

## FNIHB- OR Nursing Policy and Procedure

Section: **Diagnostics** Policy Number: **IV - 06**  
Subject: **RN Initiated Laboratory Tests** Issued: **March 31, 2015**  
Revised:  
Distribution: **All Nursing Facilities**

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### 1. MEDICAL DIRECTIVE:

- 1.1 RPNs are not authorized to initiate specimen collection and requisition without an approved medical directive or direct physician or nurse practitioner (NP) order.
- 1.2 Registered Nurses (RN) working in the nursing station as a Community Health Nurse may initiate a specific set of laboratory studies (Table 1) without a direct physician or NP order only when directed by:
- 1.2.1 The First Nations and Inuit Health Branch (FNIHB) Clinical Practice Guidelines (CPG),
  - 1.2.2 Routine antenatal laboratory tests recommended on the *Ontario Antenatal Record*,
  - 1.2.3 FNIHB Public Health Directives, or
  - 1.2.4 FNIHB-OR Chronic Disease Program Protocols.
- 1.3 If all the conditions outlined in the applicable Clinical Practice Guideline, Antenatal Record, Public Health Directive, or Chronic Disease Program Protocols have not been met, or if the RN is unsure if the conditions have been met, the RN must consult with a physician or NP.

**Table 1: Laboratory Tests Authorized under this Directive**

<ul style="list-style-type: none"><li>▪ Routine Blood Work: CBC, electrolytes (K, Na, Cl, Total CO<sub>2</sub>), urea, eGFR / creatinine and glucose</li><li>▪ Liver Profile (LFTs): Amylase, AST, ALT, T-Bili, Direct Bilirubin, ALP, GGT, Albumin</li><li>▪ ABO, Rh, and Antibody Screen</li><li>▪ Serum Quantitative HCG; Urine HCG (POCT)</li><li>▪ Urine Albumin/creatinine ratio</li><li>▪ Serum Drug and Alcohol Screen</li><li>▪ Cardiac Markers</li><li>▪ Serum Coagulopathy</li><li>▪ Blood Cultures</li><li>▪ Serum Lactate</li><li>▪ Urinalysis Point of Care Test (POCT); Urine for R+M (routine and microscopic)</li><li>▪ Stool specimens: Occult blood, O&amp;P, C&amp;S</li><li>▪ Sputum: C&amp;S, mycobacteria</li><li>▪ Hepatitis serology, HIV serology, measles, mumps, rubella, syphilis, VDRL</li></ul>
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## **2. RECIPIENT CLIENTS:**

Any client over the age of 3 months, presenting to the FNIHB-OR nursing station or health centre with treatment, who exhibits signs or symptoms consistent an approved CPG or protocol outlined in statement 1.2.

**NEED DISCUSSION ABOUT THE AGE THRESHOLD FOR ORDERING LABS. >3 MONTHS VERSUS > 6MONTHS VERSUS > 1 YEAR OF AGE.???**

Any client, over the age of 3 months, receiving home care services from a nurse working in a FNIHB-OR nursing station, who exhibits signs or symptoms consistent an approved CPG or protocol outlined in statement 1.2.

The physician must be consulted for all infants under the age of 6 years prior to ordering blood work.

## **3. AUTHORIZED IMPLEMENTERS:**

Registered Nurse (RN) working in a FNIHB-OR Nursing station as a Community Health Nurse.

The nurse is authorized to enact this medical directive when he/she possesses the knowledge, skill and judgment to do so. The nurse is required to demonstrate competency to implement this medical directive through the standard orientation process.

Sub-delegation is not permitted to an unregulated care provider or another health care provider.

## **4. APPROVING PHYSICIAN(S) / AUTHORIZER(S):**

**Who will be the authorizing physicians for medical directives?**

## **5. CONTRAINDICATIONS:**

5.1 Verbal consent not obtained from the client or substitute decision maker.

5.2 Client who is unwilling or unable to give blood sample.

5.3 The RN must consult the physician or NP when:

5.3.1 The client's history or physical does not match the criteria set forth in a corresponding FNIHB CPG, Antenatal Record, Chronic Disease Protocol or Public Health Directives. The specific client and critical criteria described in the CPG must be met;

5.3.2 The laboratory test is not recommended as part of the diagnostic investigation within the specific CPG or protocol, or the guideline recommends physician consultation first;

5.3.3 The FNIHB CPG, Public Health Directive, Antenatal Record, or Chronic Disease Protocol recommends a laboratory test not authorized under this medical directive; or

5.3.4 The RN cannot confirm all conditions of this directive has been met.

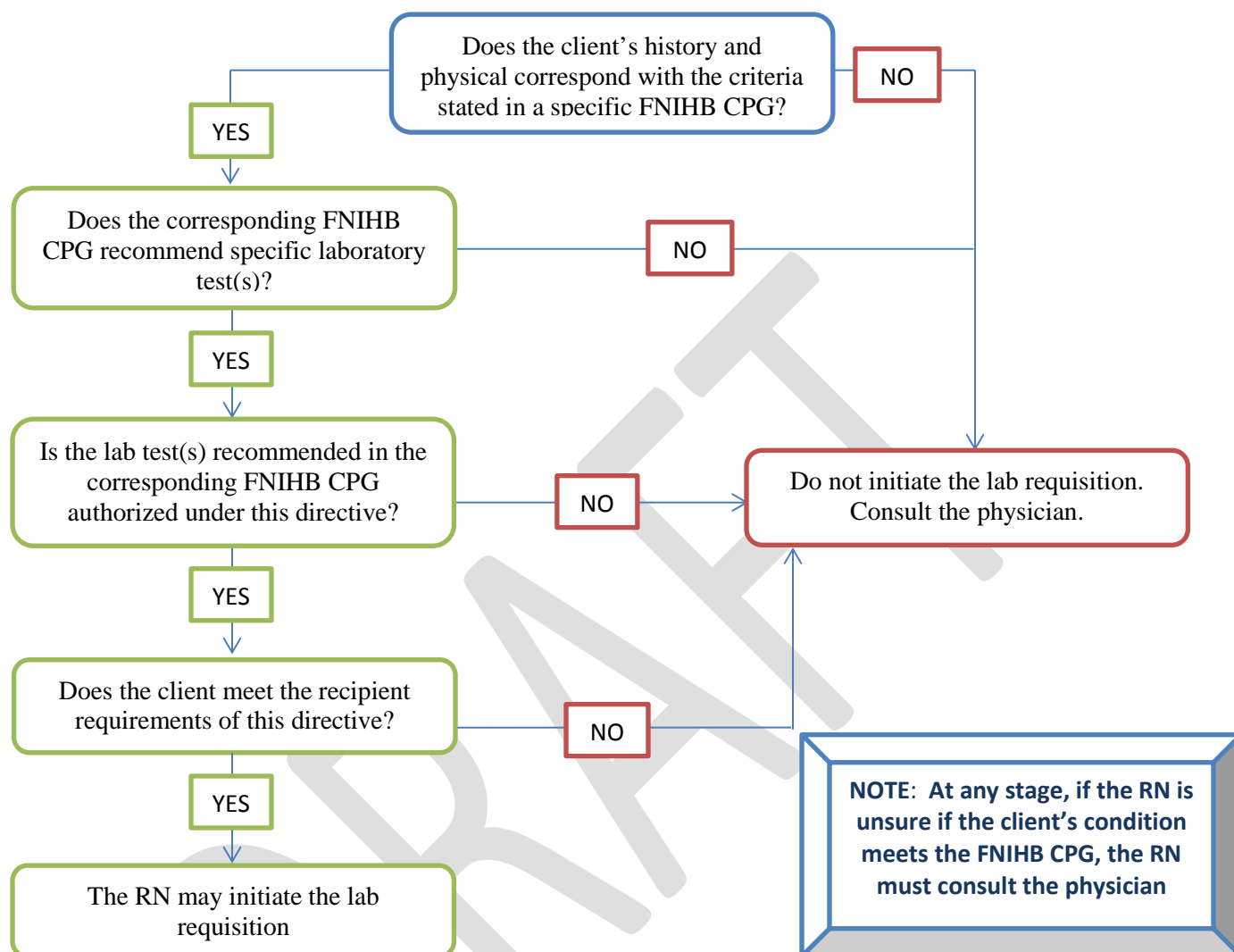
## 6. PRINCIPLES:

- 6.1 Nurses must practice within their own level of competence. When aspects of care are beyond his/her level of competence, he/she must seek additional information or knowledge, seek help from their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses must provide care until another nurse is available to do so.
- 6.2 The nursing staff have access to laboratory personnel and adequate resources when questions arise with regard to laboratory procedures.
- 6.3 Laboratory studies should only be ordered when clinically relevant and recommended by regional or national clinical guidelines.
- 6.4 The RN ordering a test is accountable for reviewing and following up the lab results.

## 7. PROCEDURE:

- 7.1 RNs may initiate laboratory tests request without a physician's order, as outlined in medical directive statement 1.2 after completing a client assessment. The assessment will be guided by the client's presenting complaint, past medical / surgical history, other laboratory and diagnostic test results, and focused physical exam.
- 7.2 After a focused physical examination and data gathering from the client, the nurse shall review the relevant clinical practice guidelines or protocol and determine if laboratory tests are recommended. **Follow algorithm in Figure 1 to determine if Medical Directive is appropriate**
- 7.3 If collection of laboratory specimens is recommended and the client meets the conditions set forth in the clinical practice guideline and this Medical Directive, then the nurse shall collect, store and ship the specimen in accordance with the *Nursing Station Laboratory Manual* and *FNIHB-OR Infection Prevention and Control Manual*.
- 7.4 The RN will explain the procedure, including any potential adverse outcomes with the client and/or family. Verbal consent must be obtained.
- 7.5 The expected time for the return of the results should also be discussed with the client. Clients are to be advised to book a follow up appointment in advance to review the test results.
- 7.6 Once the laboratory test results are available, the nurse shall follow up in accordance with the FNIHB-OR policy: *Acknowledging Diagnostic Test Results*.

**FIGURE 1: Algorithm for Assessing Appropriateness of the Medical Directive**



#### 7.7 Documentation:

7.7.1 Complete the appropriate laboratory requisition form(s) and specimen labels - as directed by the procedures set forth in the *Nursing Station Laboratory Manual*.

- 7.7.1.1 All required clinical and client information,
- 7.7.1.2 The name of the responsible physician for the care of that client,
- 7.7.1.3 A reference to this medical directive,
- 7.7.1.4 Signature and professional designation.

7.7.2 At minimum, the following must be documented in the progress notes:

- i. The client assessment and care plan, as per FNIHB-OR and CNO's documentation standards.
- ii. The specific laboratory test(s), date and time ordered; and
- iii. The RN must cite the Medical Directive Name and Number plus the Clinical Practice Guideline or Protocol used in enacting this medical directive.

For example: “CBC, ABO, Rh, Antibody Screen, Rubella, HIV, VDRL, HbsAg” ordered as per Ontario Antenatal Record under the RN Initiated Laboratory Test Medical Directive”.

## 8. RELATED POLICIES:

FNIHB(OR) Policy: Delegation of Controlled Acts

FNIHB(OR) Policy: Competency for Delegation of Controlled Acts

FNIHB(OR) Policy: Additional Nursing Functions

First Nations and Inuit Health Branch. (2000). *Clinical Practice Guidelines for Nurses in Primary Care*. Ottawa, ON.

First Nations and Inuit Health Branch. (2001). *Pediatric Clinical Practice Guidelines for Nurses in Primary Care*. Ottawa, ON.

FNIHB-OR *Infection Prevention and Control Manual*

*Nursing Station Laboratory Manual*

*Ontario Antenatal Record*

## 9. REFERENCES:

CNO (2014). Reference Document: Legislation and Regulation. RHPA: Scope of Practice, Controlled Acts Model.

CNO (2014). Practice Guideline: Authorizing Mechanisms.

CNO (2011). Practice Standard: Nurse Practitioner.

First Nations and Inuit Health Branch. (2000). *Clinical Practice Guidelines for Nurses in Primary Care*. Ottawa, ON.

First Nations and Inuit Health Branch. (2001). *Pediatric Clinical Practice Guidelines for Nurses in Primary Care*. Ottawa, ON.

Laboratory and Specimen Collection Centre Licensing Act. RRO. 1990, R. 682, as amended 2014. Retrieved from [http://www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900682\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900682_e.htm)

Regulated Health Professions Act, 1991

<b>Approved by:</b>	<b>Effective Date:</b>
<b>Ontario Regional Nursing Officer</b> <b>Date:</b>	
<b>Regional Director Ontario Region</b> <b>Date</b>	