

Title:		Diagnostic Imaging by Emergency Department Nurses, Medical Directive			
Developed by: <i>(Position Title)</i>		Clinical Educators, Emergency Program	Policy Owner: <i>(Position Title)</i>	Program Director, Emergency Department, Urgent Care Center, DASA and Ambulatory Services	
Physician Chief/ Medical Director: <i>(Position Title)</i>		Physician Chief and Medical Director, Emergency Medicine	Approval Body:	Medical Advisory Committee	
		Signature List Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date Created: <i>(mm/dd/yyyy)</i>	8/1/2011	Annual Review: <i>(mm/dd/yyyy)</i>	11/17/2023	Revised Date: <i>(mm/dd/yyyy)</i> <i>Revisions require full workflow & approval</i>	8/1/2022
		Previous: 3/1/2018		Previous: 11/1/2016	
Cross Reference(s):		Requests for Examinations in Medical Imaging, Patient Identification, Documentation - Electronic Clinical Documentation, ED Therapeutic Procedures, ED Medication for Adult Patients medical directive, ED Lab and ECG medical directive,			
Keywords:		Fracture, Injury, Sprains Strains, Extremity, Foot, Ankle, Knee, Tibia/Fibula, Hip/Pelvis, Hand, Finger, Scaphoid, Wrist, Forearm, Elbow, Shoulder, Clavicle, Humerus, Rib cage, Chest, Portable chest x-ray			
Order and/or Delegated Procedure:			Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix A: Table 1: Extremity/Rib Cage Radiography Orders and Table 2: Chest Film Radiography Orders		
Ordering of diagnostic imaging as identified on the appended order tables:					
1. Extremity/Rib Cage Radiography Orders:					
a) Foot x-ray					
b) Ankle x-ray					
c) Toe(s) x-ray					
d) Calcaneus					
e) Knee x-ray					
f) Tibia/Fibula x-ray					
g) Pelvis/Hip x-ray					
h) Hand x-ray					
i) Finger(s) x-ray					
j) Scaphoid/wrist x-ray					
k) Wrist x-ray					
l) Forearm x-ray					
m) Elbow x-ray					
n) Humerus					

- o) Shoulder x-ray
- p) Clavicle
- q) Rib cage

2. Chest Film Radiography Orders

- a) Portable Chest x-ray
- b) Chest x-ray – PA and Lateral

Recipient Patients:

Appendix Attached: Yes No

Title: Appendix A: Table 1: Extremity/Rib Cage Radiography Orders and Table 2: Chest Film Radiography Orders

Extremity/Rib cage radiography: All registered patients (≥ 10 years of age) in the Emergency Department (ED) or Urgent Care Center who meet the inclusion criteria as indicated in Appendix A.

Chest film radiography: All adult registered patients (≥ 18 years of age) in the Emergency Department or Urgent Care Center who meet the inclusion criteria as indicated in Appendix A and/or all patients ≥ 10 years of age requiring rib x-ray(s).

Authorized Implementers:

Appendix Attached: Yes No

Title: [Click here to enter text.](#)

Nurses employed by Mackenzie Health in the Emergency Program for whom it is within their scope of practice and who have successfully completed the initial competency validation process and possess the knowledge, skill, and judgment to implement this medical directive.

This medical directive governs any co-implementers required to perform all necessary procedures, tests, and/or treatments within their scope as per the medical order being initiated.

Indications:

Appendix Attached: Yes No

Title: Appendix A: Table 1: Extremity/Rib Cage Radiography Orders and Table 2: Chest Film Radiography Orders

Extremity/Rib cage and chest x-rays may be implemented if the patient (greater than or equal to 10 years of age) presents to the Emergency department or Urgent Care Center with:

1. trauma/injury to the affected area, and
2. pain referable to the affected area.

Chest film radiography x-rays may be implemented if the patient (greater than or equal to 18 years of age) presents to the Emergency department or Urgent Care Center with signs and symptoms of the

following:

1. acute coronary syndrome, or
2. respiratory distress, or
3. suspected sepsis, or
4. suspected hip/pelvic fracture (refer to definitions below), or
5. is receiving chemotherapy and/or is an immunocompromised patient with a fever, or
6. signs of stroke, or
7. rib cage injury/trauma (NOTE: Patients may be greater than or equal to 10 years of age)

Specific indications are identified in the appended Order Table (Appendix A).

Contraindications:

This medical directive must not be implemented if:

1. The patient or substitute decision maker (SDM) declines implementation of this Medical Directive.
2. The patient is admitted to hospital or discharged from the Emergency department.
3. The patient is from out of country.
4. The patient has any contraindications outlined in Appendix A.

For Extremity/Rib Injuries:

1. Any of the additional contraindications exist:
 - a. known or suspected pregnancy with a positive Point of Care Testing for Urine BHCG or unable to verbally confirm she is not pregnant
 - b. unstable patient
 - c. signs or symptoms of neurovascular compromise in the affected limb
 - d. open fractures
 - e. patient is intoxicated or has other distracting injuries and is unable to follow direction, maintain motor control or is uncooperative
 - f. previous imaging exams within the last 48 hours to the affected area
 - g. multiple injuries suspected (more than two injuries), requiring more than 2 x-rays

Acute Coronary Syndromes/Respiratory Distress/Hemodynamic Instability/ Suspected Sepsis/Suspected Hip/Pelvic Fracture/Signs of stroke:

1. Any of the additional contraindications exist:
 - a. known or suspected pregnancy with a positive Point of Care Testing for Urine BHCG or unable to verbally confirm she is not pregnant
 - b. unstable patient

Definitions for indications used in the table:

1. Acute Coronary Syndrome (ACS) – as manifested by chest pain or discomfort (pressure or pain, tightness or fullness, radiating or non-radiating, anterior or posterior) in one or both arms, the jaw, neck, back or stomach that may include any of the following:
 - shortness of breath (SOB)
 - diaphoresis
 - pallor
 - nausea/vomiting
 - dysrhythmias (palpitations, tachycardia, bradycardia)
 - syncope
 - generalized weakness, light-headedness, pre-syncope; and/or
 - lethargy
2. Respiratory Distress or ineffective breathing may include any of the following:
 - shortness of breath (SOB)
 - diminished, absent and/or adventitious breath sounds
 - altered mental status (e.g., restless, agitated)
 - cyanosis (especially circumoral cyanosis)
 - paradoxical movement of the chest wall during inspiration or expiration;
 - use of accessory or abdominal muscles (or both) and/or
 - jugular venous distention (JVD) or tracheal shift from midline position
3. Suspected Sepsis – life-threatening organ dysfunction caused by a dysregulated host response to infection:
 - temperature greater than 38°C (fever) or less than 36°C
 - heart rate > 90 beats/min
 - respiratory rate ≥22 breaths/min
 - hypotension – systolic blood pressure (SBP) ≤ 100 mmHg or Mean Arterial Pressure (MAP) less than 70 mmHg
 - abnormal peripheral circulation, capillary refill greater than 3 seconds, mottled skin, and/or alteration in mental status
4. Suspected Hip/Pelvic Fracture
 1. Pain or point tenderness over the affected area, and/or
 2. Any rotation (internal or external), abduction and shortening of the affected limb
5. Signs of stroke (Heart and Stroke Foundation of Canada)
 - F – Face – is it drooping?
 - A – Arms – inability to raise arms?
 - S – Speech - slurred or jumbled?
 - T – Time to call 911

<p>Consent:</p> <p>Staff implementing this medical directive will obtain informed consent from the patient or substitute decision maker for the proposed investigation and treatment.</p> <p>Obtaining and documenting informed consent includes the provision of information and the ability to answer questions about:</p> <ul style="list-style-type: none"> • the implementation of this medical directive; • the nature of the treatment; • expected benefits of the treatment; • material risks and adverse effects of the treatment; • alternative courses of treatment; and • likely consequences of not having the treatment (CNO, 2013; CPSO 2012). <p>In emergency situations when consent cannot be obtained from the patient or SDM, the healthcare provider will proceed with treatment as outlined in the Health Care Consent Act and Mackenzie Health Hospital's Consent to Treatment Policy.</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title: Click here to enter text.</p>
<p>Guidelines for Implementing the Order / Procedure:</p> <p>Extremity/Rib Cage Injuries:</p> <p>Triage Nurse will:</p> <ol style="list-style-type: none"> 1. Complete a triage assessment and document a Canadian Triage and Acuity Score (CTAS). 2. A full set of vital signs including temperature, pulse, respiration, blood pressure oxygen saturation (as applicable) and documented weight in kilograms (for the paediatric population only). 3. Mechanism and time of injury and any other complaints of any additional injury. 4. Any lacerations, abrasions, edema, ecchymosis, deformity and /or any skin tenting around injury. 5. Neurovascular status of the injured extremity, checking for the 7 P's: Pain, Pallor, Pulses, Paresthesia, Paralysis, Pressure and Polar (temperature). 6. For rib cage injury, assess for increased pain on inspiration/expiration or movement. 7. Tetanus status in the presence of broken skin integrity. <p>The primary nurse will, prior to a radiology study being ordered:</p> <ol style="list-style-type: none"> 1. Complete a focused musculoskeletal/skin assessment or respiratory assessment which is based on clinical presentation. 2. Carefully remove any jewelry or constricting clothing distal or near the injury. 3. Assess the need for an ice pack and elevate the extremity (apply ice 15-20 minutes on 15-20 minutes off). Ensure that the ice pack is wrapped to prevent cold exposure. 	<p>Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix A: Table 1: Extremity/Rib Cage Radiography Orders and Table 2: Chest Film Radiography Orders</p>

4. Immobilize the affected limb with a splint or sling if able. Reassess and document the neurovascular status of the injured limb after the application of the splint.
5. Assess the need for analgesia prior to x-ray as per Emergency Department Medication for Adult Patients medical directive, if applicable.
6. Ensure there are no contraindications to implementing this medical directive. See Contraindications within the medical directive.
7. Order specific area(s)/body part(s) of concern only, of a specific laterality (left or right) up to a maximum of 2 body parts
8. For female patients in childbearing years (10-55 years of age) verbally confirm that the patient is not pregnant (exception - patients with history of hysterectomy). If unable to confirm this with the patient, then complete the Point of Care testing for Urine BHCG prior to any diagnostic imaging test. If result is positive for pregnancy, this is a contraindication, and the medical directive must not be implemented.

Once the patient is admitted, the nurse is required to call the Most Responsible Physician (MRP) for further orders.

Acute Coronary Syndromes/Respiratory Distress/Hemodynamic Instability/ Suspected Sepsis/Suspected Hip/Pelvic Fracture/Signs of stroke:

The triage nurse will:

1. Complete a triage assessment and assign a Canadian Triage and Acuity Score.
2. A full set of vital signs including temperature, pulse, respiration, blood pressure and oxygen saturation.

The primary nurse will, prior to a radiology study being ordered:

1. Notify the ED Physician the need to see the patient ASAP according to the CTAS guidelines (level 1 or 2).
2. Complete and document a focused assessment(s) based on symptom presentation and provide additional therapeutics as required (i.e., cardiac monitor, blood work, saline lock and/or oxygen as per ED Therapeutic Procedures medical directive).
3. Inform the patient of NPO status (if indicated).
4. For female patients in childbearing years (10-55 years of age) verbally confirm that the patient is not pregnant (exception - patients with history of hysterectomy). If unable to confirm this with the patient, then complete the Point of Care testing for Urine BHCG prior to any diagnostic imaging test. If result is positive for pregnancy, this is a contraindication, and the medical directive must not be implemented.

If diagnostic imaging (plain film radiography studies) is completed under this directive and patient leaves without being seen (LWBS) by the attending physician:

1. The nurse will forward the results to the attending physician for disposition.

Documentation and Communication:Appendix Attached: Yes NoTitle: [Click here to enter text.](#)

Documentation will be captured in the patient's Electronic Medical Record. Documentation will include the specific orders initiated "as per medical directive", name of Medical Directive, attending physician, the implementer's name and designation as captured by the implementer's log-in.

- Include clinical details in the order under Reason for Exam. This is important information that the Medical Radiation Technologist and Reporting Radiologist review.

Review and Quality Monitoring Guidelines:Appendix Attached: Yes NoTitle: [Click here to enter text.](#)

In accordance with Mackenzie Health's policy, this medical directive may be implemented on behalf of the physicians/providers who have authorized its use. The signatory of each Authorizing Provider is captured on the Authorizer Approval Form/Signature Form.

- Annual Review:
 - Medical directives are reviewed annually by the Policy Owner & Physician Chief.
 - The Physician Chief/Medical Director will acquire signature from any new physician(s) and authorize continued use of directive on behalf of physicians previously signed.
- Revision:
 - This medical directive will be revised and submitted through the necessary workflows every three years and earlier if any significant change is made.
 - Each physician/provider must be a signatory to authorize use with any revision
 - Final approval is required from Medical Advisory Committee with any revision

Competency Validation Process

To complete the initial competency validation process, the following must be completed:

1. Attend interprofessional and program-specific orientation
2. Complete the required eLearning modules and attest to competency annually.
3. Review and complete the Emergency Program learning package (for Program specific Medical Directives) and quiz during onboarding.

Regulated health care professionals demonstrate competence by engaging in reflective practice on an annual basis, where they identify and then achieve their individual learning goals. All regulated health care professionals are responsible for maintaining their own professional competency.

Administrative Approvals:

Stakeholder engagement is recorded electronically through the policy management system and includes at a minimum the Mandatory Stakeholders listed below.

- Chief Nurse Executive
- Director Professional Practice & Chief Nursing Information Officer
- Policy Owner: Program Director, Emergency Department, Urgent Care Center, DASA and Ambulatory Services
- Emergency Program Quality Committee
- Medical Advisory Committee

Approving Physician(s)/Authorizer(s):

- Medical Advisory Committee
- Physician Chief and Medical Director, Emergency Medicine

See Physician Authorizer Approval Form/Signature List below for all physicians who have authorized the use of this Medical Directive on their behalf.

References:Appendix Attached: Yes NoTitle: [Click here to enter text.](#)

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Clinical

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Appendix A:

Order Table Form

This Order Table may be used as an appendix to a directive to specify indications and contraindications when the directive contains a series of orders. If used as an appendix, it must be cross-referenced within the applicable section(s) and included with the directive so there is no potential for error. Because this table does not have the integrity necessary for a directive, it is not acceptable to use it independently, apart from the directive.

Table 1: Extremity Plain Film Radiography X-Ray Orders

Order	Indications	Contraindications	Guidelines
a) Foot x-ray	<p>Pain in the midfoot zone and one or more of the following findings:</p> <ol style="list-style-type: none"> bone tenderness at the base of the 5th metatarsal bone tenderness at the navicular inability to bear weight both immediately and in the emergency department 	<ol style="list-style-type: none"> known or suspected pregnancy with a positive Point of Care Testing for Urine BHCG or unable to verbally confirm she is not pregnant unstable patient signs or symptoms of neurovascular compromise in the affected limb open fractures patient is intoxicated or has other distracting injuries and is unable to follow direction, maintain motor control or is uncooperative previous imaging exams within the last 48 hours to the affected area multiple injuries suspected (more than two injuries), requiring more than 2 x-rays 	<p>Ensure that assessment findings are documented in EMR.</p>
b) Ankle x-ray	<p>Upon palpation of the entire distal 6 cm of the fibula and tibia to assess the malleolar zone, pain in the malleolar zone and one or more of the following:</p> <ol style="list-style-type: none"> bone tenderness at the posterior edge or tip of the lateral malleolus bone tenderness at the posterior edge or the tip of the medial malleolus inability to bear weight both immediately and in the emergency department 	<p>See above</p>	<p>See Ottawa Ankle Rules (Appendix B)</p>

Order	Indications	Contraindications	Guidelines
c) Toe(s) x-ray	Deformity and/or swelling in the area	See above	If individual toe(s) are to be x-rayed, specify location indicating right or left and which toe
d) Calcaneus	<ol style="list-style-type: none"> 1. Heel pain, increased pain on weight bearing 2. Pain that is reproduced by squeezing the back of the heel from both sides 	See above	
e) Knee x-ray	<p>Knee injury patients with one or more of these findings:</p> <ol style="list-style-type: none"> 1. isolated tenderness of the patella (that is, no bone tenderness of the knee other than the patella) * 2. tenderness at the head of the fibula 3. inability to flex to 90 degrees inability to bear weight both immediately and in the emergency department (4 steps; unable to transfer weight twice onto each lower limb regardless of limping) 3. age over 55 years 	See above	<p>See Ottawa Knee Rules (Appendix C)</p> <p>Add Patella with skyline views for tenderness of the patella only</p>
f) Tibia/Fibula x-ray	<p>Deformity and/or swelling in the area</p> <p>Localized bony tenderness</p>	See above	
g) Hip/pelvis x-ray	<ol style="list-style-type: none"> 1. For hip: Any rotation (internal or external), abduction and shortening of the affected limb 2. For pelvis: Pain during gentle palpation on the iliac crests toward the midline and gentle downward pressure over the symphysis pubis 3. Age over 55 years 	See above	
h) Hand x-ray	<p>Deformity and/or swelling in the area, impaired range of motion and localized bony tenderness</p>	See above	
i) Finger(s) x-ray	Isolated finger injury distal to the Metacarpophalangeal (MCP) joint	See above	If individual finger(s) are to be x-rayed, specify location indicating right or left and which digit

Order	Indications	Contraindications	Guidelines
j) Scaphoid/Wrist x-ray	Tenderness at the anatomic “snuff box” Pain on axial compression of thumb Tenderness to scaphoid tubercle Snuffbox edema	See above	
k) Wrist x-ray	Deformity and swelling in the area, Impaired range of motion and localized bony tenderness	See above	
l) Forearm x-ray	Deformity and swelling in the area, localized bony tenderness	See above	
m) Elbow x-ray	Deformity and/ or joint effusion or swelling in the area, impaired range of motion and localized bony tenderness	See above	
n) Humerus x-ray	Deformity and/or swelling, bruising or swelling in the area, impaired range of motion and bony tenderness	See above	
o) Shoulder x-ray	Inability to abduct the affected shoulder and step-off of the acromion on palpation	See above	Recurrent shoulder dislocations should be assessed by MD prior to X-Ray order
p) Clavicle x-ray	Deformity and/or swelling in the area, impaired range of motion and localized bony tenderness; skin tenting	See above	
q) Rib cage	Localized bruising and/or swelling, tenderness on palpation	See above	In addition, please order chest x- ray, if rib x-rays are ordered (for adults or children greater than or equal to 10 years of age)

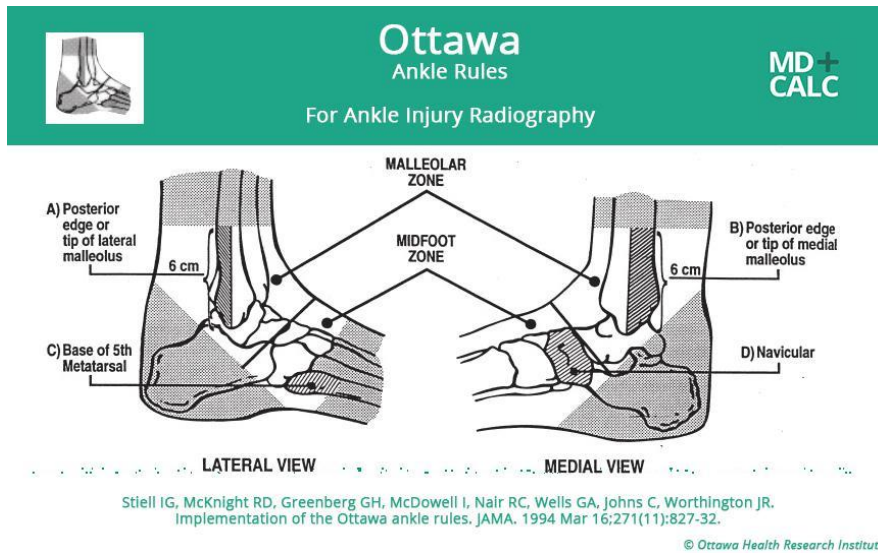
This table should not be relied upon in the absence of **Diagnostic Imaging by Emergency Department Nurses, Medical Directive** Medical Directive.

Table 2: Chest Film Radiography X-Ray Orders

Order	Indications	Contraindications	Guidelines
a) Portable Chest x-ray	<p>Signs and symptoms of, or including one or more of the following:</p> <ul style="list-style-type: none"> • Acute coronary syndrome • Hemodynamic instability • Respiratory distress • Suspected hip/pelvic fracture • Signs and symptoms of suspected sepsis • Chemotherapy or immunocompromised patients with fever • Signs of stroke <p>See ED Therapeutic Procedures medical directive for order to initiate venous access and/or administer oxygen therapy</p>	<ol style="list-style-type: none"> 1. known or suspected pregnancy with a positive Point of Care Testing for Urine BHCG or unable to verbally confirm she is not pregnant 2. unstable patient 	
b) Chest x-ray PA and LAT	<p>Signs and symptoms of, or including one or more of the following:</p> <ul style="list-style-type: none"> • Acute coronary syndrome • Respiratory distress • Suspected hip/pelvic fracture • Signs and symptoms of suspected sepsis • Chemotherapy or immunocompromised patients with fever • Signs of stroke • Rib injury (for adults and children greater than or equal to 10 years of age) 	See above	The patient is required to have stable vital signs prior to being sent to diagnostic imaging

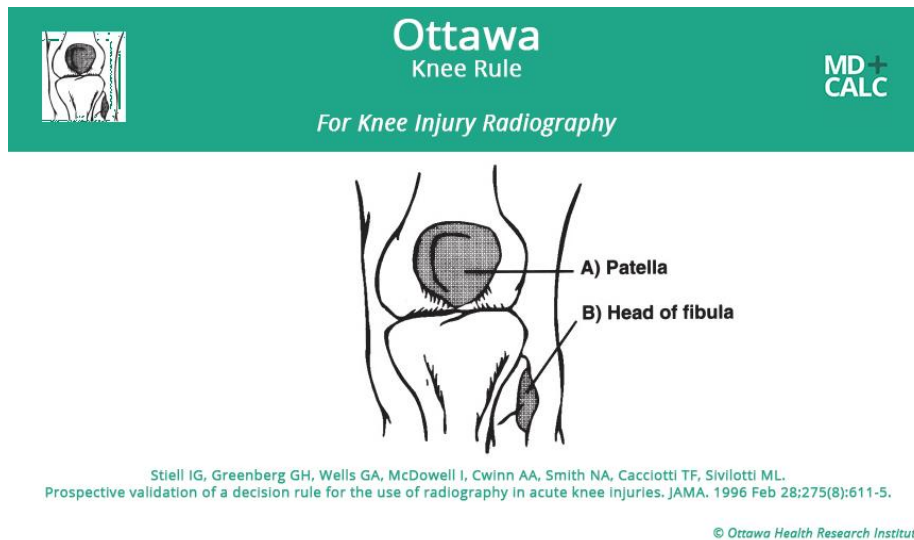
This table should not be relied upon in the absence of *Diagnostic Imaging by Emergency Department Nurses, Medical Directive* Medical Directive.

Appendix B: Ottawa Ankle Rules



<http://www.mdcalc.com/ottawa-ankle-rule/>

Appendix C: Ottawa Knee Rules



<http://www.mdcalc.com/ottawa-knee-rule/>

Physician Authorizer Approval Form/Signature List

Title of Directive: Diagnostic Imaging by Emergency Department Nurses, Medical Directive, Medical Directive

MANDATORY SIGN-OFF required from Policy Owner (Ops Director), program Physician Chief/Medical Director and all Physicians who would authorize the initiation of the medical directive on their behalf.

Title of Authorizer	Name of Authorizer	Signature	Date <i>(mm/dd/yyyy)</i>
Operations Director, Emergency Department, Intensive Care Unit, and Ambulatory Care	Heather Stewart	Approved via email	May 31, 2022
Physician Chief and Medical Director, Emergency Medicine	Dr. David Rauchwerger	Approved via email	May 30, 2022
Zafar Ahmad	Physician	Approved via email	January 21, 2022
Khizer Amin	Physician	Approved via email	March 31, 2022
Damon Atri	Physician	Approved via email	January 21, 2022
Seymour Axler	Physician	Approved via email	January 21, 2022
Joseph Bacani	Physician	Approved via email	May 30, 2022
Gurpaul Bajwa	Physician	Approved via email	January 21, 2022
Yaniv Berliner	Physician	Approved via email	May 28, 2022
Teertha Bose	Physician	Approved via email	January 24, 2022
Stephen Burke	Physician	Approved via email	May 30, 2022
Thomas Campbell	Physician	Approved via email	January 21, 2022
David Carr	Physician	Approved via email	May 27, 2022
Peter Channan	Physician	Approved via email	March 31, 2022
Alvin Chin	Physician	Approved via email	May 30, 2022
Nicholas Clarridge	Physician	Approved via email	May 30, 2022
Alexandre Dostaler	Physician	Approved via email	April 4, 2022

Jerome Fan	Physician	Approved via email	June 4, 2022
Geoffrey Fine	Physician	Approved via email	January 24, 2022
Steve Flindall	Physician	Approved via email	January 24, 2022
Adam Fogel	Physician	Approved via email	January 24, 2022
Chris Fortier	Physician	Approved via email	May 31, 2022
Ping Fu	Physician	Approved via email	February 7, 2022
Arash Gharajeh	Physician	Approved via email	February 8, 2022
Indraneel Ghosh	Physician	Approved via email	June 3, 2022
Paul Gibbons	Physician	Approved via email	May 30, 2022
Daniel Goodman	Physician	Approved via email	January 21, 2022
Joseph Greenwald	Physician	Approved via email	March 31, 2022
Michael Ha	Physician	Approved via email	April 4, 2022
Greg Ikonnikov	Physician	Approved via email	January 21, 2022
Ashu Jain	Physician	Approved via email	March 31, 2022
Farah Jazuli	Physician	Approved via email	May 28, 2022
Debra Kiez	Physician	Approved via email	May 29, 2022
Mark Lee	Physician	Approved via email	April 1, 2022
Alexander Leung	Physician	Approved via email	January 24, 2022
Rizwanali Momin	Physician	Approved via email	May 28, 2022
Gerrit Murray-Hazeleger	Physician	Approved via email	January 21, 2022
Zainab Najarali	Physician	Approved via email	April 4, 2022
Huy David Nguyen	Physician	Approved via email	May 31, 2022
Gil Nimni	Physician	Approved via email	May 28, 2022
Edoardo Notarandrea	Physician	Approved via email	January 21, 2022
Abdolreza Paki-Javan	Physician	Approved via email	January 24, 2022

Paul Perlon	Physician	Approved via email	January 24, 2022
Joel Puetz	Physician	Approved via email	June 3, 2022
Anik Rawji	Physician	Approved via email	January 25, 2022
Seyon Sathiaseelan	Physician	Approved via email	June 1, 2022
Daniel Shogilev	Physician	Approved via email	January 27, 2022
Aman Sikand	Physician	Approved via email	May 31, 2022
Jeffrey Singh	Physician	Approved via email	January 24, 2022
Vito Sorrento	Physician	Approved via email	May 26, 2022
Thomas Sull	Physician	Approved via email	January 24, 2022
David Swartz	Physician	Approved via email	January 21, 2022
Ahmed Taher	Physician	Approved via email	March 31, 2022
Davy Tawadrous	Physician	Approved via email	March 31, 2022
Lap Kei Tung	Physician	Approved via email	January 21, 2022
Philip Vayalumkal	Physician	Approved via email	January 21, 2022

This form must be included in the medical directive for it to be published.

Please sign with digital signature or scan the signed document and include here as an appendix.

Annual Review Form for Medical Directives (Year 1)

Title of Medical directive: Diagnostic Imaging by Emergency Department Nurses, Medical Directive

The signatures below endorse the mandatory annual review of this medical directive by the Chief Physician/Medical Director and the Policy Owner:

- This Medical Directive is current and valid.
- This Medical Directive requires significant modification with reauthorization.
Checking this box indicates that you would like to start the Revision process.
- This Medical Directive is no longer valid and should be deactivated and archived.

Signature of Physician Chief/Medical Director

Choose an item.

Date: [Click here to enter a date.](#)

Signature of Policy Owner

Choose an item.

Date: [Click here to enter a date.](#)

Additional Authorizer Approvals/Physician Signatures not captured by original approval form:

Title of Authorizer	Name of Authorizer	Signature	Date (mm/dd/yyyy)
Physician	Paul Moroz		
Physician	Farhan Siddiqui		
Physician	Darryl Huang		
Physician	Philip Stasiak		
Physician	Noorin Walji		
Physician	Connor Lavelle		

This form must be included with the medical directive for it to be published.

Please sign with digital signature or scan the signed document and include here as an appendix.

Annual Review Form for Medical Directives (Year 2)

Title of Medical directive: Diagnostic Imaging by Emergency Department Nurses, Medical Directive

The signatures below endorse the mandatory annual review of this medical directive by the Chief Physician/Medical Director and the Policy Owner:

- This Medical Directive is current and valid.
- This Medical Directive requires significant modification with reauthorization.
Checking this box indicates that you would like to start the Revision process.
- This Medical Directive is no longer valid and should be deactivated and archived.

Signature of Physician Chief/Medical Director

Choose an item.

Date: [Click here to enter a date.](#)

Signature of Policy Owner

Choose an item.

Date: [Click here to enter a date.](#)

Additional Authorizer Approvals/Physician Signatures not captured by original approval form:

Title of Authorizer	Name of Authorizer	Signature	Date (mm/dd/yyyy)

This form must be included with the medical directive for it to be published.

Please sign with digital signature or scan the signed document and include here as an appendix.