

## **Medical Directive**

Title:	ED Request for Upper Abdominal Bloodwork		Number:	030.920.290		
Activation Date:	June 2019			Review due by:	June 2022	
Sponsoring/Contact Person(s) (name, position, contact particulars):		Dr. Andrew Arcand, Chief of Emergency Services Piranavan Vivekanandan, Professional Practice Leader Emergency Services				
Order and/or Delegate	d Procedure:		Appendix Attache	d: ☐ Yes ☒ No	Title:	
All Emergency Department as ED nurses, may requive Abdominal Bloodwork with a CBC  CBC Electrolytes Urea Creatinine Glucose Lipase Alkaline Phosple Billirubin ALT Beta HCG (femants	est <b>Upper Abdo</b> ill consist of the	ominal Blood following labo	work for an adult pa			
Recipient Patients:			Appendix Attache	d: ☐ Yes ⊠ No	Title:	
Any adult patient greater than 18 years of age presenting to the Emergency Department prior to first contact with the attending physician who meets the conditions identified in this directive.						
Authorized Implement	ers:		Appendix Attache	d: ☐ Yes ⊠ No	Title:	
All ED nurses must have completed a MSHC ED orientation program that includes education on this specific medical directive and have demonstrated knowledge, skill and judgment in its usage to the Professional Practice Leader (PPL).						

Indications:	Appendix Attached: ☐ Yes ☒ No Title:				
An ED nurse may initiate this directive if a patient presents with signs and symptoms of one or more of the following:  Upper abdominal pain  Jaundice  Nausea & vomiting/Diarrhea  Drug overdose  Blunt abdominal trauma  Intoxication  Suspected pancreatitis or gall stones (i.e. <i>Upper abdominal pain that radiates to back, pain worsens after eating, nausea/vomiting, tenderness to palpation</i> )  Increased confusion or agitation from the patient's normal cognitive state for those 75 years and greater, that is validated by family members or the Long Term Care facility.					
Contraindications:					
<ul> <li>Patient less than 18 years of age</li> <li>Patient refusal to consent for procedure/treatment</li> </ul>	nent				
Consent:	Appendix Attached: ☐ Yes ☒ No Title:				
ED nurses implementing this directive will obtain consent where possible from the patient or substitute decision maker prior to implementing this Medical Directive in accordance with Markham Stouffville Hospital's Health Care Consent policy #270.914.914.030, applicable College of Nurses standards and Health Care Consent Act.					
Guidelines for Implementing the Order / Procedure:	Appendix Attached: ☐ Yes ☒ No Title:				
<ul> <li>ED Upper Abdominal Bloodwork may be requested once the ED nurse has:</li> <li>Assessed the patient to determine whether the specific patient condition(s) and situational circumstance(s) outlined in the directive have been met</li> <li>Identified the risk(s) to the client of implementing the directive</li> <li>The knowledge, skill and judgment to safely implement the directive</li> <li>Determined whether management of possible outcomes is within their scope of practice and competency level</li> <li>Determined if appropriate resources are available to implement the order and manage the possible outcomes</li> <li>Identified who the attending physician is if clarification or assistance is needed</li> </ul>					
Documentation and Communication:	Appendix Attached: ☐ Yes ☒ No Title:				
Initiation of this medical directive will be electronically documented on the Emergency Triage Assessment or the Emergency Patient Assessment (Major or Minor Assessment) within the Emergency Department Management (EDM) module. The documentation will include all clinical findings/history in support of the initiation of the medical directive  If the procedure was not ordered and / or performed at triage, the ED nurse will:  Assess the patient's condition and determine the need for ED Upper Abdominal Bloodwork  Document ED Upper Abdominal bloodwork ordered on the Emergency Record (form# EDR) in the doctor's					
<ul> <li>order section and include both signature and</li> <li>Delegate order entry of ED Upper Abdominal</li> </ul>					
The Emergency physician will sign off for the impleme (form# EDR) in the physician Signature section which	entation of the medical directive on the <i>Emergency Record</i> is equivalent to co-signing for the medical directive.				

Review and Quality Monitoring Guidelines:	Appendix Attached: ☐ Yes ☒ No Title:						
Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it will report these to the following people as soon as possible for appropriate disposition: <ul> <li>Attending physician</li> <li>Patient Care Manager</li> <li>Quality and Risk Management (through I Report Incident reporting system)</li> </ul>							
Administrative Approvals (as applicable):	Appendix Attached: ☐ Yes ☒ No Title:						
Emergency Department Operations Committee: June 18, 2019 Chief of Emergency Services: June 18, 2019							
Approving Physician(s) / Authorizer(s):	Appendix Attached: ☐ Yes ☒ No Title:						
All Emergency physicians at Markham Stouffville Hospital Corporation.							

## References:

Emergency Nurses Association (2007). *Emergency Nursing Core Curriculum, 6th Edition.* St. Louis: Saunders Elsevier

Howard, P. K, & Steinman, R. A. (2010). Sheehy's Emergency Nursing Principles and Practice, 6th Edition. St. Louis: Mosby.

Ontario Hospital Association (2008). Emergency Department (ED) Medical Directives Implementation Kit: Wait Time Strategies. Retrieved from <a href="http://www.oha.com/KnowledgeCentre/Library/Toolkits/Pages/EmergencyDepartment(ED)Medica">http://www.oha.com/KnowledgeCentre/Library/Toolkits/Pages/EmergencyDepartment(ED)Medica</a> <a href="https://doi.org/10.1007/journal.org/10.1007/jour

## **Authorizer Approval Form**

Title and Number of Directive/Delegation:

030.920.290 ED Request for Upper Abdominal Bloodwork

Name of Physicians or Authorizers	Signature	Date