

Medical Directive

Title: Laboratory Screening Tests

Number: CBFHT 08

Activation Date: April 1, 2021

Review due by: April 1, 2024

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

Maria Rumeo-Lisi, RD (289) -499-2239 ext. 232

Trina Virgo, Administrative Assistant (289) -499-2239 ext. 221

Order and/or Delegated Procedure:

Appendix Attached: Yes No

Title: Appendix 3: Laboratory Test Chart

1. Registered Dietitian (RD's), Registered Pharmacists, Registered Nurses, or any practitioner with CDE designation within the by Central Brampton FHT may order specific Laboratory investigations and monitor the results based on the criteria listed in the attached Laboratory Test Chart (see Appendix 3).

Recipient Patients:

Appendix Attached: Yes No

Title:

1. Patients of the BramEast FHO family Physicians who are consulted by the Central Brampton FHT Registered Dietitian (RD's), Registered Pharmacists, Registered Nurses, or any practitioner with CDE designation

Authorized Implementers:

Appendix Attached: Yes No

Title: Appendix 2 : Implementer Approval Form

1. Central Brampton FHT Registered Dietitian (RD's), Registered Pharmacists, Registered Nurses, or any practitioner with CDE designation

Following review of this directive, the attached 'Implementer Approval Form' (Appendix 1) must be signed by the FHT member indicating acceptance of this medical directive.

Indications:

Appendix Attached: Yes No

Title:

1. Verbal consent received from the patient and or substitute decision maker to the provider(s) to implement this medical directive. If verbal consent not obtained, please refer to family physician or on call physician.

Contraindications:

1. No verbal consent from patient or substitute decision maker for the provider(s) to implement this medical directive.

Consent: Verbal consent to be received prior to the implementation of care.	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Guidelines for Implementing the Order / Procedure: <ol style="list-style-type: none"> 1. Verbal consent from patient or substitute decision maker for providers to implement this medical directive is received. 2. Assessment of patient and need for specific investigations is to be established, the appropriate laboratory investigations are to be ordered, and followed up on appropriately. Any concerns should be discussed and brought to the attention of the patient's referring physician 3. Documentation is to be placed in the patients EMR chart as per CBFHT policy. A completed eform consult note will be sent to the referring physician outlining what was ordered. 	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Documentation and Communication: <ol style="list-style-type: none"> 1. Documentation in patient's EMR chart needs to include the date, time, name and number of the directive, name of the implementer, and name of the physician authorizer responsible for the directive. 2. List of any laboratory investigations ordered and any actions taken to address posted results to be included in consult report to referring physician 3. Any patient education provided, concerns disclosed by patient or noted by care provider. 	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Review and Quality Monitoring Guidelines: <ol style="list-style-type: none"> 1. If any party to this directive identifies quality issues relating to patient care they should be directed to the Lead Physician of BramEast FHO and or Executive director of CBFHT. Follow up to any identified concerns will be the responsibility of the Lead Physician of BramEast FHO and or Executive Director of CBFHT. 2. Quality indicators will be reviewed and changes made prior to medical directive renewal, and as otherwise deemed necessary. 	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Administrative Approvals (as applicable): Not Applicable	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Approving Physician(s)/Authorizer(s): Physicians listed on the Authorizer Approval Form (see Appendix 2 for attached list).	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 2

Laboratory Screening Tests for Registered Dietitian

CBFHT Medical Directive # 8

Laboratory Test Chart

<p><u>Fasting Lipid Profile:</u></p> <p>Fasting total Cholesterol, HDL, LDL, Triglycerides, Total Cholesterol/HDL ratio, Alkaline Phosphatase, ALT,AST, CK,</p> <p><u>After starting a Statin, Fibrate or Ezetrol, or after a recent change in dose:</u></p>	<p>Annual testing for patients:</p> <ul style="list-style-type: none"> - Men age >40, women age >50 or postmenopausal - If the following conditions are present: Diabetes, Hypertension, Smoking, Obesity, Family history of premature CAD (<60 in 1st degree relatives), inflammatory diseases (systemic lupus, rheumatoid arthritis, psoriasis), Chronic renal disease, Evidence of Atherosclerosis, HIV with treatment of antiretroviral therapy, clinical manifestations of hyperlipidemias, Erectile dysfunction. - Children with a family history of hypercholesterolemia or chylomicronemia <p>-LFT's (ALT< AST, Alkaline Phosphatase), CK at 1 month</p> <p>- Fasting Total Cholesterol, HDL, LDL, Triglycerides, TOTAL Cholesterol/HDL ratio, ALT, AST, CK at 6 months.</p>
<p><u>Anemia Follow-up:</u></p>	<p>- CBC, B12, Ferritin checked every 6 mths, Folate</p>
<p><u>Suspected Nutritional Deficiencies:</u></p>	<p>- CBC, Hydroxy Vitamin D (non-OHIP), B12, Ferritin, Folate</p>
<p><u>Hypertension:</u></p>	<ul style="list-style-type: none"> - Micro albumin and Urine ACR annually - Creatinine, Electrolytes annually (at a min), and every 6 mths if on a diuretic - ECG annually
<p><u>Blood Sugars</u></p>	<ul style="list-style-type: none"> - HbA1C, FBG every 3-6 months depending on treatment plan