Lakeridge Health	**Gynecological Diagnostic Assessment Program Investigations – Medical Directive**	
	Manual: Medical Directives & Delegated Controlled Acts	Original Date: 27NOV2018
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Authorizing Prescriber(s)

Lakeridge Health Oshawa (LHO) Gynecologic Oncology Surgeons.

Authorized to Whom

The Gynecology Nurse Navigator (Registered Nurse) working in the Gynecological Diagnostic Assessment Program at Lakeridge Health (LH) at the Durham Regional Cancer Program.

Co-implementers: Medical Radiation Technologists (MRT) and Laboratory Technologists employed at Lakeridge Health.

Patient Description/Population

Any adult outpatient referred to the Gynecology Diagnostic Assessment Program.

Order and/or Procedure

The order and/or procedures are not presented in sequential order. Any one or combination may be selected.

- Laboratory tests as per the Order Table Form
- Diagnostic imaging as per the Order Table Form
  - I. **Trans-vaginal ultrasound**
  - II. **Computed Tomography** Scan (CT) chest, abdomen and pelvis with contrast,
  - III. Magnetic Resonance Imaging (MRI) of the pelvis
- Pathology review request for specimen(s) as per the Order Table Form
- Paracentesis as per the Order Table Form

Indications to the Implementation of the Directive

Any new patient with suspected or confirmed gynecological cancer who requires assessment and intial consult in the Gynecological Diagnostic Assessment Program with indications as listed in the Order Table.

Contraindications to the Implementation of the Directive

The directive must not be implemented in any of the following circumstances:

- Patient is under 18 years of age
- Patient or Substitute Decision Maker (SDM) refuses diagnostic and laboratory investigations
- The patient has had one of the diagnostic tests listed in the order table form completed within the past 2 months. (60 days)
- For CT: See Order Table Form for modality specific investigations
- For MRI: See Order Table form for modality specific investigations

Consent

The Gynecological Nurse Navigator implementing the Medical Directive must obtain consent and document in the patient's electronic health record. Consent will be obtained by telephone or in person with the patient or their SDM. If the patient or SDM refuses to provide consent for treatment, contact the Most Responsible Physician (MRP) or delegate immediately to determine plan of care.

Documentation Requirements

In addition to standard documentation practices, including any required requisitions, the Gynecological Nurse Navigator implementing this medical directive must ensure the following is documented in the patient's electronic record:

- The order will be signed using the order mode of "per medical directive"
- The name of the Gynecological Nurse Navigator will be the ordering provider
- The name of the MRP will be the authorizing provider
- The full name of this medical directive will be outlined in the comments section (e.g. Gynecological Diagnostic Assessment Program Investigations – Medical Directive

Co-implementers will document in the electronic record as per standard documentation practices

Review/Evaluation Process

The Medical Directive will be reviewed by the Gynecological Program Committee every 2 years.

References

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Cancer Care Ontario. (2020). *Cervical cancer treatment pathway map*. https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CervicalCancerTreatmentPathwayMap_2020-01.pdf

Cancer Care Ontario. (2021). *Endometrial cancer diagnosis pathway map*. https://www.cancercareontario.ca/sites/ccocancercare/files/assets/EndometrialCancerDiagnosisPathwayMap.pdf

Cancer Care Ontario. (2018). *Endometrial cancer treatment & follow-up pathway map.* https://www.cancercareontario.ca/sites/ccocancercare/files/assets/Endometrial_Cancer_Treatment_Pathway_Map_V2018_12.pdf

Cancer Care Ontario. (2020). *Ovarian cancer diagnosis pathway map.* https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OvarianCancerDiagnosisPathwayMap_2020-01.pdf

College of Nurses of Ontario, (2020). *Practice guideline: Directives.* *https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41019_medicaldirectives.pdf*

College of Physicians and Surgeons of Ontario. (2021). *Delegation of controlled acts policy*. https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Delegation-of-Controlled-Acts

Regulated Health Professions Act, SO 1991, c 18.

This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order	Indication	Contraindication
Diagnostics		
CT with contrast of the: • chest, • abdomen, and • pelvis	Any new patient scheduled for an initial consult for a suspected or confirmed; • cervix cancer • endometrial cancer (grade 2 to 3) • grade 1 endometrial cancer with BMI greater than 40 and/or bleeding for over 12 months, and/or suspicion or confirmed evidence of uterine myometrial invasion • ovarian cancer • All vulvar cancers greater than 4cm	Patients with; • estimated Glomerular Filtration Rate (eGFR) less than or equal to 30 mL/min • grade 1 endometrial cancer with BMI greater than 40 and/or bleeding for over 12 months, and/or suspicion or confirmed evidence of uterine myometrial invasion • Vulvar cancers less than 4cm • Allergy to contrast
Magnetic Resonance Imaging (MRI) of the pelvis	Any new patient scheduled for an initial consult for a confirmed cervix cancer	• Any ferromagnetic device/implant that is electronically, magnetically or mechanically activated (pacemakers, cochlear implants, implanted cardiac devices etc.) • Aneurysm clips/coils • Orbital foreign body
Pelvic and Trans-vaginal ultrasound	Any new patient scheduled for an initial consult for a confirmed grade 1 endometrial cancer without a trans-vaginal ultrasound within the last 2 months	• Patient does not have grade 1 endometrial cancer • Patient had a trans-vaginal ultrasound within the last 2 months

Order	Indication	Contraindication
Laboratory Procedures		
CA 125, CEA, CBC, electrolytes, creatinine with eGFR, fasting glucose, uric acid, total protein, albumin, calcium, phosphate, magnsiuim, total bilirubin, ALP, AST, ALT, LD.	Any new patient scheduled for an initial consult with: • suspicious or confirmed pelvis mass	
CA 125, CBC, electrolytes, creatinine with eGFR, albumin, calcium, phosphate, magnsiuim, total bilirubin, ALP, AST, ALT.	Any new patient scheduled for an initial consult with: • any endometrial tumour	
CBC, electrolytes, creatinine with eGFR, albumin, calcium, phosphate, magnsiuim, total bilirubin, ALP, AST, ALT.	Any new patient scheduled for an initial consult for suspicious or confirmed: • Cervix cancer • Vaginal cancer • Vulvar cancer	Patient does not have suspicious or confirmed: • Cervix cancer • Vaginal cancer • Vulvar cancer
INR, APTT	Any new patient scheduled for an initial consult for suspicious or confirmed gynecological cancer requiring: • biospy • neo adjuvant systemic treatment	• Patient does not require biopsy • Neo adjuvant systemic treatment not required
AFP	Any new patient 45 years or younger scheduled for an initial consult, with a suspicious or confirmed pelvic mass	• Patient is over 45 years of age • Patient and/or SDM has not consented
Serum bhcg	Any new patient scheduled for an initial consult with: • suspicious or confirmed pelvic mass • suspected or confirmed hydatidiform mole	• Patient and/or SDM has not consented
Peritoneal fluid for Cytology	Any new patient scheduled for an initial consult whose imaging on referral indicates moderate to large volume of ascites/peritoneal fluid requiring paracentesis	• No indication for paracentesis

Order	**Indication**	**Contraindication**
Pathology Review	Required for all external pathology specimens not initially examined by a gynecology specialized pathologist.	• Pathology specimen reviewed by a gynecology specialized pathologist
Pathology Review Result	Inform gynecology surgeon if result indicates locally advanced vulvar cancer 2cm or larger with 1mm or greater stromal invasion.	
Paracentesis	Any new patient scheduled for an initial consult whose imaging on referral indicates moderate to large volume of ascites/peritoneal fluid	• No indication of ascites/peritoneal fluid on referral