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**MEDICAL DIRECTIVE**

**Title: Staging Investigations for Colorectal Patients  
within the Colorectal Diagnostic Assessment Program**

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

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**Authorizing physician(s)**

Dr E. Amurawaiye, Dr I. Chin, Dr J. Jones, Dr K. Moozar, Dr P. Sengar, Dr A.Valiulis,  
Dr K. Woolfson, Dr. A. Ibrahim, Dr. R. Lane, Dr. K. Dobbin, Dr. J. Evans, Dr. M.  
Stewart, Dr. T. Stryde,

**Authorized to who**

The Colorectal Nurse Navigator (Registered Nurse), working in the Colorectal Diagnostic Assessment Program at Lakeridge Health and the Durham Regional Cancer Program in collaboration with the physicians within the Gastrointestinal Disease Site Team.

**Patient Description / Population**

Adult outpatient Colorectal Cancer Patients that have biopsy proven colorectal cancer and/or suspicious findings, referred to Colorectal Diagnostic Assessment Program at Lakeridge Health.

**Medical Directive Description/Physician's Order**

The Colorectal Nurse Navigator, working with Colorectal Cancer Patients within the Colorectal Diagnostic Assessment Program at Lakeridge Health and the Durham Regional Cancer Program in collaboration with the physicians within the Gastrointestinal Disease Site Team, is authorized to implement the following directives:

- Requisition Investigations:
  - a. Laboratory tests
    - i. Colorectal laboratory set: Complete blood count, Creatinine, Electrolytes, Blood Urea Nitrogen, Liver Function Tests, and Carcinoembryonic antigen (CEA) for colorectal cancer patients
  - b. Diagnostic imaging:
    - i. Computed Tomography Scan: chest, abdomen, and pelvis with contrast, for colorectal cancer patients,
    - ii. Magnetic Resonance Imaging: pelvis for rectal cancer patients for all tumors found to be less than 15cm from the anal verge by scope.
    - iii. Orbital x-rays if indicated on screening form for Magnetic Resonance Imaging

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Originating Committee: Section of General Surgery – April 10, 2013  
Medical Advisory Committee: June 25, 2013

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

- Patients accepted into the Colorectal Diagnostic Assessment Program
- Colorectal cancer patients; biopsy proven and suspicious findings
- Colorectal Cancer patients who require cancer staging

Each directive will be implemented in the context of the collaborative relationship with the sponsoring physician partners as part of the medical diagnosis and plan of care established with the physician partners, as per the Colorectal Cancer Disease Pathway Management Guidelines Cancer Care Ontario. Directives will be implemented without specific prior discussion but as part of the plan of care as per the indications and contraindications for each of the directives.

**Contraindications to the implementation of the Directive**

- Patients not referred to the Colorectal Diagnostic Assessment Program
- Patients without biopsy proven colorectal cancer diagnosis and/or suspicious disease
- Patients under the age of 18
- Patients who:
  - Refuse diagnostic investigation
  - Have had the diagnostic test completed within 2 months of visit
  - Have documented allergies to contrast medium
  - CT: Glomular Filtration Rate less than or equal to 60 mL/min
  - MRI: Glomular Filtration Rate less than or equal to 30 mL/min; any patient who has a contraindication to entering the magnet room.
- 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 Colorectal Diagnostic Assessment Program medical directive". In addition the Nurse Navigator will document in the progress notes any additional info/actions taken.



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**Review/Evaluation Process (how often/by who)**

- The Medical directive will be reviewed by the Colorectal 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: Colorectal Disease Pathway Map (2013 in draft). [www.cancercare.on.ca](http://www.cancercare.on.ca)

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

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

Grand River Hospital. Medical Directives Policy, M-20.

Hospital Laboratory Manual

Otto, S. (2001). Oncology Nursing (4th ed.), St. Louis, Missouri: Mosby.

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).