



Harmonized

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Authorizing Prescriber(s)

All Most Responsible Practitioners (MRPs)

Authorized to Whom

All Regulated Healthcare Providers (RHCPs) authorized by the Regulated Health Professions Act (RHPA) (1991) and Physician Assistants (PA) at Lakeridge Health with delegation to perform peripheral venous access device (PVAD) insertion, and/or access of an existing central venous access device (CVAD), and/or capillary blood glucose sampling, and/or oxygen administration and/or administration of a medication; 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 in an emergency situation for which a PVAD, and/or access of an existing CVAD, and/or capillary blood glucose sample, and/or oxygen administration and/or naloxone 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.

a) Peripheral Venous Access Device Insertion

- Insert up to two PVAD(s) and initiate fluid as per [Appendix A](#).
- Notify MRP and/or activate the appropriate emergency response.

b) Central Venous Access Device

- Access a CVAD and initiate fluid as per [Appendix A](#).
- To access a Hemodialysis CVAD (HD CVAD) an order is required by a Physician/Nurse Practitioner (NP).
- Notify MRP and/or activate the appropriate emergency response.



c) Oxygen Administration

- Adult patients to achieve SpO₂ of 92-98%.
- Adult patients with a known history of COPD to achieve SpO₂ of 88-92%.
- For Neonates and Paediatric patients, ensure ventilation is supported
 - Paediatric patients to achieve SpO₂ 92-98%.
 - Neonatal patients at the time of birth, administer oxygen as per Neonatal Resuscitation Program (NRP) 2010 guidelines per [Appendix B: NRP Oxygen Administration table](#) and after 10 minutes of life to achieve SpO₂ 90-95%
- Notify MRP and/or activate the appropriate emergency response.

d) Capillary Blood Glucose Sampling

- Perform finger or heel puncture for Point of Care glucose sampling.
- Notify MRP and/or activate the appropriate emergency response.

e) Hypoglycemia Protocol for Adult Patients

- Treat blood glucose levels less than 4 mmol/L as per the *Hypoglycemia Protocol* (refer to the Protocol on the Wave for complete protocol description/order).
- Notify MRP and/or activate the appropriate emergency response

f) Hypoglycemia for Paediatric and Neonatal Patients

- If point of care glucose result is less than 3.3 mmol/L notify the MRP STAT.

g) Naloxone Administration for Adult Patients

- Administer 4mg Naloxone Nasal Spray, intranasal **OR**
- Administer 0.4 mg Naloxone IV push **OR** IM as per [Appendix A](#)
- Repeat every 3-5 minutes as needed to a maximum of 3 doses (if administration is intranasal, alternate nares).
- Notify MRP and/or activate the appropriate emergency response.

h) Naloxone Administration for Paediatric and Neonatal Patients

- Notify MRP STAT.

Controlled Act(s) Delegation

Controlled Act Being Delegated	Group(s) who require a delegation to perform acts within this medical directive.	Authorizer(s)/Delegator(s)
Administering a substance by injection or inhalation <ul style="list-style-type: none"> • Administering fluid through a PVAD or CVAD • Naloxone administration • Medications in the hypoglycemia protocol 	Physician Assistants	Orthopaedic surgeons and ED physicians
Performing a prescribed procedure below the dermis or mucous membrane. <ul style="list-style-type: none"> • PVAD insertion • Capillary Blood glucose test 	Physician Assistants	Orthopaedic surgeons and ED physicians

Indications to the Implementation of the Directive

PVAD/CVAD

- Any patient with indications for PVAD insertion or access of a CVAD including but not limited to: 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 CVAD is required due to medical emergency in the professional judgment of the authorized RHCP or PA.

Oxygen

- Any patient with indications for oxygen administration including respiratory distress and/or evidence of hypoxemia,
- For adult patients: SpO₂ less than 92%,
- For paediatric patients SpO₂ less than 92% and/or signs of hypo-perfusion (including hypotension, delayed capillary refill, sepsis),
- For COPD patients SpO₂ less than 88%,
- For neonatal patients at the time of birth: SpO₂ below pre-ductal saturation range as per NRP guidelines (see [Appendix B](#)) and infants greater than 10 minutes of life SpO₂ less than 90%,



- For obstetrical patients as part of the intra-uterine resuscitative measure (i.e. not dependent on the maternal oxygen saturation.),
- If oxygen is required in the professional judgment of the authorized RHCP or PA.

Hypoglycemia or Hyperglycemia

- Any patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia indicating a need for capillary blood glucose sampling.
- Signs and Symptoms of **Hypoglycemia** include but are not limited to: an irregular heart rate or rhythm, fatigue, pallor, shakiness, anxiety, diaphoresis, irritability or altered level of consciousness (LOC), seizure.
- Signs and Symptoms of **Hypoglycemia in neonates** include but are not limited to: hypothermia, tremors, lethargy, hypotonia, apnea, cyanosis, tachypnea, weak or high pitched cry, feeding difficulty.
- Signs and Symptoms for **Hyperglycemia** include but are not limited to: increased thirst, headaches, trouble concentrating, blurred vision, polyuria, fatigue, weight loss, altered LOC
- Any patient, 18 years of age or older, with a blood glucose level less than 4 mmol/L

Naloxone

- Any adult patient with signs of an opioid overdose, including but not limited to:
 - The patient is minimally responsive to unresponsive
 - The patient's breathing is very slow, abnormal, or has stopped (i.e. respiratory rate of less than 10 breaths per minute)
 - The patient snoring or gurgling sounds are coming from the patient's upper airway (agonal respirations)
 - The patient's fingernails or lips are blue or purple
 - The patient's body is very limp
 - The patient's pupils are very constricted (small)

Naloxone must not be administered to any paediatric patient less than 18 years of age without a medical order.

Contraindications to the Implementation of the Directive

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

- A capable patient or substitute decision maker (SDM) refuses to consent to the procedure
- Procedure specific contraindications in the Order Table within [Appendix A](#)

Consent

The RHCP or PA 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 or PA may administer treatment without consent if, in his or her opinion, ALL of the following are true:

- For Adults: the patient is incapable with respect to the treatment;
- For Paediatrics: the patient and SDM are incapable of providing consent for 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 or PA implementing this medical directive must document in the order section of the chart (if documenting electronically, document in assessment form or patient note) 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 (unless documenting electronically)
- Date and time (unless documenting electronically)

For example, July 20, 2020 at 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, 2020 at 2200 PIV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr and Oxygen administered to keep SpO₂ 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>



Approvals and Signatures

Sponsor/Owner Group	_____	_____
	Name	Program
Contact	_____	_____
	Name	Position/Title

Department Chief	_____	_____	_____
	Name	Signature	Date
Medical Director	_____	_____	_____
	Name	Signature	Date
Program Director	_____	_____	_____
	Name	Signature	Date
Chair of IPPC	_____	_____	_____
	Name	Signature	Date
Chair of NPPC	_____	_____	_____
	Name	Signature	Date
Chair of P & T	_____	_____	_____
	Name	Signature	Date
Final Approval Chair of MAC	_____	_____	_____
	Name	Signature	Date

Authorized By	_____	_____	_____
	Name	Signature	Date
	_____	_____	_____
	Name	Signature	Date
Authorized By	_____	_____	_____
	Name	Signature	Date
Authorized By	_____	_____	_____
	Name	Signature	Date
Authorized By	_____	_____	_____
	Name	Signature	Date



Emergency Situations – Medical Directive

Medical Advisory Committee Approved: 24MAR2020

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

Appendix A: Order Table Form

Order	Indication	Contraindication
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 20 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 a PVAD is required in the professional judgment of the authorized RHCP or PA.	
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 CVAD is required in the professional judgment of the authorized RHCP or PA.	
Oxygen Administration	All patients: Respiratory Distress, Evidence of hypoxemia Adult Patients: SpO ₂ less than 92% COPD Patients: SpO ₂ less than 88%	All Patients: SpO ₂ 93-100% without oxygen administration COPD patients: SpO ₂ greater than 92%



Order	Indication	Contraindication
	<p>Paediatric Patients: SpO₂ less than 92%</p> <p>Neonatal Patients at the time of birth: SpO₂ below pre-ductal saturation range as per NRP guidelines (see Appendix B). Neonatal patients after the first 10 minutes of life SpO₂ less than 90%</p> <p>Obstetrical Patients: as part of the intra-uterine resuscitative measure (i.e. not dependent on the maternal oxygen saturation.)</p> <p>Or, if oxygen is required in the professional judgment of the authorized RHCP or PA.</p>	
Capillary Blood Glucose sampling	Patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia.	
Hypoglycemia Protocol (refer to the Protocol on the Wave for complete protocol description/order)	Any patient 18 years and older with a blood glucose less than 4 mmol/L	Patient less than 18 years of age
<p>Naloxone Administer 4 mg Naloxone Nasal Spray, intranasal OR Administer 0.4 mg Naloxone IV push OR IM Repeat every 3-5 minutes as needed to a maximum of 3 doses. If administration is</p>	<p>Adult Patient exhibiting signs of an opioid overdose, including but not limited to:</p> <ol style="list-style-type: none"> 1. The patient is minimally responsive to unresponsive 2. The patient's breathing is very slow, abnormal, or has stopped (i.e. respiratory rate of less than 10 breaths per minute) 3. The patient is snoring or gurgling sounds are coming from the patient's upper airway (agonal respirations) 4. The patient's fingernails or lips are blue or purple 5. The patient's body is very limp 	<p>Patients less than 18 years of age The patient has a known allergy to naloxone or one of its ingredients</p>



Order	Indication	Contraindication
Intranasal, alternate Nares.	6. The patient's pupils are very constricted (small)	

Appendix B: NRP Oxygen Administration Guidelines

Minutes of Life	Targeted pre-ductal SpO₂
1 min	60-65%
2 min	65-70%
3 min	70-75%
4 min	75-80%
5 min	80-85%
10 min	85-95%