**Health PEI Policy and Procedures Manual**

***Formal Submission for Approval***

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE OF HEALTH PEI PROTOCOL** | | | |
| **[Name of program, area, facility]** | | | **HEALTH PEI PROTOCOL** |
| **Applies To:** | Health Care Provider + location/department | |
| **Monitoring:** | Body closely tied to Health PEI Protocol | |
| **Date:** | Effective: |  |
|  | Update Effective: |  |
|  | **Next Review:** |  |

|  |  |  |
| --- | --- | --- |
| **Approving Authority:** | **Chief Operating Officer** | |
|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Signature*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  | ***Date*** |
|  |  |  |
| **Approving Authority:** | **Chief Medical Officer** | |
|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Signature*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  | ***Date*** |
|  |  |  |

**Health PEI Policy and Procedures Manual**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE OF HEALTH PEI PROTOCOL** | | | |
| **[Name of program, area, facility]** | | | **HEALTH PEI PROTOCOL** |
| **Applies To:** | Health Care Provider + location/department | |
| **Monitoring:** | Body closely tied to Health PEI Protocol | |
| **Approving Authority:** | Chief Operating Officer and Chief Medical Officer | |
| **Date:** | Effective: |  |
|  | Update Effective: |  |
|  | **Next Review:** |  |
| **This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.** | | | |

1. **HEALTH PEI PROTOCOL**
   1. **Authorized Implementers**
      1. State who can carry out the order.
      2. Include any specific training and competency requirements.
   2. **Recipient Clients**
      1. Identify which recipient clients may receive the treatment, drug, procedure or intervention without direct assessment by a Medical Staff Member, Nurse Practitioner (NP) or Registered Midwife (RM).
   3. **Order**
      1. Outline the delegated treatment, drug, procedure or intervention being ordered
         * Include a statement specifying:
           + The advance order (for medication, include generic drug name, dose/dose range, route and frequency).
         * Notes:
           + A Health PEI Protocol/Medical Directive is a Medical Staff Member/NP/RM ***order*** ***given in advance***, authorizing an implementer to provide a treatment, drug, procedure or intervention for a range of clients under specified conditions and circumstances without a direct assessment.
           + Health PEI Protocols are replacing Medical Directives.
           + Health PEI Protocols and Medical Directives have equivalent **form, function, legal requirements** and **development processes** (see*Health PEI Protocols Policy*).
           + Physician, NP and RM orders override the use of a Health PEI Protocol.
   4. **Indications**
      1. List any signs, symptoms and/or pre-existing circumstances that must be present for the procedure/intervention to be implemented.
   5. **Contraindications**
      1. List any symptoms or medical conditions that is a reason for the patient to not receive the medical intervention in this order.
2. **DEFINITIONS**

|  |  |
| --- | --- |
| **As required:** | Definitions must be placed in alphabetical order. |

1. **CONSENT**
   1. Indicate who obtains patient consent and whether verbal or written.
      1. Expressed or implied consent from the patient (or Substitute Decision Maker) is obtained prior to Health PEI Protocol/Medical Directive implementation, where possible. As per the [*Consent to Treatment and Health Care Directive Act*](https://www.princeedwardisland.ca/sites/default/files/legislation/c-17-2-consent_to_treatment_and_health_care_directives_act.pdf)*,* Emergency situations requiring immediate treatment may require a health care provider to administer treatment to a patient without consent if in their opinion:
         * the patient is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
         * it is not reasonably possible to obtain a decision from the patient or on the patient’s behalf or the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.
      2. When appropriate, explain the rationale for the treatment being provided and possible side effects.
2. **EQUIPMENT AND SUPPLIES**
   1. Include any equipment and supplies in this section, consider as an appendix (detailed site-specific instructions should be in the appendix) or indicate N/A if not relevant.
3. **IMPLEMENTATION**
   1. Clearly list each step of the procedure, treatment or intervention in the order they occur for the:
      1. Assessment
      2. Plan
      3. Intervention
      4. Evaluation/Follow-up
      * Identify what Medical Staff Member, NP or RM involvement is required after implementation of the protocol.
      * Include algorithms as appropriate in the appendix and reference in main body of protocol.
      * Include division-specific practices as required in appendices.
4. **CLIENT AND FAMILY EDUCATION**
   1. Include any instructions/education for the patient if applicable:
      * + Rationale for the treatment being provided
        + Possible side effects
        + Communicating any discomfort, pain or questions.
5. **DOCUMENTATION**
   1. Include documentation and reporting requirements and recording location.
   2. Include logging an incident in Provincial Safety Management System (PSMS) if applicable, ensure appropriate terminology, as outlined in the *HPEI Patient Safety and Environmental Incident Reporting and Management Policy.*
6. **MONITORING**
   1. Indicate to whom issues with the Health PEI Protocol are to be routed. Describe process (including competencies) and outcome (related to patient) monitoring mechanisms, including person(s) responsible.
7. **REFERENCES**

Listed references to reflect evidence-based practice and promote high quality patient care.

**Related Documents**

List any related Acts, Legislation and Government or Health PEI policy documents here. List in alphabetical order and title documents as they appear on the PDMS.

**References**

List all references here in APA format

**Appendices**

Appendices are listed here and inserted at the end of document for hyperlinking.

Appendix A – Title of Appendix

1. **STAKEHOLDER REVIEW**

|  |  |
| --- | --- |
| **Group/Committee** | **Dates of Review** |
| Acute Care Directors of Nursing Committee |  |
| Family Physician Leadership as applicable |  |
| NP Council as applicable |  |
| Registered Midwives as applicable |  |

1. **ENDORSEMENT**

|  |  |
| --- | --- |
| **Group/Committee** | **Dates of Endorsement** |
| Provincial Nursing Leadership Committee |  |
| Provincial Drugs and Therapeutics Committee |  |
| Provincial Medical Advisory Committee |  |

1. **REVIEW HISTORY**

This Health PEI Protocol will be reviewed annually for the first year and then every two years subsequently. Include the date of review below.

**Review Dates:**