MEDICAL DIRECTIVES POLICY

Registered Nurses (RN=s), Nurse Practitioners (RNEC) and Medical Doctors work collaboratively to provide high quality health care to the clients/patients of OICH, Inc. Nurse practitioners from partner organizations like CMHA, Carefor and Oasis may be included in these directives when specific agreements exist.

RN=s and RN(EC)s work autonomously for some aspects of their practice as defined in the Ontario Regulated Health Professions Act and are licensed to practice nursing by the Ontario College of Nurses. RN=s and RN(EC)s also provide care as prescribed or directed by an MD. The authority to carry out aspects of their practice which are not within their defined scope of practice is delegated to them by physicians through medical directives.

A Medical Directive is a prescription for a procedure, treatment or intervention that nurses or nurse practitioners may perform for a range of clients when certain conditions are met. Medical Directives are not client specific. A medical directive identifies the specific treatment, range of treatments and specific conditions which must be met and circumstances which must exist before the directive is carried out.

Medical Directives are reviewed and authorized annually by the Medical Director of OIHC, Inc and the physicians who are delegating the care to nurses and nurse practitioners.

Medical Directives include:

- MD-1 Delegation of Dispensing
- MD-2 Immunizations
- MD-3 Use of Standard Treatment Protocols
- MD-4 Treatment of Anaphylaxis
- MD-5 Tuberculosis Screening
- MD-6 Ordering Diagnostic Tests

Date: ___________________________________

Approved by: ____________________________

Dr J Turnbull, Medical Director of OICH, Inc
OICH, Inc Medical Directives December 2008

MEDICAL DIRECTIVES PROCEDURE

Clinical staff of OICH, Inc collaborate to develop new medical directives as needed. Medical Directives are reviewed and approved in writing annually by the Medical Director. Students and covering physicians review Medical Directives as part of their orientation to OICH. Medical directives are reviewed and approved by nurses and nurse practitioners during their orientation.

A Medical Directive includes:
‡ A description of the procedure being delegated
‡ specific client conditions which must be met before the procedure can be implemented
‡ circumstances which must exist before the procedure can be implemented
‡ contraindications for implementing the procedure
‡ date, name, signature of the physicians authorizing the medical directives
‡ date, name and signature of the nursing staff to whom care is being delegated

Policies which support medical directives should include:
‡ a statement which identifies the type of procedure that may be ordered by means of a medical directive
‡ the physicians who delegate authority
‡ a process for delegation
‡ which nurses may implement the procedure including any education or orientation requirements
‡ development of a feedback mechanism to enable the nurse to question the order in the directive if clarification is required
‡ accountability
‡ documentation requirements
‡ Quality control mechanism to monitor the process for problem solving.

Responsibilities of the physician who delegates care through a medical directive:
‡ to know the risks of performing the procedure being delegated
‡ to know the predictability of the outcomes associated with the procedure
‡ to know the degree to which safe management of the possible outcomes require physician involvement or intervention
‡ to ensure that appropriate medical resources are available to intervene as required and
‡ to ensure that informed consent has been obtained

Responsibility of the nursing staff implementing care based on a medical directive includes:
‡ to know the risks to the client
‡ to possess the knowledge, skill and judgment required to safely implement the procedure
‡ to know the predictability of the outcomes of the procedure
‡ to determine if management of possible outcomes is within the scope of practice for nursing
‡ to determine if he/she is competent to manage possible outcomes and if appropriate resources are available to assist if required
‡ to know how to contact the physician responsible for the care of the client if orders require clarification

Date: ____________________________________

Approved by: ____________________________________

Dr J Turnbull, Medical Director
I, the undersigned, have read and agree to follow the Medical Directives Policy and Procedure and agree with the conditions and responsibilities as specified in the directives.

<table>
<thead>
<tr>
<th>Names</th>
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<tr>
<td><strong>Physicians</strong></td>
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<td>Dr J Turnbull,</td>
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<td>Medical Director</td>
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<td>Dr Erica Tanner</td>
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**DISPENSING DELEGATION,**
**FROM PHYSICIAN TO REGISTERED NURSES**

**POLICY**
BACKGROUND INFORMATION:
Under the Regulated Health Provisions Act (RHPA), pharmacists, physicians and dentists may perform the controlled act of dispensing medication. In 1996, the College of Physicians and Surgeons of Ontario (CPSO), Special Procedures Committee, approved the delegation of dispensing by medical directives in community health clinics in Ontario to Registered Nurses as long as:

- no pharmacist works within or is associated with the facility who could delegate this procedure and
- delegation occurs in accordance with the dispensing delegation model developed by the College of Nurses of Ontario (CNO) and the Ontario College of Pharmacists (OCP). This model is available in the Medication Administration Standards document (CNO, Nov. 1996).

In December 1996, the CNO Council sanctioned the delegation of dispensing by physicians to Registered Nurses.

DEFINITIONS:
DISPENSING includes the selection, preparation and transfer of one or more doses of a drug to a client or her or his representative for administration. There are technical and cognitive components to dispensing which are detailed in the dispensing delegation mode.
ADMINISTRATION of a medication involves the nurse preparing a dose of a drug and providing it to the client. Assessing the appropriateness of a prescription and providing appropriate health teaching or drug information to a client occur when both dispensing and when administering a drug.

CONDITIONS OF DELEGATING DISPENSING:

1. DELEGATION OF DISPENSING IS REQUIRED WHEN NURSES:
   - fill an alternate container from clinic stock for client self-administration or for another care provider to administer
   - provide clients with several doses of medication (taken from clinic stock) for self-administration (i.e. giving either the entire prescription or several doses of medication to a client)
   - repackage large volume clinic stock into smaller containers for an alternate clinic stock supply
   - provide clients with sample prescription drug packs (Medication Administration Standards, CNO 11-96)

2. THE PHYSICIAN DELEGATING DISPENSING IS RESPONSIBLE TO:
   - approve the act of dispensing medication
   - develop guidelines for dispensing drugs in collaboration with the primary care team
   - establish a mechanism to assess and maintain competence
   - establish a quality control mechanism to identify and correct unexpected adverse outcomes and to correct problems
   - ensure that all policies and procedures related to the delegation, authority, process and tasks are documented (Medication Administration Standards, CNO 11-96).

3. THE REGISTERED NURSE ACCEPTING DELEGATION OF DISPENSING IS RESPONSIBLE TO:
   - know that the conditions for dispensing jointly identified by OCP and CNO have been met
   - believe that the delegator is competent to perform and delegate dispensing of particular drugs
   - have the knowledge, skill and judgment to dispense the drugs safely, effectively, and ethically
   - determine that the client’s condition warrants dispensing the drug having considered the known risks and benefits of dispensing the drug to the client and other factors specific to the situation (Medication Administration Standards, CNO 11-96).
OICH, Inc Medical Directives December 2008

Administration Standards, CNO 11/96)

Follow the OICH. Inc guidelines for dispensing medication:

- the RN has a written or verbal client specific order from a MD to dispense a certain amount of a certain medication with specific instructions about dose, frequency and any other directions
- the RN can clarify the order with the MD, if necessary, prior to dispensing
- the RN has received a written or verbal client-specific order from a Nurse Practitioner with Extended Class certification to dispense a certain amount of a certain medication (from the approved list for nurse practitioners) with specific instructions about dose, frequency and any other directions
- the RN has checked the client’s allergy status and past adverse reactions to this medication
- the client has been advised how and when to report adverse effects
- the RN labels the medication
- the RN documents that dispensing has occurred.
- the RN believes that the medication will be stored safely and, will be taken according to the administration directions

ACCOUNTABILITY:
The physician who is delegating authority to dispense is accountable to ensure that the process of delegating dispensing is done according to the Dispensing Delegation model. The nurse who accepts to dispense is accountable for her actions.` (Margo Bonathon, Nursing Practice Advisor, CNO, 1998).

Date: ___________________________

Approved by: ___________________________

Dr J Turnbull Medical Director
WHO MAY DELEGATE DISPENSING AT OICH, Inc:

OICH, Inc physicians and RN(EC)=s who are aware of:
- the Dispensing Delegation Model
- the OIHC policy and procedure related to dispensing
- the OIHC policy and procedure related to medical directives and
- the Registered Nurses= competence

may delegate dispensing. All OICH physicians and RN(EC)=s may delegate this authority after their orientation at OICH, reviewing the above documents and assessing the nurse’s competence to dispense according to these policies.

DISPENSING AT OICH MAY BE DELEGATED TO:
RN= s who have had orientation to and practical experience dispensing medication with peer or MD supervision. Once the RN has demonstrated to her peer or to a MD that she can dispense according to the OIHC policy and procedure and the Dispensing Delegation model, she may dispense without peer or MD supervision. Nurses will maintain their competence in dispensing by independent study and continuing education opportunities in and outside OICH.

REGISTERED NURSES DISPENSE MEDICATION according to the OICH guidelines when the conditions of dispensing have been met. Refer to the policy.

DOCUMENTATION OF DISPENSING:
- labeling of the medication should follow the same format as a pharmacy:
  - drug name
  - number of pills dispensed
  - strength
  - MD= s name
  - dose
  - OIHC stock
  - route
  - frequency
  - any additional information specific to the particular medication

CONTINUING QUALITY IMPROVEMENT:
Feedback is received from clients, the nurses, the nurse practitioners and physicians. If an error occurs, the incident report should be completed following the usual procedure.

MD-1

DELEGATION OF DISPENSING

Medical Directive
Through this medical directive, I delegate dispensing to the Registered Nurses at OICH when all the conditions of delegation of dispensing have been met as outlined below.
CONDITIONS OF DELEGATING DISPENSING

1. Delegation of dispensing is required when nurses:
   - fill an alternate container from clinic stock for client self-administration or for another care
     provider to administer
   - provide clients with several doses of medication (taken from clinic stock) for self-administration
     (i.e. giving either the entire prescription or several doses of a medication to a client)
   - repackaging large volume clinic stock into smaller containers for an alternate clinic stock supply
   - provide clients with sample prescription drug packs (Medication Administration Standards, CNO
     11/96)

2. The physician delegating dispensing has:
   - approved the act of dispensing medication
   - developed guidelines for dispensing drugs in collaboration with the primary care team
   - established a mechanism to assess and maintain competence of the nurses
   - established a mechanism to identify and correct unexpected adverse outcomes
   - ensured that all policies and procedures related to the delegation, authority, process, and tasks are
     documented (Medication Administration Standards, CNO 11/96)

3. The registered nurse accepting delegation of dispensing:
   - knows that the conditions for dispensing jointly identified by OCP and CNO have been met
   - believes that the delegator is competent to perform and delegate dispensing of particular drugs
   - has the knowledge, skill and judgement to dispense the drugs safely, effectively, and ethically
   - determines that the client’s condition warrants dispensing the drug having considered the known
     risks and benefits of dispensing the drug to the client and other factors specific to situation
     (Medication Administration Standards, CNO 11/96).
     - follows the OICH guidelines for dispensing medication:
     - the RN has a written or verbal client-specific order from a MD to dispense a certain
       amount of a certain medication with specific instructions about dose, frequency and any
       other directions
     - the RN can clarify the order with the MD, if necessary, prior to dispensing
     - the RN has received a written or verbal client-specific order from a Nurse Practitioner
       with Extended Class certification to dispense a certain amount of a certain medication
       (from the approved list for nurse practitioners) with specific instructions about dose,
       frequency and any other directions
     - the RN has checked the client’s allergy status and past adverse reactions to this
       medication
       the client has been advised how and when to report adverse effects
     - the RN labels the medication according to OICH procedure
     - the RN has made arrangements for the safe storage and administration of the medication

DISPENSING MEDICATION AT OICH IS CONTRAINDICATED WHEN:
   - any of the above conditions have not been met
   - the nurse is aware of any reason to withhold the medication
OICH, Inc Medical Directives December 2008

DELEGATION OF DISPENSING REFERENCES


Date: ____________________

Approved by: ____________________

Dr J Turnbull, Medical Director
IMMUNIZATIONS

Medical Directive
Through this medical directive, I delegate immunization of adults to the Registered Nurses at OICH, when all the conditions of delegation have been met as outlined below and in the Medical Directives Policy and Procedure.

BACKGROUND

It is the policy of OICH to fully immunize all patients admitted to the program.

An influenza and pneumococcal immunization program targeting high risk populations (see RMOC, Public Health Dept., >2000 Influenza and Pneumococcal Immunization Program Reference Document, Aug. 2000) has been offered via a Ministry of Health and Public Health Department public health program for a number of years. As of the year 2000, influenza immunization is available to all residents of Ontario, with the exception of those persons where there is obvious contraindications. In September 2000 the Associate Medical Officer of Health for RMOC stated that as per the College of Physicians & Surgeons The Delegation of Controlled Acts Policy #1-99, the controlled act of immunization may be delegated to nurses without establishing a physician-patient relationship.

CONDITIONS OF DELEGATING IMMUNIZATION

1. CONDITIONS UNDER WHICH RN MAY GIVE IMMUNIZATION
   - Patient is admitted to OICH
   - patients must be 18 years or older
   - immunization is indicated as per the current recommendations for immunization for residents of Ontario (ie 10 years have elapsed since last Tetanus/Diphtheria/Polio booster for routine immunization, Polio booster is given once in adult life)
   - patient is not pregnant or in 2nd/3rd trimester of pregnancy
   - patient has no prior serious adverse reaction to immunization in question
   - patient is not allergic to any product contained in the vaccine
   - Polio vaccine should not be given if allergy (anaphylactic type) to streptomycin, polymyxin B, neomycin (used in topical eye/ear treatment), influenza should not be given if patient has a known anaphylactic hypersensitivity to eggs
   - patient will be observed 20-30 minutes post-injection
   - emergency resuscitation equipment is available

2. THE PHYSICIAN DELEGATING IMMUNIZATION must:
   - approve the act of delegation of vaccination by all OICH nurses
   - be aware of risks of immunization and frequency of adverse events
   - develop a protocol for treatment of serious adverse reactions including anaphylaxis
   - establish a mechanism to maintain competence of nurses providing immunization. Competence would be maintained by using skills frequently and following Public Health Department, Health Canada and Ministry of Health vaccination guidelines.
   - establish a mechanism to maintain storage of vaccine and to identify and correct unexpected problems

3. THE REGISTERED NURSE ACCEPTING DELEGATION OF IMMUNIZATION:
   - has the knowledge to safely and effectively perform the procedure
-follows the OICH procedure for immunizations
-has checked the above conditions are met.

Date: ______________________________

Approved by: _____________________________

Dr J Turnbull, Medical Director
STANDARD TREATMENT PROTOCOLS
Medical Directive

Through this Medical Directive, I delegate initiating standard treatment protocols to the RN=s and RN(EC) at OICH when all conditions of delegation are met as outlined below and in the Medical Directives Policy and Procedure.

BACKGROUND INFORMATION:
In order to meet the needs of our clients and community, RNs, RN(EC)s and MDs at OICH provide health care to patients with complex health problems who face many barriers to accessing care in an appropriate manner (health insurance, transportation, money for medications, substance use, inappropriate behavior etc). In instances where it is not possible to have the client physically assessed by a physician, the nursing staff will assess the client, consult with the physician by telephone and, if confident that their finding indicate the need for treatment initiate the standard plan of care in consultation with the responsible physician.

To support optimal care outcomes, OICH has developed a series of standard treatment protocols which detail the plan for care for a range of expected illnesses which arise commonly among patients of OICHP based on best practices as established in the literature. These treatment protocols can be initiated based on the clinical judgment of nursing staff in telephone consultation with the physician. Treatment protocols will reflect the recommended standard of care for the associated condition and will be reviewed and updated annually.

Examples of expected illnesses which are covered by standard treatment protocols include influenza, pneumonia, UTI, asthma, COPD, diabetes, skin rashes, drug and alcohol withdrawal, seizures, psychosis, anxiety, depression.

All practitioners providing this service in the community must be aware of the pathophysiology of the associated diseases, possible complications or negative outcomes from treatment and, be prepared to institute immediate corrective action should an event occur.

1. CONDITIONS OF DELEGATING TREATMENT USING STANDARD TREATMENT PROTOCOLS BY MEDICAL DIRECTIVE:
$ The client is showing signs of symptoms of illness and a delay in treatment may worsen the patient’s condition
$ No MD is immediately available to examine the patient but is available for consultation within a reasonable period of time
$ RN or RN(EC) follows OICH standard guidelines for treatment of that health condition.

2. THE PHYSICIAN DELEGATING STANDARD TREATMENT
$ Approves the act of delegating treatment by all OICH nurses and nurse practitioners.
$ Is aware of the OICH Guidelines for Standard Treatment of the associated condition.
$ Is aware of the risks of the standard treatment in a community setting.
$ Develop an education program to review standard treatment protocols with RN(EC)s and RNs.

3. A REGISTERED NURSE ACCEPTING DELEGATION FOR INITIATING THE STANDARD TREATMENT PROTOCOLS:
$ Has the knowledge and skills to assess and to safely and effectively initiate the standard
treatment protocols
follows the procedure for treatment as outlined in the Policy and Procedure Manual.
has checked that the above conditions are met.

Date: _____________________________

Approved by: ______________________________

Dr J Turnbull, Medical Director
TREATMENT OF ANAPHYLAXIS

Medical Directive

Through this Medical Directive, I delegate treatment of Anaphylaxis to the RN=s at OICH when all conditions of delegation are met as outlined below and in the Medical Directives Policy and Procedure.

BACKGROUND INFORMATION:
In order to meet the needs of our clients and community, RNs, RN(EC)s and MDs at OICH may provide medical injections in client’s homes or in a shelter location. Examples include influenza clinics, Mantoux testing, immunization and injection of psychotropic medications.

Occasionally, adverse reactions including anaphylaxis may occur when injections are given. All practitioners providing this service in the community must be aware of the pathophysiology of anaphylaxis and be prepared to institute immediate treatment should it occur.

1. CONDITIONS OF DELEGATING TREATMENT OF ANAPHYLAXIS BY MEDICAL DIRECTIVE:
   $ The client is showing signs of symptoms of anaphylaxis as described in Anaphylaxis Policy following injection of medication.
   $ No MD is immediately available for consultation.
   $ RN or RN(EC) follows OICH Guidelines for treatment of Anaphylaxis.

2. THE PHYSICIAN DELEGATING ANAPHYLAXIS TREATMENT
   $ approves the act of delegating anaphylaxis treatment by all OICH nurses and nurse practitioners.
   $ is aware of the OICH Guidelines for Treatment of Anaphylaxis.
   $ is aware of the risks of anaphylaxis and treatment of anaphylaxis in a community setting.
   $ develop an education program to review treatment of anaphylaxis with RN(EC)s and RNs.

3. A REGISTERED NURSE ACCEPTING DELEGATION FOR THE TREATMENT OF ANAPHYLAXIS:
   $ has the knowledge to safely and effectively perform the procedure
   $ follows the procedure for anaphylaxis as outlined in the Policy and Procedure Manual.
   $ has checked that the above conditions are met.

Date: _____________________________
Approved by: ______________________________
Dr J Turnbull, Medical Director
TUBERCULOSIS SCREENING
Medical Directive

Through this medical directive, I delegate Tuberculosis Screening to the Registered Nurses at OICH, when all the conditions of delegation have been met as outlined below and in the Medical Directive Policy and Procedure.

Background
The City of Ottawa Public Health requires that shelter residents are free from active pulmonary tuberculosis before they can be admitted to a shelter.

Screening for tuberculosis involves intradermal injection of PPD interpretation of tuberculosis test results, ordering a PA and lateral chest x-ray for skin test positive clients and referral of all skin test positive patients to a physician.

Conditions of Delegating Tuberculosis Screening

1. **Delegation of Tuberculosis Screening may occur when:**
   - Client is being admitted to OICH
   - Client has no personal history of allergy or anaphylactic reaction to components of purified protein derivative or history of anergy.
   - Client does not have a history of previous positive tuberculosis test or treatment for active or dormant tuberculosis (may have history of BCG)
   - Client does not have a history of severe reaction to tuberculosis testing including blistering.
   - Client has intact skin over area of tuberculin test (i.e. no eczema/psoriasis)
   - Client has not had a live vaccine given in the past 1 month.

2. **The physician delegating Tuberculosis screening:**
   - Is aware of risk of PPD injection and frequency of adverse events.
   - Is aware of the risk of chest-x-ray and relative contraindications to this investigation.
   - Has approved the act of delegation of TB screening by all OICH nurses.
   - Has established a quality control mechanism to identify and correct unexpected problems.

3. **A Registered Nurse accepting delegation of tuberculosis screening:**
   - Has the knowledge to safely and effectively perform the procedure
   - Follows the procedure for tuberculosis screening as outlined in the Policy and Procedure Manual
   - Refers all patients with positive tuberculin test to a physician/RNEC regardless of the results of their x-ray.
   - Has checked that the above conditions apply

(Cont’d)
Appendix 1

**Persons for whom tuberculosis screening is indicated:** (OICH patients or those treated but not admitted to OICH)

1) People with signs or symptoms of active TB disease
2) Recent contacts of known TB cases or people suspected of having TB
3) People with abnormal chest x-ray films compatible with past tuberculosis
4) People with HIV disease
5) Groups at high risk for recent infection with TB, such as: immigrants from Asia, Africa, Latin America, some inner-city populations; personnel or long-term residents of hospitals, mental institutions, nursing homes and prisons.
6) Aboriginal Canadians who have lived in areas with a high rate of TB
8) Persons with medical conditions that increase the risk of TB
9) All patients admitted to OICH on admission and every six months thereafter except for those requiring two step testing

Date:________________________________

Approved:________________________

Dr J Turnbull, Medical Director
DIAGNOSTIC TESTING
Medical Directive

Through this medical directive, I delegate ordering diagnostic testing on my behalf to the Registered Nurses and RN(EC) at OICH, when all the conditions of delegation have been met as outlined below and in the Medical Directive Policy and Procedure.

Background

The patients of OICH live with complex medical problems which require careful monitoring to support the provision of safe effective care. The OICH receives funding from the City of Ottawa Public Health Department which obligates routine screening for communicable disease. The policy of OICH is to thoroughly screen all patients on admission for health problems including standard bloodwork profile, chest x-ray and any other appropriate screening or diagnostic procedure. When physicians are not present to complete the forms for diagnostic testing nurses are delegated this responsibility, provided that the conditions for delegation are met.

Nurses are expected to complete the forms and organize testing for periodic screening and testing as per the protocol of OICH, Inc.

Conditions of Delegating Diagnostic Testing

1. **Delegation of Diagnostic Testing/Screening may occur when:**
   - Client is being admitted to OICH and a set period there after (i.e. usually a minimum of every 6 months)
   - When symptoms of illness occur and the physician is temporarily unavailable, diagnostic tests may be conducted to assist the physician in formulating an appropriate treatment plan when he/she becomes available

2. **The physician delegating Diagnostic Testing:**
   - Is aware that the testing has been ordered.
   - Is aware of the risks of testing (i.e. chest-x-ray) and relative contraindications to these investigation.
   - Has approved the act of delegation of Diagnostic testing/screening by all OICH nurses.
   - Has established a quality control mechanism to identify and correct unexpected problems.

3. **A Registered Nurse accepting delegation of Diagnostic testing:**
   - Has the knowledge to safely and effectively perform the procedure
   - Follows the procedure outlined in the Policy and Procedure Manual
   - Advises the physician that the testing has been conducted and, when expected results will be available.
   - Has checked that the above conditions apply

(Cont’d)
Appendix 1

Persons for whom diagnostic testing is routinely indicated:

1) New admissions to OICH (see policy and procedure for admission) on or near admission and every six months thereafter
2) People with HIV or other immunocompromised conditions
3) People with abnormal tests that require periodic monitoring (i.e. chest x-ray films compatible with past tuberculosis)
4) People with liver disease or those known to abuse alcohol
5) Persons with medical conditions that require monitoring

Date:________________________________

Approved:

Dr J Turnbull, Medical Director