Taddle Creek
Family Health Team

MEDICAL DIRECTIVE

Title:	Point-of-care Testing	**Number:**	TCFHT-MD02
Activation Date:	11-June-2013	**Review Date:**	02-November-2020
Next Review Date:	11-June-2021		

Sponsoring/Contact Person(s) *(name, position, contact particulars):*

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Order and/or Delegated Procedure:

Appendix Attached: _X_ No __ Yes
Title:

Point-of-care (POC) testing:

- Urinalysis using a point-of-care urine dipstick
- Urine hCG detection using a point-of-care urine pregnancy test
- Blood glucose measurement using a portable glucometer
- INR measurement using a portable INR meter
- Pharyngeal group A streptococcal detection using a Rapid Antigen Detection kit (Rapid Strep Test)

Recipient Patients:

Appendix Attached: __ No _X_ Yes
Title: Appendix A – Authorizer Approval Form

Recipients must:

- Be an active patient of a Taddle Creek Family Health Team (TCFHT) physician who has approved this directive by signing the Authorizer Approval Form
- Have an indication for POC testing as determined by an authorized implementer of this directive

Authorized Implementers:

Appendix Attached: __ No _X_ Yes
Title: Appendix B – Implementer Approval Form

TCFHT Nurse Practitioners (NPs) (as indicated on the Implementer Approval Form [Appendix 1]), who upon self-reflection, possess the knowledge, skill and judgement (College of Nurses of Ontario [CNO] 1995, 1998) to execute and interpret the results of the delegated POC tests. TCFHT NPs must sign the Implementer Approval Form.

Indications:

Appendix Attached: _X_ No __ Yes
Title:

After thorough clinical evaluation by the implementer, POC testing may be performed to aid in the assessment, diagnosis, treatment and/or management of the following conditions: suspected urinary tract infection, proteinuria, glucosuria, ketonuria, hematuria, pregnancy, hypoglycemia, hyperglycemia, group A streptococcal pharyngitis and for the assessment and management of anticoagulation therapy.

Contraindications:
Refusal or lack of consent by the patient or substitute decision maker for the implementer to apply this directive.

Consent:

Appendix Attached: _X_ No __ Yes
Title:

NPs will obtain consent from the patient or substitute decision maker prior to implementation of this directive.

Guidelines for Implementing the Order/Procedure:

Appendix Attached: _X_ No __ Yes
Title:

POC testing must be done as outlined by the manufacturers of the testing devices/supplies and all efforts should be made to maintain reliability of the test (i.e., proper storage, proper technique, good dating of supplies, calibration, etc.).

Documentation and Communication:

Appendix Attached: _X_ No __ Yes
Title:

Information regarding the POC testing including the indication for testing, test result, diagnosis, and treatment plan will be documented in the patient's electronic medical record, in accordance with standard documentation practice (CNO, 1996, 1999, 2004)

Review and Quality Monitoring Guidelines:

Appendix Attached: _X_ No __ Yes
Title:

- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the authorized 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 an ad hoc review is indicated. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the implementation of the procedure until the medical directive is renewed.

References:

College of Nurses of Ontario. (1995). *Practice Standard: Decisions about procedures and authority* (Revised 2020). Retrieved November 2, 2020 from https://www.cno.org/globalassets/docs/prac/41071_decisions.pdf

College of Nurses of Ontario. (1996). *Practice Standard: Documentation, Revised 2008* (Updated 2019). Retrieved November 2, 2020 from https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

College of Nurses of Ontario. (1998). *Practice Standard: Nurse Practitioner* (Revised 2019). Retrieved November 02, 2020 from https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf

College of Nurses of Ontario. (1999). *Practice Standard: Telepractice* (Updated June 2020). Retrieved November 02, 2020 from https://www.cno.org/globalassets/docs/prac/41041_telephone.pdf

College of Nurses of Ontario. (2004). *Practice Standard: Confidentiality and Privacy – Personal Health Information* (Updated 2019). Retrieved November 2, 2020 from https://www.cno.org/globalassets/docs/prac/41069_privacy.pdf

NOTE:

This medical directive is a revision of "MDO2-Point-of-Care testing," which was based on TCFHT's previous medical directive NP-01 entitled, "Point-of-Care Testing for Nurse Practitioners (NPs)." The original directive was revised to reflect the growth of the TCFHT organization. However, the content of MD-02 has been reverted back to reflect an NP-specific medical directive as the breadth of this directive cannot cover other disciplines and their scope of practice or practice regulation. All of the approved NPs and Authorizers for medical directive NP-01 "Point-of-Care Testing for Nurse Practitioners (NPs)," have grandfathered approval for the revised version of TCFHT-MD02 "Point-of-Care Testing."

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