



## Medical Directive

Title: Injectable Substances Assigned Number: 030

Activation Date: November 2021 Review due by: December 2023

### Approval Signature & Date

Medical Director:

Date Reviewed: January 13, 2022

Clinical Services Director:

Date Reviewed: January 13, 2022

Order and/or Delegated Procedure:

Appendix Attached: ☐ Yes ☒ No  
Title:

The implementers may, in accordance with the conditions identified in this directive:

- Administer injectable substances

Recipient Patients:

Appendix Attached: ☒ Yes ☐ No  
Title:

All active patients of Thames Valley Family Health Team physicians, identified on the Authorizer Approval Form, who meet the conditions identified in this directive.

Authorized Implementers:

Appendix Attached: ☒ Yes ☐ No  
Title:

Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN) \*.

- The implementing RN/RPN must receive orientation from the Educator with regards to the task. The implementing RN/RPN must have completed orientation and educational requirements of Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive and is encouraged to review Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive to ensure all required supplies and reference materials are available in the case of an emergency. The RN/RPN must sign the Implementer Performance Readiness Form electronically via HR Downloads after successful completion of the orientation (and quiz, if applicable) indicating acceptance of this medical directive.

<b>Indications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<p>Verbal consent received from the patient, or substitute decision maker, for the implementing RN/RPN to administer one of the injectable substances below:</p> <ul style="list-style-type: none"> <li>• Denosumab 60mg/ml 1 mL administered SC</li> <li>• Vitamin B12 dose varies by patient – administered IM</li> <li>• Antipsychotics (paliperidone, risperidone, loxapine, methotrimeprazine, flupen (h) xol, haloperidol, zuclopenthixol, aripiprazole, olanzapine) administered IM</li> <li>• Leuprolide dose varies by patient – administered IM</li> <li>• Methotrexate dose varies by patient – administered SC</li> <li>• Darbepoetin alfa dose varies by patient – administered SC</li> </ul>	
<b>Contraindications:</b>	
<ol style="list-style-type: none"> <li>1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this directive.</li> <li>2. Known hypersensitivity or history of severe, previous reaction to the substance being given.</li> <li>3. Patient has a contraindication specific to a particular injectable substance as per product monograph or appendices</li> <li>4. Patient is possibly pregnant</li> <li>5. Patient has a fever, or a fever in past 24-48 hours or other demonstrated signs of current illness</li> </ol>	
<b>Consent:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. Patients of Thames Valley Family Health Team family physician.</li> <li>2. RN/RPN obtains verbal patient consent prior to the implementation of care.</li> </ol>	
<b>Guidelines for Implementing the Order/ Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. Determine and confirm that: <ol style="list-style-type: none"> <li>a. There is a current prescription by the treating provider for the injectable substance to be administered</li> <li>b. Ensure appropriate amount of time will have lapsed since the last administered dose according to available prescription information</li> </ol> </li> <li>2. Follow steps as per each injectable substances monograph to ensure proper administration of each substance.</li> </ol>	

<b>Documentation and Communication:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. Specific site of injection must also be noted along with <b>Lot Number and Expiration Date</b>.</li> <li>2. Send a message through the EMR to the patient's most responsible physician notifying them the administration so that any necessary follow-up and monitoring can be arranged.</li> <li>3. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice*</li> </ol> <p>* <i>Potter, P.A. &amp; Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</i></p>	
<b>Review and Quality Monitoring Guidelines:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.</li> <li>2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing disciplines, before necessary changes are made.</li> <li>3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing disciplines.</li> </ol>	
<b>Approving Physician(s)/Authorizer(s):</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
Authorizer Approval Form	