



## Delegation and/or Medical Directive

**Title:** Pre-Operative Medication Instructions for Ambulatory Surgery Patients

**Policy Number:** 14-01

**Approval Date:** January 7, 2020 SPAC & MAC

**Review/Revision Date:** Annual

**Sponsoring Person:** Surgical Program Advisory Committee

**Does this policy include a delegation of a controlled act?**  Yes  No

<b>Orders:</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
Authorized Registered Practical Nurses (RPN) and Registered Nurses (RN) working in the Trenton Memorial Hospital (TMH) Pre Surgical Assessment Clinic may implement this Directive to provide pre-operative medication instructions to patients who meet the inclusion criteria.		

<b>Recipient Patients:</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
Any patient who is scheduled for an ambulatory surgery at TMH.		

<b>Approving Physician(s)/Authorizer(s):</b>	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 1: Designated Physician Authorization Sheet
Ensure a signed copy of approvals is maintained with the Medical Directives on the unit, Medical Directive Manual (Patient Services), and Chief of Staff office.		

<b>Authorized Implementers:</b>	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 2: Authorized Implementer Form Appendix 4: Self Appraisal of Competency Statement for Authorized Staff
Designated RPNs or RNs who work in the Pre-Surgical Assessment Clinic at TMH and who have: <ol style="list-style-type: none"> <li>1. Completed the Self Appraisal of Competency Statement Form and submitted to the manager (See Appendix 4 – “Self Appraisal of Competency Statement”).</li> <li>2. Have reviewed the Medical Directive annually</li> </ol>		



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<b>Indicators:</b>	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Title: Appendix 7: Pre-Operative Medication Instructions for Ambulatory Surgery Patients
Designated RPNs or RNs can implement the Medical Directive for QHC patients who have been scheduled for a surgical procedure at TMH.	

<b>Contraindications:</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Title:
This refers to any specific contraindications for implementing the procedure or intervention. Patient/legal guardian/substitute decision maker refusal of assessment is a general limitation.	

<b>Consent:</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Title:
The patient/legal guardian/substitute decision maker has given verbal consent for the pre-surgical assessment.	

<b>Guidelines for Implementing the Order/Procedure:</b>	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Title: Appendix 5: Implementing a Medical Directive Appendix 6: TMH Pre-Surgical Assessment Medication Management Order Set Appendix 7: Pre-Operative Medication Instructions for Ambulatory Surgery Patients
Authorized RPNs and RNs may implement the Directive when: <ul style="list-style-type: none"> <li>- The patient is scheduled for surgery at TMH</li> <li>- Verbal consent for pre-surgical assessment has been obtained</li> <li>- The patient’s health history and medication list has been reviewed</li> <li>- The patient has been assessed using the appropriate screening tools (based on age and procedure)</li> </ul>	

<b>Documentation and Communication</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Title:
Following QHC documentation policy and CNO standards, the nurse will document the appropriate assessments, treatments, patient responses and outcomes, and ensure a copy of the Medical Directive order set is placed in the patient’s chart.	



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<b>Review and Quality Monitoring Guidelines</b>	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Title: Appendix 4: Self Appraisal of Competency Statement for Authorized Staff
<ul style="list-style-type: none"> <li>➤ Yearly review of directive by TMH Anesthesia Department</li> <li>➤ Yearly review of directive by Pre-Surgical Assessment Nurses</li> </ul>	

<b>Administrative Approvals:</b>	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p>Date of Surgical Program Advisory Committee Approval: <span style="float: right;">January 7, 2019</span></p> <p>Date of MAC approval: <span style="float: right;">January 7, 2019</span></p> <p>Ensure a signed copy of approval is maintained with the medical directive manual coordinator, and with the Chief of Staff office.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Chief of Staff</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/> <p>Date</p> </div> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Chief Nursing Executive</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/> <p>Date</p> </div> </div>	

**Appendices:**

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|-------------|---|
| Appendix 1: | Designated Physician Authorization Sheet                              |
| Appendix 2: | Authorized Implementer Form   |
| Appendix 3: | Self-Learning Package (N/A)   |
| Appendix 4: | Self-Appraisal of Competency Statement for Authorized Staff           |
| Appendix 5: | Implementing a Medical Directive                                      |
| Appendix 6: | TMH Pre-Surgical Assessment Medication Management Order Set           |
| Appendix 7: | Pre-Operative Medication Instructions for Ambulatory Surgery Patients |