Taddle Creek
Family Health Team

MEDICAL DIRECTIVE

Title:	Requisition of Laboratory Investigations for the Management of Diabetes or Prediabetes	**Number:**	TCFHT-MD16
Activation Date:	09-Sep-2014	**Review Date:**	12-06-2018
	Note: Jun 2016 review resulted in a change; ability to order non-fasting lipid profile. Change approved at Jun 14-16 Board Mtg (see minutes) thus negating necessity to get authorizers to re-sign.		
Sponsoring/Contact Person(s) *(name, position, contact particulars):*	Dr. Pauline Pariser, Lead Physician, Taddle Creek Family Health Team (416) 960-1366, ppariser@tcfht.on.ca Karen Finch, Registered Nurse, Certified Diabetes Educator, Taddle Creek Family Health Team, (416) 204-1256, kfinch@tcfht.on.ca		

Order and/or Delegated Procedure:

Appendix Attached: ___ **No** __X__ **Yes**
Title: Appendix C – Performed Controlled Acts and Procedures (CAPs) Implemented Under this Directive

Requisitioning of Laboratory Investigations, by implementers, for patients of the Taddle Creek Family Health Team (TCFHT) Primary Health Care Providers (PCPs) and who meet specific indications described within this directive.

Recipient Patients:

Appendix Attached: ___ **No** __X__ **Yes**
Title: Appendix A – Authorizer Approval Form

Recipients must:

- Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form
- Meet the conditions identified in this directive
- Have a diagnosis of Diabetes Mellitus (type 1 or 2) or Prediabetes

Authorized Implementers:

Appendix Attached: ___ **No** __X__ **Yes**
Title: Appendix B – Implementer Approval Form

Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).

Implementers must complete the following preparation and sign the Implementer Approval Form:

- Must be Certified Diabetes Educators (CDEs) who practice according to the most current recommendations for the management of diabetes

Appendix Attached: __ No _X_ Yes
Title: Appendix C – Performed Controlled Acts and Procedures (CAPs) implemented under this directive

Indications:

- Each action/procedure under this directive will be implemented in the context of the existing PCP-patient relationship and as part of the medical diagnosis and plan of care established by the PCP. These actions/procedures 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.
- Specific indications for each laboratory investigation ordered under this medical directive can be found in Appendix C

Contraindications:

- Indications described in Appendix C are not met

Consent:

Appendix Attached: _X_ No __ Yes
Title:

- Patient's consent is implied for implementer to provide lab requisition, as patient has presented seeking support with diabetes management, and is a Family Health Team patient, where interprofessional practice is expected
- Patient informed of purpose of testing, including when results will be available and contact information to review results (if not contacted by PCP)

Guidelines for Implementing the Order/Procedure:

Appendix Attached: __No _X_ Yes
Title: Appendix C – Performed Controlled Acts and Procedures (CAPs) implemented under this directive
Appendix D – Sample Lab Requisition

1) Identify need for laboratory investigation (blood work) and determine whether indications described in Appendix C are met.
2) Ensure that no recent blood work has been undertaken that would result in duplication of testing.
3) Explain the purpose of the test to the patient
4) Generate a laboratory requisition using the supervising PCP/Authorizers initials.
5) Lab Requisition should be signed as below:
    - Signature
    - Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MD16)
6) Send a message in Practice Solutions to the PCP indicating that a lab requisition has been provided.
7) PCP will receive completed lab requisitions and forward them to implementers as needed e.g. if earlier follow up with implementer is required
8) Implementer documents that the requisition was provided and follow up plan in the eMR.

Documentation and Communication:

Appendix Attached: __ No __ Yes

Title:

- Documentation in the patient's eMR needs to include: name and number of the directive and name of the implementer (including credential)
- Information regarding implementation of the procedure, the patient's response and follow up plan should be documented in the patient's eMR, in accordance with standard documentation practices (College of Nurses, 2008).
- RN or RD will complete a Framingham Risk Score (if indicated as per Appendix C) and document the results in the patient's eMR.

Review and Quality Monitoring Guidelines:

Appendix Attached: __ No __ Yes
Title:

- Review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the approved implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularily if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a mimimum of one implementer.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

References

Canadian Diabetes Association. (2013). Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Canadian Journal of Diabetes* 32(S1).

College of Nurses of Ontario. (2008). *Practice Standard: Documentation.* Retrieved from http://www.cno.org/Global/docs/prac/41001_documentation.pdf

Allen et al. (2015). Simplified Lipid Guidelines. *Canadian Family Physician* 1, 857-867.

Anderson et al. (2013). 2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. *Canadian Journal of Cardiology* 29(2), 151-167.

Goldenberg, R.M., Cheng A.Y.Y, Punthakee, Z., et al. 2011. Use of glycated hemoglobin (A1C) in the diagnoses of type 2 diabetes in adults. *Canadian Journal of Diabetes*; 35: 247-248.

(1)Merck Sante. Product Monograph: Glucophage. http://www.sanofi.ca/products/en/glucophage.pdf 2014 Oct. Version 4.2
(2)B12 Deficiency – Investigation and management of Vitamin B12 and Folate Deficiency. 2006 Dec.

(3)House et al. Effect of B-Vitamin Therapy on Progression of Diabetic Nephropathy A Randomized Controlled Trial. JAMA. 2010 Apr 28;303(16):1603-9. doi: 10.1001/jama.2010.490.

Note: This medical directive is for the routine monitoring of laboratory investigations for the management of diabetes or prediabetes and does not include other laboratory investigations (ALT, AST, CK or CPK, CBC etc.), which are recommended for starting or monitoring the effects of medications e.g. oral antihyperglycemic medications, statin medications etc.

Appendix A:

Authorizer Approval Form

Name	Signature	Date

Appendix B:

Implementer Approval Form

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

Name	Signature	Date

Appendix C

Table 1: Controlled Acts and Procedures (CAPs) Implemented Under this Directive

Laboratory Investigation	Indications
Fasting Blood Glucose (FBG) & Glycated Hemoglobin (HbA1C)	Every 3 months when glycemic targets are not being met and/or when diabetes therapy is being adjusted. Every 6 months should be performed in adults during periods of treatment and lifestyle stability when glycemic targets have been consistently achieved. Every 6-12 months is recommended for people with prediabetes. FBG should be obtained after an 8-12hr fast. A Random Blood Glucose (RBG) along with an HbA1C should be considered for patients at high risk for hypoglycemia e.g. those taking insulin, frail elderly etc. An HbA1C may be misleading in some people with various hemoglobinopathies, iron deficiency, hemolytic anemias, and severe hepatic and renal disease. A fructosamine test can be used in these cases for a cost of approximately $25. The RN or RD to consult with the PCP and can obtain a verbal order for this test if indicated.
Lipid Panel (total cholesterol, triglycerides, HDL – cholesterol, LDL-cholesterol, total cholesterol: HDL-C ratio)	A fasting lipid profile (TC, HDL-C, TG, and calculated LDL-C) should be measured at the time of diagnosis of diabetes. If lipid-lowering treatment is not initiated, repeat testing is recommended yearly. More frequent testing (every 3-6 months) should be performed after treatment for dyslipidemia is initiated (lifestyle and/or medications). A non-fasting lipid profile should be considered for some patients to improve adherence and to lower the risk for hypoglycaemia. New evidence indicates minimal differences exist between fasting and non-fasting HDL, LDL, and total cholesterol levels. The differences that occur are less than the within-person variability from repeat lipid testing. Tests of non-fasting HDL and non-HDL levels correlate with future CVD events. Although triglycerides are most susceptible to change without fasting, triglycerides contribute minimally to total cholesterol levels, and triglyceride levels are not consistently associated with CVD. People with diabetes >40years old, or diabetes >15 years duration and age >30 years, or with established macrovasculor or microvascular disease are consider at high risk for cardiac disease (Framingham Risk Score >20%)