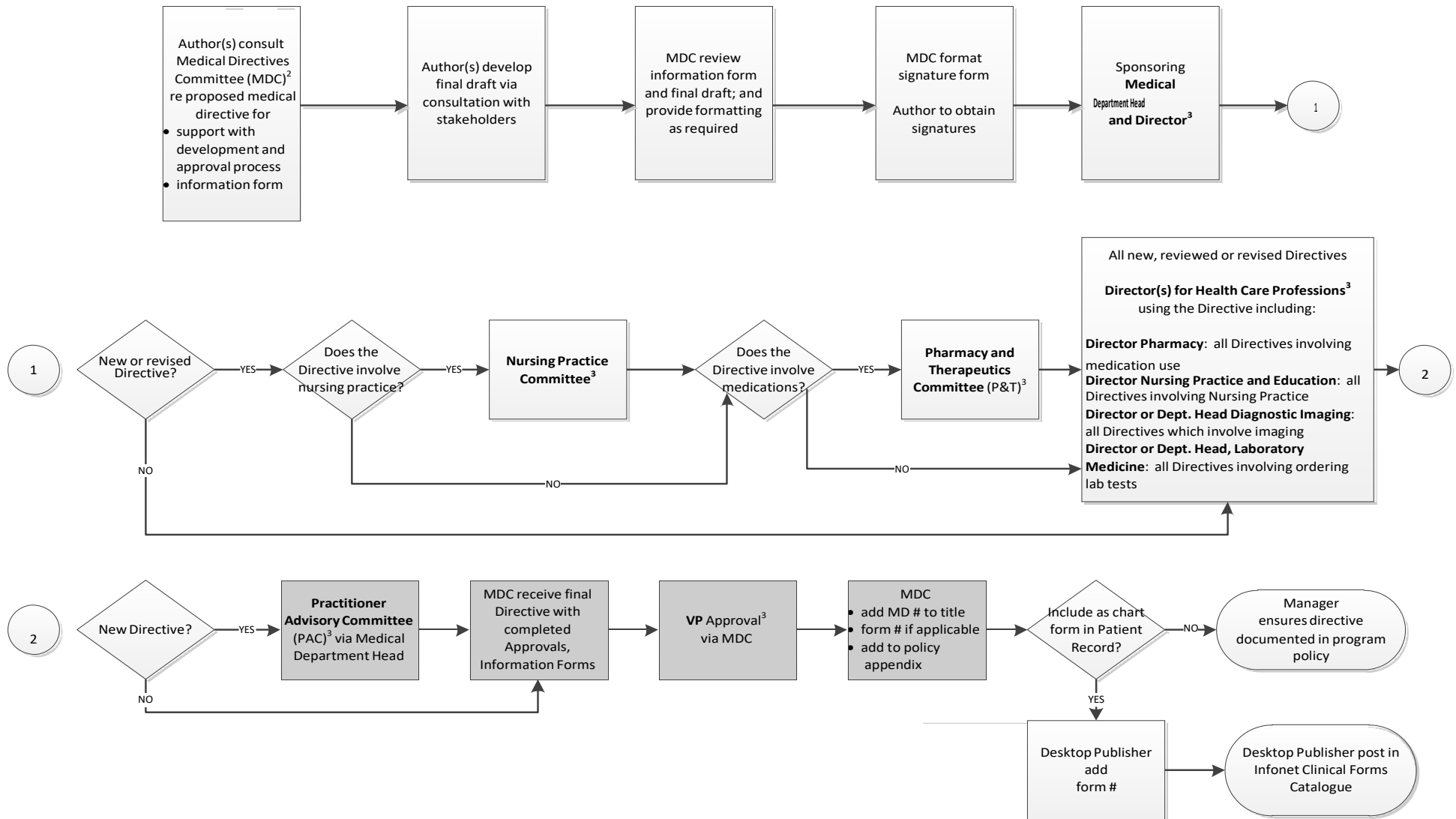
Medical Directive Number	Medical Department	Name of Directive	Health Care Professional	Form number	Required review date
		Transmitted and Vaginal Infections, Blood Borne Infections and Pregnancy			
MD-033	Population & Public Health	Assessment and Treatment of Sexually Transmitted Infections (STIs) and Vaginal Infections	RN - PHN Sexual Health and Street Health	N/A	October 2019
MD-034	Population & Public Health	Ordering Laboratory Tests and interpreting Results for Reportable Communicable Diseases	RN – PHN Travel & Immunization of Special Populations, Sexual Health & Street Health	N/A	September 2019
MD-035	Emergency	Adult Acetaminophen Pain and/or Fever	RN	104150	November 2019
MD-036	Emergency	Adult Ibuprofen Pain and/or Fever	RN	104151	November 2019
MD-037	Chronic Disease Management	Insulin Dose Adjustment	RN Diabetes Nurse Clinician	N/A	March 2020
MD-038	Pediatrics	Administration of Synagis® and Sucrose in a RSV Prophylaxis Outpatient Clinic Setting	RN – RSV Prophylaxis Program	N/A	September 2019
MD-039	Population & Public Health	Anaphylaxis Management Post-Administration of Medications in Sexual Health & Street Health Programs	RN – PHN in Sexual Health & Street Health Programs	N/A	October 2019
MD-040	Population & Public Health	Administration of Hormonal Emergency Contraception	RN – PHN in Sexual Health & Street Health Programs	N/A	October 2019
MD-041	Chronic Disease Management	Diuretic Dose Adjustment	RN – Nurse Clinician in Heart Function Clinic	N/A	September 2019
MD-042	Chronic Disease Management	Ordering Labs in the Heart Function Clinic	RN – Nurse Clinician in Heart Function Clinic	N/A	September 2019
MD-043	Respirology and Practitioner Affairs	Anaphylaxis: Initial Management in Long Term Care and Rural Acute Care Settings	RN, RPN, LPN in Rural Acute & LTC	104246	October 2019
MD-044	Emergency	ED Arterial blood gas	RRT	104220	November 2019
MD-045	Emergency	ED 12 Lead Electrocardiogram (ECG)	RN	104221	November 2019
MD-046	Emergency	ED Indwelling urinary catheterization	RN	104222	November 2019
MD-047	Emergency	ED Lidocaine/ epinephrine/ tetracaine (LET) gel for topical anesthesia	RN	104223	November 2019
MD-048	Emergency	ED Lidocaine 2% Jelly for local anesthesia	RN	104224	November 2019
MD-049	Emergency	ED Salbutamol and ipratropium	RN, RRT	104226	November 2019
MD-050	Emergency	ED Intravenous peripheral saline lock	RN	104227	November 2019
MD-051	Emergency	ED Tetracaine ophthalmic solution	RN	104228	November 2019
MD-052	Emergency	ED Urinalysis routine	RN	104229	November 2019
MD-053	Emergency	ED Urine Qualitative Human Chorionic Gonadotropin (HCG)	RN	104230	November 2019
MD-054	Emergency	ED Oxygen administration	RN, RRT	104225	November 2019
MD-055	Population & Public Health	Tuberculin Skin Test - Administration	RN in TB Control	N/A	October 2019

Medical Directive Number	Medical Department	Name of Directive	Health Care Professional	Form number	Required review date
MD-056	Population & Public Health	Anaphylaxis – Protocol for Initial Management (TB Control)	RN in TB Control	N/A	October 2019
MD-057	Urology	Prostate Assessment Pathway Nurse Navigator	RN Nurse Navigators	N/A	April 2020
MD-058	Surgery	Pre-operative Topical Anesthesia Breast Health Procedures	RN, LPNs in Day Surgery/Same Day Surgery and Breast Health Centre SCH	104301	June 2019
MD-059	Surgery	POUR Management of Post Operative Urinary Retention following Spinal Anesthetic in the Day Surgery Setting Order Set	RN and LPN Day Surgery	104293	April 2020
MD-060	Medical Imaging	Topical Anesthesia – Nuclear Medicine and Medical Imaging	RN, MRT, NMRT	104292	April 2020
MD-067	Pediatrics-Emergency Services	Pediatric ED Salbutamol and Ipratropium	RN, RRT	104305	November 2019
MD-068	Pediatrics-Emergency Services	Pediatric ED oxygen Supplementation	RN, RRT	104304	November 2019
MD-069	Pediatrics-Emergency Services	Pediatric ED Inhaled Epinephrine and Oral Dexamethasone	RN, RRT	104303	November 2019
MD-070	Medical Genetics	Genetic Counsellor Autonomous Practice	Genetic Counsellors	N/A	March 2022

Medical Directive Development Review, Revision & Approval¹ Flow Sheet

March 2016

See SHR Policy Medical Directives 7311-60-027



1. Note: Two documents must be completed by the Directive author(s) and accompany the draft Medical Directive through the approval process:
 - **Medical Directive Approval Form (Appendix C of Medical Directives Policy)**
 - **Medical Directive Information Form**
2. Contact MDC chair through department of Nursing Practice and Education
3. Requires signature on Approval Form

Appendix C

Medical Directive Approval Form

Please attach a copy of the proposed medical directive

Date _____ New directive Revised directive _____
(form number)

Title _____

Requesting Practitioner/Department _____

Reviewed by:

(Medical Department Head) (date)

(Director) (date)

(Director/Professional Leader, Pharmacy) (date)

(Director/Medical Department Head, Laboratory Medicine) (date)

(Director/Medical Department Head, Diagnostic Imaging) (date)

Director/Professional Leader – discipline) (date)

(Chair, Pharmacy & Therapeutics Committee) (date)

(Chair, SHR Nursing Practice Committee) (date)

(Chair, Practitioner Advisory Council) (date)

Approved:

(Vice President, People, Practice and Quality)

Date _____ Form number assigned _____
