



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 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 peripheral vascular device, and/or access of an existing non-hemodialysis CVAD, and/or capillary blood glucose sample, and/or oxygen 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.

#### a) Peripheral Venous Access Device Insertion

- Insert up to two peripheral vascular access device(s) as per [Appendix A](#).
- Notify MRP and/or activate the appropriate emergency response.

#### 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.

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Document Sponsor/Owner Group: (Interprofessional Practice, Date Approved 01SEP2017)

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- Notify MRP and/or activate the appropriate emergency response.

**c) Oxygen Administration**

- Adult patients to achieve SpO<sub>2</sub> of 92-98%.
- Adult patients with a known history of COPD to achieve SpO<sub>2</sub> of 88-92%.
- Paediatric patients to achieve SpO<sub>2</sub> 94-98%.
- Neonatal patients at the time of birth, administer oxygen as per Neonatal Resuscitation Program (NRP) 2010 guidelines per [Appendix B: NRP Oxygen Administration table](#).
- Notify MRP and/or activate the appropriate emergency response.

**d) Capillary Blood Glucose Sampling**

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

**e) Hypoglycemia Protocol**

- 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

**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<sub>2</sub> less than 92%; for paediatric patients SpO<sub>2</sub> less than 94%; for COPD patients SpO<sub>2</sub> less than 88%. For neonatal patients at the time of birth: SpO<sub>2</sub> 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

### 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 his or her 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 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, 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<sub>2</sub> 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

<b>Sponsor/Owner Group</b>	_____	_____
	Name	Program
<b>Contact</b>	_____	_____
	Name	Position/Title

<b>Department Chief</b>	_____	_____	_____
	Name	Signature	Date
<b>Medical Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Program Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of IPPC</b>	_____	_____	_____
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	Name	Signature	Date

<b>Authorized By</b>	_____	_____	_____
	Name	Signature	Date
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_____	_____	_____	
Name	Signature	Date	



\*\*\*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 <b>OR</b> 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.	
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-hemodialysisCVAD is required in the professional judgment of the authorized RHCP.	



Order	Indication	Contraindication
Oxygen Administration	<p>All patients: Respiratory Distress, Evidence of hypoxemia</p> <p>Adult Patients: SpO<sub>2</sub> less than 92%</p> <p>COPD Patients: SpO<sub>2</sub> less than 88%</p> <p>Paediatric Patients: SpO<sub>2</sub> less than 94%</p> <p>Neonatal Patients at the time of birth: SpO<sub>2</sub> below pre-ductal saturation range as per NRP guidelines (see <a href="#">Appendix B</a>).</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.</p>	<p>All Patients: SpO<sub>2</sub> 99-100%</p> <p>COPD patients: SpO<sub>2</sub> greater than 92%</p> <p>Ductal Dependent Cardiac disease is suspected</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 16 years and older with a blood glucose less than 4 mmol/L	Patient less than 16 years of age



**Appendix B: NRP Oxygen Administration Guidelines**

<b>Minutes of Life</b>	<b>Targeted pre-ductal SpO<sub>2</sub></b>
1 min	60-65%
2 min	65-70%
3 min	70-75%
4 min	75-80%
5 min	80-85%
10 min	85-95%