



---

## MEDICAL DIRECTIVE

### Critical Care Outreach Team (CCOT) – Abdominal Pain

Approved by/Date: Medical Advisory Committee – October 27, 2015

---

#### Authorizing physician(s)

Intensivists who are part of the Critical Care Physician Section

#### Authorized to who

CCOT Responders (RRTs and RNs) that have the knowledge, skill and judgment and who have successfully attained certification by a course of self-study supplied by the Intensivist – Educators appointed by the Authorizing Physicians, participated in Didactic and Simulation education, completed orientation with Critical Care Outreach Team, and have successfully passed examinations.

#### Patient Description / Population

Adult Patients over 18. Patients who present with symptoms of moderate to severe abdominal pain with distress including but not restricted to tachycardia, tachypnea, diaphoresis, hypertension etc.

#### Medical Directive Description/Physician's Order

1. Manage the airway including support of oxygenation and ventilation
2. Oxygen therapy as required to maintain saturation above 92%, COPD 88-92%
3. Initiate monitoring including cardiac, blood pressure and pulse oximetry
4. Vital signs including temperature q5 – 30 mins plus prn
5. 12-lead EKG
6. Review patient history (including antibiotic use within 12 weeks) and diagnosis
7. Stat Blood Work (CBC, electrolytes, glucose, urea, creatinine, APTT, INR, Corrected calcium, Magnesium, Phosphorus, Albumin, ALT, ALP, Bili, AST, Lipase, Lactate)
8. Stat POC or i-STAT ABG or VBG (pH, pO<sub>2</sub> or pCO<sub>2</sub>)
9. Urine screen (dip stick)
10. If loose stool, specimen should be sent for C. diff.
11. Blood cultures if temperature greater than 38 degrees Celsius
12. Insert a large (18 if possible) gauge IV
13. Intraosseous access may be attained when it is a very unstable, life threatening situation and when IV access has not been successful after 2 attempts or 90

---

Originating Committee: Critical Care – June 18, 2015

Medical Advisory Committee: October 27, 2015

This material has been prepared solely for the use at Lakeridge Health. Lakeridge Health accepts no responsibility for use of this material by any person or organization not associated with Lakeridge Health. No part of this document may be reproduced in any form for publication without the permission of Lakeridge Health.



- seconds of searching for a suitable vein
14. Portable abdominal X-ray - include information about area of abdominal pain
  15. Portable chest x-ray, upright (to rule out free intraperitoneal air)

**Specific conditions/circumstances that must be met before the Directive can be implemented**

- The patient must have symptoms suggestive of abdominal pain on assessment.
- Each intervention will be explained to the patient and/or family when possible.

**Contraindications to the implementation of the Directive**

- Patient refuses therapy.
- Patient is not capable of cooperating with the procedures.

**Identify relevant Delegated Control Act or Added Skill associated with this Directive**

Administering a substance by injection or inhalation.  
Performing a procedure below the dermis:

- IV Insertion Certification
- IO Insertion Certification

**Documentation requirements**

- Implementation of the Medical Directive must be documented on the chart under physician orders.
- Response to medications administered must be documented in the CCOT note.

**Review/Evaluation Process (how often/by who)**

Every 2 years by Medical Department - Emergency Medicine and Critical Care Council.

**Related Documents**

Hamilton Health Sciences Corporation. Critical Care Response Team: Care of the Patient with Severe Hypertension Medical Directive. Ontario, Canada. 2003.



## References

1. Garrard, C, Young, D. Suboptimal care of patients before admission to an Intensive care us caused by a failure to appreciate or supply the ABCs of life support. *BJM* 1998; 316:1841-1842.
2. Buist MD, Jarmolowski E, Burton PR, et al. Recognizing clinical instability in hospital patients before cardiac arrest or unplanned admission to intensive care: a pilot study in a tertiary care hospital *Med J. Aust.* 1999; 171:22-25.
3. Berwick, DM. Redesigning hospital care. *JAMA.* 2006; 295:324-327.
4. Hillman K, Chen J, Cretikos M, et al. Introduction of the medical emergency team (MET) system: a cluster-randomized controlled trial. *Lancet.* 2005; 365:2091-2097.
5. Bellomo R, Goldstein D, Uchino, S et al. A prospective before and after trial of a medical emergency team. *Med J Aust.* 2003; 179:283-287.
6. Bellomo R, Goldstein D, Uchino, S et al. Prospective controlled trial of effect of a medical emergency team on postoperative morbidity and mortality rates. *Crit Care Med.* 2004; 32:916- 921.
7. Buist MD, Moore GE, Bernard SA, et al. Effects of a medical emergency team on reduction of incidence of and mortality from unexpected cardiac arrests in hospital: a preliminary study. *BMJ.* 2002; 324:387-390.
8. Kenward G, Castle N, Hodgetts, T, et al. Evaluation of a medical emergency team one year after implementation. *Resuscitation.* 2004: 61:257-263.
9. DeVita MA, Braithwaite RS, Mahidhara R, et al. Use of medical emergency team responses to reduce hospital cardiopulmonary arrests. *Qual Saf Health Care.* 2004; 13:251-254.
10. Jolley J, Bendyk H, Holaday B, Lombardozzi KA, et al. Rapid Response Teams: do they make a difference? *Dimens Crit Care Nurs.* 2007; 35:2076-2082.
11. Jones D, Opdam H, Egi M, et al. Long term effect of a medical emergency team on mortality in a teaching hospital. *Resuscitation.* 2007; 74:235-241.
12. Sebat, F et al. Designing, Implementing and Enhancing a Rapid Response System. *Society of Crit Care Med.* 2009; 1-217.



13. London Health Sciences, Ontario Canada. UWO Program in Critical Care Document. Educational Objectives for the Critical Care Outreach Teams July 2009. Pg. 1-4.
14. Gentofte Hospital. Full-scale simulation training of MET and staff from general ward. June 14, 2009.
15. Bell M et al. Prevalence and sensitivity of MET – criteria in a Scandinavian University Hospital. Resuscitation 2006; 70:66-73.
16. Aneman A et al. The ERC Guidelines for Resuscitation 2005 and the Medical Emergency Team. Scand J Trauma Resusc Emerg Med. 2006; 14:74-77.
17. Bengtsson A et al. Medical emergency team implementation: experiences from the Karolinska University Hospital. Solna, Sweden. 2006.
18. Credit Valley Hospital, Ontario Canada. RACE Team – Preliminary Diagnostics and Interventions. Jan. 2007.
19. Hodder, Rick. Critical Care Response Team Provider Manual; Canadian Resuscitation Institute 2006.
20. Faculty of Medicine, Liverpool Health Science, Liverpool, Australia. Medical Emergency Team, 2005, pg. 1-3.
21. North York General Hospital, Toronto, Canada. Adult Cardiac Arrest Medical Directives. Oct. 2005 pg. 1-7.
22. Institute for Healthcare Improvement: Establish a Rapid Response Team - Getting Started Kit: Rapid Response Teams - How-to Guide. Cambridge, Massachusetts, USA. Oct. 2005.
23. The Canadian Society of Respiratory Therapists (CSRT). CSRT-Advocacy – Rapid Response Teams /Medical Emergency Teams. April 2005.
24. Trillium Health Centre, Toronto, Ontario, Canada. Assessment and Medical Inpatient by Medical Emergency Team. June 8, 2006. Pg. 1-4.
25. McFarlan S, Hensley, S. Implementation and outcomes of a Rapid Response Team. J Nurs Care Qual. 2007, Vol 22; 4:307-313.
26. Jackson M. Rapid Response Teams; what does the RRT bring? Bingham and Women's Hospital, Boston MA. USA. 2005.



---

**MEDICAL DIRECTIVE**  
**Critical Care Outreach Team (CCOT) – Abdominal Pain**

Approved by/Date: Medical Advisory Committee – October 27, 2015

---

27. Anderson N, Sutton A, et al. Lessons from the Field “ICU without Walls”. The Calgary Health Regions ICU Outreach Team. Alberta Canada. June 2004.
28. Hamilton Health Sciences Corporation. Critical Care Response Team : Master Medical Directives. Ontario. Canada. 2003.
29. Lakeridge Health Corporation. Medical Directive - Adult Intubation by Registered Respiratory Therapists. Ontario, Canada, Oct 2009.
30. Loughheed D et al. Canadian Respiratory Guidelines. Recommendations for the Management of Asthma, Children (6 years and older) and Adults. Can Respir J 2010. Vol. 17(1).