 Department of Health Government of Nunavut		Medical Directives and Delegation Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Paramedic Initiation of Point of Care Testing Medical Directive		Nursing Practice	08-022-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
July 21, 2021	July 2022	NEW	6
APPLIES TO:			
Primary Care Paramedics, Advanced Care Paramedics			

1. BACKGROUND:

The Department of Health (DH) recognises the need to provide additional healthcare support to communities impacted by Community Health Centre (CHC) critical nursing staff shortages that may have a significant impact on patient safety and access to care for Nunavummut.

The Department of Health (Health) is aware of the limited capacity for diagnostic and medical testing that is available in each of the communities of Nunavut. In order to increase the capacity for testing at each community health centre, Point of Care Testing (POCT) has been introduced.

This medical directive provides an authorizing mechanism for both Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) to initiate certain POCT under specific circumstances listed in section 2.

2. MEDICAL DIRECTIVE AND/OR DELEGATED PROCEDURE:

- 2.1 All presentations and POCT results outlined in 2.3 – 2.11 require a follow up consultation with a physician or NP where the POCT results are communicated.
- 2.2 The PCP or ACP may perform urine analysis (either by the urine dip stick or the Clinitek machine) for pregnancy patients presenting for routine pre-natal visits as part of their role assisting with pre-appointment work up.
 - 2.2.1 All results will be written on POCT Results Form (see appendix A) and submitted to the clinician (CHN/NP/Midwife) who will be seeing the patient.
- 2.3 The ACP may perform urine analysis (either by the urine dip stick or the Clinitek machine) for patients presenting with dysuria, urgency, or increased frequency in voiding.
- 2.4 The PCP or ACP may perform INR POCT for patients on coumadin requiring scheduled titration based on INR levels.
 - 2.4.1 The PCP and ACP are not allowed to follow the scheduled coumadin dosing table and must receive orders from the Physician or NP.
- 2.5 The ACP may perform a rapid strep test for patients presenting with a sore throat whose strep score is 2 or greater (refer to Appendix B for the strep score calculator).
- 2.6 The PCP or ACP may perform a urine pregnancy test for any female patient requesting a pregnancy test.
- 2.7 The ACP may perform a urine pregnancy test for any female presenting with abdomen/ lower back pain or vaginal bleeding where the etiology of pregnancy abnormalities must be ruled out.
- 2.8 The PCP or ACP may perform glucometer POCT for any clinical manifestations of hypoglycemia (I.e. change in mentation, decreased level of consciousness, seizure, etc.) or hyperglycemia (polyuria/dypsia/phagia, acetone breath, weakness, change in mentation, DKA, HHS, etc)

- 2.9 The PCP or ACP may perform the Hemocue POCT in situations of trauma; hypovolemic shock; significant bleeding; known or suspected GI/internal bleeding; known or suspected anemia.
- 2.10 The PCP or ACP may perform a urine drug toxicology POCT for suspected drug use relating to clinical presentations of decreased level of consciousness, seizures or changes in mentation.
- 2.11 The ACP may perform Troponin iSTAT POCT for any patient presenting with chest pain or cardiac ischemic associated symptoms where the etiology of myocardial infarct must be ruled out.
 - 2.11.1 A Physician or NP must be consulted prior to performing Troponin POCT in pediatric populations aged 0-18. Refer to the Troponin Point of Care Tests in Pediatric Patients Policy # 08-020-00
- 2.12 The PCP or ACP may perform COVID-19 POCT following the recommended guidelines in the GN Department of Health Communicable Disease Manual COVID-19 protocol, the COVID-19 Laboratory Testing Authority (Policy #07-034-00), and other Nunavut COVID-19 laboratory guidance documents (e.g. IDNow Protocol) - provided competency training is completed as outlined below.

3. PRINCIPALS

- 3.1 PCPs and ACPs must adhere to the consultation process after initiating all POCT and results must be communicated to an physician or NP in a timely fashion.
- 3.2 PCPs and ACPs are expected to practice within their own level of competency and scope of practice and are to seek guidance from their supervisor, physician or NP when needed.
- 3.3 PCPs and ACPs cannot subdelegate any POCT task and must strictly adhere to the conditions outlined in section 2.
- 3.4 PCPs and ACPs will follow the decision-making tree in Appendix C when initiating POCT

4. PROCEDURES:

- 5.1 Prior to using POCT PCPs and ACPs are required to complete training and gain competency in the proper use of the device, including quality control measures outlined in the POCT Operational Procedures Manual.
- 5.2 Prior to initiating POCT, the PCP or ACP must ensure that the specific circumstances (outlined in section 2) are met and match to the specific POCT being initiated.
- 5.3 All situations where the PCP or ACP initiate POCT require a consultation to the physician or NP and communicate the results.
 - a. Exception applies to PCPs or ACPs performing urine analysis for the purpose of pre-visit prenatal clinics in which the results are communicated to the clinician (CHN/NP/Midwife) overseeing that prenatal.
- 5.4 The POCT Operational Procedures Manual is available in each health centre in hard copy, with most up to date versions uploaded by the Territorial POCT Coordinator, onto a Government of Nunavut approved electronic platform.
- 5.5 Quality control testing is to be performed following the most up to date operational procedure.

5. DEFINITIONS:

Nurse Practitioner (NP): A Regulated healthcare professional with advanced education and more extensive scope of work.

Community Health Nurse (CHN): A CHN is a RN whose scope of work specifically includes providing healthcare support to individuals, families, and a community. CHNs scope of work is more extensive than



that of a RN who works within a specific hospital-based setting.

Primary Care Paramedic (PCP): A licensed healthcare professional scope of work includes assessing the needs of patients and providing medical treatment in emergent, and non-emergent situations. PCPs provide care in out-of-hospital, inter-hospital, and community settings.

Advanced Care Paramedic (ACP): A licensed healthcare professional who is specialized in advanced care of medical and trauma patients with a focus on advanced cardiac resuscitation. ACPs can provide care in out-of-hospital, inter-hospital, and community settings.

6. DOCUMENTATION:

6.1 In addition to following the Government of Nunavut documentation standards, when POCT is initiated the PCP or ACP must appropriately document the following in the patient's medical records:

- Outline the clinical criteria in section 2 which allowed authorization to complete the specified POCT.
- Chart the results of the POCT.
- Chart the name and designation of the physician or NP who the results were communicated to.
- Chart the diagnosis made by the consulting physician or NP along with the plan of care.
- PCPs and ACPs must follow Policy 06-008-00 Documentation Standards, Policy 06-008-01 Documentation Standards Guidelines, Policy 06-009-00 Documentation Format, and Policy 06-009-01 SOAP Documentation Guidelines.

7. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Community Health Nursing (CHN) Manual

<https://www.gov.nu.ca/health/information/manuals-guidelines>

Policy 06-008-00 Documentation Standards

Policy 06-008-01 Documentation Standards Guidelines

Policy 06-009-00 Documentation Format

Policy 06-009-01 SOAP Documentation Guidelines

Policy 07-040-00 Primary Care and Advanced Care Paramedic Medical Directive

Policy 08-001-00 Laboratory Procedures

Policy 08-003-00 Interpretation of Laboratory Studies

Policy 08-005-00 Acknowledgement of Diagnostic Test Results

Policy 08-006-00 Follow-Up of Abnormal Diagnostic Test Results

Policy 08-020-00 Troponin Point of Care Tests in Pediatric Patients Policy

8. APPENDIXES:

APPENDIX A: Point of Care Testing Results Form

APPENDIX B: Strep Throat Score Calculator

APPENDIX C: Decision-Making Model for Performing Additional Functions and Transferred Functions

9. REFERENCES:

Alberta Health Services Medical Control Protocols – (v.4.0) June 1, 2021


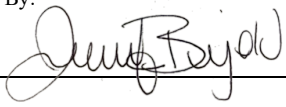
<https://ahsems.com/public/AHS/login.jsp>



National Occupation Competency Profile for Paramedics, Oct 2011

<https://www.paramedic.ca/uploaded/web/documents/2011-10-31-Approved-NOCP-English-Master.pdf>

10. APPROVALS:

Approved By: 	Date: July 21, 2021
Jennifer Berry, Assistant Deputy Minister – Department of Health	
Approved By: 	Date: July 21, 2021
Jenifer Bujold, a/Chief Nursing Officer	
Approved By:	Date:
Dr. Francois de Wet, Medical Chief of Staff, on behalf of the Medical Advisory Committee	

APPENDIX B: POINT OF CARE TESTING RESULTS FORM

Patient Identifiers or affix label here.

Patient Name: _____

Date of request: _____

Patient Health Card number: _____

Requested by: _____

Patient Date of Birth: _____

Date and time of POCT: _____

POCT performed by: _____

Urinalysis (urine dip or via Clinitek)	POCT result
Urine Specific Gravity	
Urine PH	
Hematuria	
Proteinuria	
Glycosuria	
Ketonuria	
Nitrates	
Leukocytes	
Bilirubin	

APPENDIX B: STREP SCORE CALCULATOR

Criteria	Score
Temperature of 38.0 degrees Celsius or greater	+1
Absence of a cough	+1
Swollen or tender anterior cervical lymph nodes	+1
Tonsillar swelling or exudate	+1
Age 3-14	+1
Age 15-44	0
Age 45 or older	-1



APPENDIX C: PRIMARY AND ADVANCED CARE PARAMEDIC DECISION-MAKING MODEL FOR PERFORMING ADDITIONAL FUNCTIONS AND TRANSFERRED FUNCTIONS

