



Thoracic Diagnostic Assessment Program Investigations - Medical Directive

Medical Advisory Committee Approved: 28MAY2019

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Authorizing Prescriber(s)

Thoracic Surgeon(s)

Authorized to Whom

The Thoracic Nurse Navigator (Registered Nurse) working in the Thoracic Diagnostic Assessment Program at Lakeridge Health and the Durham Regional Cancer Program.

Co-implementers: Medical Radiation Therapists (MRTs) employed at Lakeridge Health may co-implement this Medical Directive

Patient Description/Population

Adult outpatient referred to the Thoracic Diagnostic Assessment Program program prior to their first surgical consultation at Lakeridge Health.

Order and/or Procedure

The Thoracic Nurse Navigator is authorized to select the following investigations:

- Laboratory tests
 - i. Serum creatinine and eGFR,
- Diagnostic imaging as per the [Order Table](#)
 - i. **Computed Tomography** Scan, chest
 - ii. **Computed Tomography** Scan, chest, abdomen, pelvis
 - iii. **Chest X-ray**

Indications to the Implementation of the Directive

Patient is accepted into the Thoracic Diagnostic Assessment Program
Patient with biopsy proven, suspicious findings or symptoms who requires assessment for an esophageal or thoracic cancer

Document Sponsor/Owner Group: (Thoracic Diagnostic Assessment Program, Date Approved 11APR2019)

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Contraindications to the Implementation of the Directive

Patient is under the age of 18
Patient refuses diagnostic investigation
Patient who has had the diagnostic test completed within 2 months of visit
For CT: See [Order Table](#) for modality specific investigations

Consent

Consent will be obtained by telephone or in person with the patient or substitute decision maker. The Thoracic Nurse Navigator initiating the Medical Directive will obtain consent and document in the patient health record.

Documentation Requirements

In addition to standard documentation practices, including any required requisitions, the Thoracic Nurse Navigator implementing the Medical Directive must document the following in the electronic patient record:

- The investigation(s) selected (i.e. **Computed Tomography** Scan: chest with or without contrast, Laboratory tests)
- The name of the Medical Directive
- Date
- Name and Signature of the implementer, including credentials

In addition, the Nurse Navigator will document in the electronic health record any additional information/actions taken.

Review/Evaluation Process

The Medical Directive will be reviewed by the Thoracic Program Committee every two years.

References

Adult Renal Protection for Intravascular Contrast Administration Diagnostic Imaging – Policy and Procedures. Lakeridge Health, 2018

Canadian Association of Nurses in Oncology: Practice Standards and Competencies. <http://www.cano-acio.ca/conep>

PET Imaging in Esophageal Cancer, A Quality Initiative of the Program in Evidence-Based Care, Cancer Care Ontario, 2010. www.cancercareontario.ca

Cancer Care Ontario, Disease Pathway Management: Lung Cancer Disease Pathway Management, 2011. www.cancercare.on.ca

College of Nurses of Ontario, (2009). Practice Guideline: Directives.

College of Physicians and Surgeons of Ontario. (2004). Delegation of Controlled Acts Policy #4-03. <http://www.cpso.on.ca/Policies/delegation.htm>

Hospital Laboratory Manual

Regulated Health Professions Act, 1991, Stat. Of Ontario, 1991 Ch.18, as amended by 1993, Ch.37: office consolidation. (Queen's Printer for Ontario 1994).



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This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order	Indication	Contraindication	Notes (Optional)
Computed Tomography Scan, chest		Patients with Glomerular Filtration Rate less than or equal to 45 mL/min Pregnancy	
Computed Tomography Scan, chest, abdomen, pelvis		Patients with Glomerular Filtration Rate less than or equal to 45 mL/min Pregnancy	
Chest X-ray		Pregnancy	