

MEDICAL DIRECTIVE

Title: Diagnostic testing for Lung patients prior to their first surgical consult visit within Thoracic Diagnostic Assessment Program

Approved by/Date: Medical Advisory Comm. – June 25, 2013

Authorizing physician(s)

Dr. John Dickie Dr. Herb Marcus Dr. Shannon Trainor

Authorized to who

A Nurse Navigator (Registered Nurse) working in the thoracic diagnostic assessment program at Durham Regional Cancer Centre at Lakeridge Health. The Nurse Navigator will demonstrate an understanding of the diagnostic test ordered and the importance of the tests related to the diagnosis of the thoracic patient.

Patient Description / Population

Patients referred to the thoracic diagnostic assessment program prior to their first surgical consultation.

Medical Directive Description/Physician's Order

The Nurse Navigator, in collaboration with the physicians within the thoracic diagnostic assessment program, is authorized to implement the following directives:

Requisition Investigations for patients referred to the diagnostic assessment unit, prior to their first surgical consultation:

- Computed Tomography of the thorax
- Chest X-Ray
- Serum creatinine and eGFR if it has not been completed in the timeframe required by renal protection policy.

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

- Patients with:
 - a suspicion of newly diagnosed or recurrent lung cancer based on previous imaging or symptoms of cough, hemoptysis, or shortness of breath; or a positive diagnosis of lung cancer based on pathology report who have been referred to the diagnostic assessment clinic for surgical consultation
- Patients must be registered with the thoracic diagnostic assessment program

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Lakeridge Health

Originating Committee: Thoracic DAP Surgical Group – December 2011 Medical Advisory Committee: June 25, 2013

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Contraindications to the implementation of the Directive

- Patients who:
 - Refuse diagnostic investigation
 - Have had the diagnostic test completed within 2 months of visit
 - Have documented allergies to contrast medium
 - Have a Glomular Filtration Rate less than or equal to 60 mL/min
- At any time the Nurse Navigator does not feel comfortable carrying out the medical directive or feels the patient is unstable, he/she will consult the Physician before carrying out the medical directive

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

• Applying or ordering the application of a form of energy prescribed by the regulations under the *Regulated Health Professional Act*.

Documentation requirements

The Nurse Navigator will enter the order in the meditech oncology chart with the canned text "as per Thoracic Diagnostic Assessment Program medical directive". In addition the Nurse Navigator will document in the progress notes any additional info/actions taken.

(on the physician order sheet and the health professional's documentation section)

Review/Evaluation Process (how often/by who)

- The Medical directive will be reviewed by the Thoracic Program committee on an annual basis or upon request by a team member as a result of a new standard of care or change in program process.
- The Nurse navigator will receive orientation to the medical directive and review the medical directive on an annual basis.

Related Documents

Lakeridge Health Medical Directives Policy

References

Canadian Association of Nurses in Oncology: Practice Standards and Competencies. http://www.cano-acio.ca/conep

Cancer Care Ontario, Disease Pathway Management: Lung Cancer Disease Pathway Management. (2011). www.cancercare.on.ca

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College of Nurses of Ontario, (2009). Practice Guideline: Directives.

College of Physicians and Surgeons of Ontario. (2004). Delegation of Controlled Acts Policy #4-03. <u>http://www.cpso.on.ca/Policies/delegation.htm</u>

Regulated Health Professions Act, 1991, Stat. Of Ontario, 1991 Ch.18, as amended by 1993, Ch.37: office consolidation. (Queen's Printer for Ontario 1994).