Emergency Situations – Medical Directive

Medical Advisory Committee Approved: 26MAR2024

☑ Harmonized

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Authorizing Prescriber(s)

All Most Responsible Practitioners (MRPs)

Authorized to Whom

All Regulated Healthcare Providers (RHCPs) at Lakeridge Health authorized by the Regulated Health Professions Act (RHPA) (1991) and discipline-specific acts to perform:

- Peripheral venous access device (PVAD) insertion, and/or
- Access of an existing non-hemodialysis central venous access device (CVAD), and/or
- Capillary blood glucose sampling, and/or
- Oxygen administration and/or
- Administration of a medication and
- Who have successfully completed the Emergency Situations Medical Directives Online Learning module and quiz. The Emergency Situations Medical Directives Online Learning Module and quiz must be completed every two years.

Patient Description/Population

Any inpatient or outpatient within any Lakeridge health facility in an emergency situation for which a peripheral vascular device, and/or access of an existing non-hemodialysis CVAD, and/or capillary blood glucose sample, and/or oxygen administration, and/or naloxone administration is indicated as per the order table form in Appendix A.

Order and/or Procedure

These procedures are not presented in sequential order; any one of or combination of the procedures below may be performed by an authorized healthcare professional as time permits until either an authorized prescriber or appropriate emergency response personnel are present.

Upon utilization of this medical directive notify MRP and/or activate the appropriate emergency response

a) Peripheral Venous Access Device Insertion

- Insert up to two peripheral vascular access device(s) as per Appendix A.

b) Central Venous Access Device

- Access a non-hemodialysis CVAD and initiate fluid as per Appendix A. Note: This does not include Hemodialysis (HD) CVADs. An order to access the HD CVAD must be obtained. Any physician/NP may order the HD CVAD accessed in an emergency situation.

c) Oxygen Administration

- Adult patients to achieve SpO_2 of 92-98%.
- Adult patients with a known history of COPD to achieve SpO_2 of 88-92%.
- Paediatric patients to achieve SpO_2 94-98%.
- Neonatal patients at the time of birth, administer oxygen per Appendix B: NRP Oxygen Administration table.

d) Capillary Blood Glucose Sampling

- Perform finger or heel puncture and glucose sampling.

e) Hypoglycemia Protocol

- Treat blood glucose levels less than 4 mmol/L as per the Hypoglycemia Protocol (refer to the Protocol on OASIS or within the electronic health record for complete protocol description/order).

f) Naloxone Administration

- Administer Naloxone 0.4 mg IV/IM
- Repeat every 2-3 minutes as needed, to a maximum of 2 mg

Indications to the Implementation of the Directive

- Any patient with indications for PVAD insertion or access of a non-hemodialysis CVAD including: acute chest pain, shortness of breath; abdominal/flank pain; active bleeding, overdose of medications, alcohol or other substances, severe trauma, signs of

dehydration, altered level of consciousness, hypotension, atypical or abnormal fetal heart rate in the obstetrical patient, or if an IV or access of a non-hemodialysis CVAD is required in the professional judgment of the authorized RHCP.

- Any patient with indications for oxygen administration including respiratory distress and/or evidence of hypoxemia.
    - For adult patients: SpO_2 less than 92%
    - For paediatric patients $Sp0_2$ less than 94%;
    - For COPD patients SpO_2 less than 88%.
    - For neonatal patients at the time of birth: SpO_2 below pre-ductal saturation range as per NRP guidelines (see Appendix B).
    - For obstetrical patients as part of the intra-uterine resuscitative measure (i.e. not dependent on the maternal oxygen saturation.), or if oxygen is required in the professional judgment of the authorized RHCP.

- Any patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia indicating a need for capillary blood glucose sampling.

- Any patient, 16 years of age or older, with a blood glucose level less than 4 mmol/L

- Any patient, 16 years of age or older, with indications for naloxone administration including suspected opioid overdose and any of the following:
    - minimally responsive to unresponsive
    - respiratory rate of less than 10 breaths per minute
    - agonal breaths (snoring or gurgling sounds from upper airway)
    - peripheral cyanosis
    - patient's body is limp
    - pupils constricted

Contraindications to the Implementation of the Directive

The medical directive must not be implemented in the following circumstances:

- The patient refuses to consent to the procedure

- Procedure specific contraindications in the Order Table within Appendix A

Consent

The RHCP implementing the medical directive must obtain consent, if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the RHCP may administer treatment without consent if, in their opinion, all of the following are true:

- the patient is incapable with respect to the treatment;
- the patient is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
- it is not reasonably possible to obtain a consent or refusal on the person's behalf, or the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

Documentation Requirements

In addition to standard documentation practices, the RHCP implementing this medical directive must document in the comments of the order the following:

- The procedure performed on the patient
- The name of this medical directive
- The name of the implementer

The order mode "per medical Directive" must be selected and the RHCP must enter their name as the ordering provider. The authorizing provider selected is the patient's MRP.

If documenting during downtime document in the order section of the chart the following:

- The procedure performed on the patient
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials
- Date and time

For example, July 20, 2017 1000 IV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr as per Emergency Situations Medical Directive, B. Smith RRT
OR
July 20, 2017 2200 PIV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr and Oxygen administered to keep SpO_2 between 88-92% as per Emergency Situations Medical Directive, K. Smith RN

Review/Evaluation Process

This medical directive is to be reviewed every two years by Interprofessional Practice.

References

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures.*

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures Order Table.*

Healthcare Consent Act, (1996). *Emergency treatment without consent*. S25

Neonatal Resuscitation Program (2016). Canadian Paediatric Society.

Rouge Valley Health System (2009). *Medical Directive & Delegated controlled acts- Management of Hypoglycemia & Obtaining venous sample to confirm point of care capillary glucose results for adult patients.*

Rouge Valley Health System (2008). *Medical Directive & Delegated Controlled Acts- Initiation of peripheral/central access intravenous access in a cardiac emergency.*

Regulated Health Professions Act (1991). S 27, 28(1) retrieved from: http://www.ontario.ca/laws/statute/91r18

These tables must **not** be used independently apart from the Medical Directive

Appendix A: Order Table Form

Order	Indication	Contraindication	Comments
Initiate intravenous with 0.9% Sodium Chloride to saline lock **OR** Adults: 0.9% Sodium Chloride at 30 mL/hr Paediatrics: 0.9% Sodium Chloride at 10 mL/hr Neonates: D10W at 5 mL/hr	Acute chest pain, shortness of breath, abdominal/flank pain, active bleeding, overdose of medications, alcohol or other substances, severe trauma, signs of dehydration, altered level of consciousness, hypotension, atypical or abnormal fetal heart rate in the obstetrical patient. Or, if an IV is required in the professional judgment of the authorized RHCP.		

Order	Indication	Contraindication	Comments
Access non-hemodialysis CVAD and infuse 0.9% Sodium Chloride at 30 mL/hr	Acute chest pain, shortness of breath, abdominal/flank pain, active bleeding, overdose of medications, alcohol or other substances, severe trauma, signs of dehydration, altered level of consciousness or hypotension. Or, if accessing the non-hemodialysis CVAD is required in the professional judgment of the authorized RHCP.		
Oxygen Administration	All patients: Respiratory Distress, Evidence of hypoxemia Adult Patients: SpO_2 less than 92% COPD Patients: SpO_2 less than 88% Paediatric Patients: SpO_2 less than 94% Neonatal Patients at the time of birth: SpO_2 below pre-ductal saturation range as per NRP guidelines (see Appendix B).	All Patients: SpO_2 99-100% COPD patients: SpO_2 greater than 92% Ductal Dependent Cardiac disease is suspected	

Order	Indication	Contraindication	Comments
	Obstetrical Patients: as part of the intra-uterine resuscitative measure (i.e. not dependent on the maternal oxygen saturation.) Or, if oxygen is required in the professional judgment of the authorized RHCP.		
Capillary Blood Glucose sampling	Patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia.		
Hypoglycemia Protocol (refer to the Regional Hypoglycemia Protocol on OASIS or in the CIS for complete protocol description/order)	Any patient 16 years and older with a blood glucose less than 4 mmol/L	Patient less than 16 years of age	
Naloxone 0.4 mg IM/IV STAT Repeat every 2-3 minutes PRN to a maximum of 2 mg	Any patient, 16 years of age or older, with suspected opioid overdose and any of the following: • minimally responsive to unresponsive • respiratory rate of less than 10 breaths per minute • agonal breaths (snoring or gurgling sounds from upper airway) • peripheral cyanosis • patient's body is limp • pupils constricted	Patient less than 16 years of age The patient's decreased LOC and respiratory depression is expected/intended Documented allergy to Naloxone	May precipitate withdrawal symptoms in opioid-dependent patients Naloxone's duration of action may be shorter than the opioid(s) causing respiratory depression. Will need to continue monitoring respiratory and mental status after naloxone administered

Appendix B: NRP Oxygen Administration Guidelines

Minutes of Life	Targeted pre-ductal SpO_2
1 min	60-65%
2 min	65-70%
3 min	70-75%
4 min	75-80%
5 min	80-85%
10 min	85-95%