



# Nurse-Drawn Standardized Investigations for Positive Care Clinic Patients – Medical Directive

Medical Advisory Committee Approved: 27JUN2023

Harmonized

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## Authorizing Prescriber(s)

Lakeridge Health (LH) Infectious Diseases Physician(s) working in the Positive Care Clinic (PCC) at Lakeridge Health Whitby (LHW) and satellite clinic in Peterborough.

## Authorized to Whom

Registered Nurses (RNs) working in the PCC at LHW, or satellite clinic in Peterborough.

## Patient Description/Population

All patients over the age of 16 with registered appointments at the PCC or satellite clinic when physician staffing is not on-site be seen by an RN.

## Order and/or Procedure

- A) PCC nurse will order blood work testing per the *Order Table Form* (below) and reference *Appendix A* for standardized order sets for the following groups:
  - 1. Persons living with HIV (PLWH)
  - 2. Persons living with Hepatitis B or C
  - 3. Persons seeking diagnostic (pre-treatment) or follow up (post-treatment) testing for sexually transmitted infections (STI)
  - 4. Post-exposure to blood-borne pathogens
  - 5. Pre-exposure prophylaxis for HIV
- B) Nurse will inform patient that all results will be reviewed by a physician and that any abnormal results that are considered medically relevant will be communicated directly with the patient.
- C) Nurse will ensure that an available PCC physician is provided all results obtained through this Directive. These will be routed through the electronic medical record (EMR)
- D) Any nurse ordering HIV serology should ensure that verbal consent from the patient or substitute decision maker (SDM) is obtained prior to ordering this test.

Document Sponsor/Owner Group: (Medicine Program, Date Approved 09JUN2023)

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## Indications to the Implementation of the Directive

Any patient over 16 years of age who presents to the Positive Care Clinic with a registered visit and requires routine standardized investigations when physicians are not available in clinic.

## Contraindications to the Implementation of the Directive

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

1. The patient requires physician assessment prior to blood work being drawn (i.e., patient with unstable vital signs)
2. Blood work/investigations needed are not part of routine standardized tests (i.e., vaginal swabs for yeast, trichomonas, bacterial vaginosis, urine Mycoplasma/Ureaplasma, serologies not listed in the *Order Table Form*)
3. The Patient or substitute decision maker (SDM) are unable to provide consent and/or refuses verbal consent/assent.

Any patient with contraindications to this medical directive will require consultation with a Positive Care Clinic physician prior to any blood work or investigations being ordered/performed.

## Consent

The nurse implementing this medical directive must obtain consent/assent. This will be done verbally and documented in the patient's medical chart.

## Documentation Requirements

In addition to standard documentation practices, the nurse implementing this directive must document the following in the patient's medical chart:

1. The order(s) ordered as "clinic collect" in the electronic medical record (EMR).
2. The name of the RN as the ordering provider
3. The name of the MRP as the authorizing provider
4. The full name of the medical directive in the comment section of the order
5. Form of consent obtained for the procedure.
6. The date and time of the procedure
7. Documentation of the physician responsible for reviewing results

## Review/Evaluation Process

This medical directive will be reviewed every 2 years by the Medical Director of the Positive Care Clinic as well as PCC staff.



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### References

N/A

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

### Order Table Form



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Order Order set in EPIC	Indication	Contraindication	Notes (Optional)
PCC1	New HIV Diagnosis	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard tests for all patients with newly diagnosed HIV and follow all major guidelines for best practice</li> </ul>
PCC2	Follow Up HIV: Viral load undetectable and CD4 > 200	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Q3-6 months</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC3	Follow Up HIV: Viral load detectable or CD4 < 200	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Q3-6 months</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC4	New Hepatitis B Diagnosis	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC5	Follow Up Hepatitis B	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Q3-6 months</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC6	New Hepatitis C Diagnosis	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC7	Follow Up Hepatitis C On Treatment	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC8	Follow Up Hepatitis C Post-Treatment	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>



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PCC9	STI Screening/PrEP STI testing: MSM versatile, female receptive anal	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> <li>• Patients with symptoms of STI will be reviewed with physician on call</li> </ul>
PCC10	STI Screening/PrEP STI testing: MSM insertive only, female vaginal/oral	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> <li>• Patients with symptoms of STI will be reviewed with physician on call</li> </ul>
PCC11	Syphilis Follow Up	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> <li>• Patients with symptoms of STI will be reviewed with physician on call</li> </ul>
PCC12	Gonorrhea Follow Up	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> <li>• Patients with symptoms of STI will be reviewed with physician on call</li> </ul>
PCC13	Chlamydia Follow Up	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> <li>• Patients with symptoms of STI will be reviewed with physician on call</li> </ul>
PCC14	New PrEP	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Once</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>
PCC15	Follow Up PrEP on TDF	Lack of consent from patient/SDM	<ul style="list-style-type: none"> <li>• Frequency: Q3 months</li> <li>• Standard in all patients and follow all major guidelines for best practice</li> </ul>



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PCC16	Follow Up PrEP not on TDF	Lack of consent from patient/SDM	<ul style="list-style-type: none"><li>• Frequency: Q3 months</li><li>• Standard in all patients and follow all major guidelines for best practice</li></ul>
PCC17	Follow Up PEP, HBV Immune	Lack of consent from patient/SDM	<ul style="list-style-type: none"><li>• Frequency: 3, 6, 12 weeks post exposure</li><li>• Standard in all patients and follow all major guidelines for best practice</li></ul>
PCC18	Follow Up PEP, HBV Non-Immune	Lack of consent from patient/SDM	<ul style="list-style-type: none"><li>• Frequency: 3, 6, 12 weeks post exposure</li><li>• Standard in all patients and follow all major guidelines for best practice</li></ul>



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**Appendix A: Standardized Order Sets**

Order Set Name (EPIC)	Orders
PCC1	CBC, electrolytes/creatinine, AST, ALT, ALP, bilirubin, albumin, lipid profile, random glucose, HbA1c, CMV serology, toxoplasma serology, HIV viral load, syphilis serology, CD4 count (T-cell subsets), Hepatitis B serology, Hepatitis C serology, Hepatitis A IgG, bHCG (if female of child bearing age)
PCC2	CBC, electrolytes/creatinine, AST, ALT, ALP, bilirubin, albumin, lipid profile, random glucose, syphilis serology, HIV viral load
PCC3	CBC, electrolytes/creatinine, AST, ALT, ALP, bilirubin, albumin, lipid profile, random glucose, syphilis serology, HIV viral load, CD4 count (T-cell subsets)
PCC4	CBC, electrolytes/creatinine, AST, ALT, ALP, bilirubin, albumin, GGT, INR, random glucose, Hepatitis B eAg/eAb, Hepatitis B DNA (viral load), Hepatitis C serology, Hepatitis A IgG, HIV serology, Syphilis serology
PCC5	CBC, electrolytes/creatinine, AST, ALT, ALP, bilirubin, albumin, GGT, INR, random glucose, Hepatitis B DNA (viral load)
PCC6	CBC, electrolytes/creatinine, AST, ALT, ALP, GGT, INR, bilirubin, albumin, random glucose, Hepatitis C RNA (viral load), Hepatitis B Profile, Hepatitis A IgG, HIV serology, Syphilis serology
PCC7	AST, ALT, ALP, GGT, bilirubin total, bilirubin direct
PCC8	AST, ALT, ALP, GGT, bilirubin total, Hepatitis C RNA (viral load)
PCC9	HIV serology, Syphilis serology, Hepatitis B Surface antigen/Core antibody, Hepatitis C serology, Gonorrhea/Chlamydia testing urine/throat/rectum
PCC10	HIV serology, Syphilis serology, Hepatitis B Surface antigen/Core antibody, Hepatitis C serology, Gonorrhea/Chlamydia testing urine/throat
PCC11	Syphilis serology
PCC12	Gonorrhea testing from previous positive site (throat +/- urine +/- rectum)



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PCC13	Chlamydia testing from previous positive site (throat +/- urine +/- rectum)
PCC14	ALT, electrolytes, creatinine, magnesium, calcium, phosphate, albumin, urine microalbumin, HIV serology, Hepatitis C serology, Hepatitis B Profile, Hepatitis A IgG, syphilis serology, PrEP STI testing (as above)
PCC15	ALT, electrolytes, creatinine, magnesium, calcium, phosphate, albumin, urine microalbumin, HIV serology, Hepatitis C serology, syphilis serology, PrEP STI testing (as above)
PCC16	ALT, electrolytes, creatinine, HIV serology, Hepatitis C serology, syphilis serology, PrEP STI testing (as above)
PCC17	HIV serology, Hepatitis C serology
PCC18	HIV serology, Hepatitis C serology, Hepatitis B SAg/CAb