



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

Orders:	Appendix Attached: □ Yes ■ 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.	

Recipient Patients:	Appendix Attached: □ Yes ■ No Title:
Any patient who is scheduled for an ambulatory surgery at TMH.	

Approving Physician(s)/Authorizer(s):	Appendix Attached: ■ Yes □ 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.	

Authorized Implementers:	Appendix Attached: ■ Yes □ 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: 1. Completed the Self Appraisal of Competency Statement Form and submitted to the manager (See Appendix 4 – “Self Appraisal of Competency Statement”). 2. Have reviewed the Medical Directive annually	



Delegation and/or Medical Directive

Indicators:	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.	

Contraindications:	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.	

Consent:	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.	

Guidelines for Implementing the Order/Procedure:	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"> - The patient is scheduled for surgery at TMH - Verbal consent for pre-surgical assessment has been obtained - The patient's health history and medication list has been reviewed - The patient has been assessed using the appropriate screening tools (based on age and procedure) 	

Documentation and Communication	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.	



Delegation and/or Medical Directive

Review and Quality Monitoring Guidelines	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 4: Self Appraisal of Competency Statement for Authorized Staff
➤ Yearly review of directive by TMH Anesthesia Department ➤ Yearly review of directive by Pre-Surgical Assessment Nurses	

Administrative Approvals:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<div style="display: flex; justify-content: space-between;"> <div>Date of Surgical Program Advisory Committee Approval:</div> <div>January 7, 2019</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Date of MAC approval:</div> <div>January 7, 2019</div> </div> <p style="margin-top: 20px;">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-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Chief of Staff </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Chief Nursing Executive </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	

Appendices:

- | | |
|-------------|---|
| 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 |