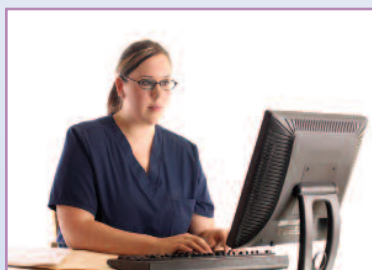


Orders for Medical Care

PROFESSIONAL PRACTICE GUIDELINE



As a Member of the College of Respiratory Therapists of Ontario, you are professionally accountable to practice in accordance with the standards of practice of the profession. The CRTO uses the phrase “standards of practice” to refer to the legislation, regulations, standards, policies and guidelines that establish practice parameters. This Practice Guideline may, therefore, be used by the CRTO to determine whether appropriate standards of practice and professional responsibility have been met and/or maintained.

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INTRODUCTION

Many of the activities undertaken by Respiratory Therapists are initiated because an order has been given. Various pieces of legislation (e.g., [*Public Hospitals Act*](#), [*Independent Health Facilities Act*](#), [*Long Term Care Act*](#), [*Laboratory and Specimen Collection Centre Licensing Act*](#)) have requirements related to orders for medical care. Your employer may also have policies and procedures related to orders. If legislation applicable to your practice or your employer's policies and procedures are more restrictive than the College's standard of practice, you must follow the requirements of the legislation and should abide by your employer's policies and procedures. Where the legislation or your employer's policies and procedures are more permissive than the standard of practice of the College, you must adhere to the standard of practice of the College. This Practice Guideline is intended to provide you with information about the standard of practice related to orders for medical care. The College has also developed Professional Practice Guidelines (PPG) on the "[*Interpretation of Authorized Acts*](#)", "[*Delegation of Controlled Acts*](#)", and "[*Documentation*](#)" that may have complementary and/or overlapping information related to orders.

WHEN IS AN ORDER REQUIRED?

Your practice setting may influence when you require an order to perform activities. The [*Respiratory Therapy Act*](#) (RTA) requires an order for all acts authorized to Respiratory Therapists except suctioning. This applies no matter what your practice setting. If the activity is not a controlled act then it is in the public domain and does not require an order. The [*Regulated Health Professions Act*](#) (RHPA) provides for exemptions in emergencies.

In addition, depending on your practice setting, there may be additional legislative requirements related to orders. For example, the [*Public Hospitals Act*](#) requires an order for every treatment or diagnostic procedure [[*Public Hospital Act*](#), O. Reg 965 s. 24] and the [*Independent Health Facilities Act*](#) requires an order for all examinations, tests, consultations, and treatments [[*Independent Health Facilities Act*](#), O. reg 57/92 s. 10]. It is your responsibility to know what the legislative requirements are for your particular practice setting. Therefore, the [*Public Hospitals Act*](#) or the [*Independent Health Facilities Act*](#) may require an order for an activity that is not a controlled act.

Delegation and the ordering of controlled acts; what you need to know.

Delegation is the transfer of legal authority to perform a procedure within a controlled act to a person not otherwise authorized to perform the procedure. Since delegation relates to “procedures”, it is permissible to delegate the performance of a controlled act to a health care professional who is not authorized to perform that controlled act, but it is not permissible to delegate the **ordering** of that controlled act. It is, therefore, the opinion of the College of Respiratory Therapists of Ontario that there is no provision in the RHPA to allow a Physician or any other regulated health care professional to “delegate” the ordering of a controlled act to another regulated health care professional.

Who can Respiratory Therapists take orders from?

An order for a controlled act authorized to Respiratory Therapists [see [Interpretation of Authorized Acts](#) PPG] must be from one of the four regulated health care professionals, who is a member of:

- the College of Physicians and Surgeons of Ontario,
- the Royal College of Dental Surgeons of Ontario,
- the College of Midwives of Ontario, or
- the College of Nurses of Ontario if the Nurse holds a certificate of registration in the extended class (RN(EC)) otherwise known as Nurse Practitioner.

You are not permitted to accept orders to perform a controlled act from any other health professional. Respiratory Therapists must be certain they have a valid order from a regulated health care professional who is acting within his/her scope of practice, prior to carrying out that order¹. RTs may act upon the request of other healthcare professionals who are communicating the need to implement a medical directive that includes all of the essential elements and has been developed in collaboration with all relevant health care professionals. [See *Position Statement on Medical Directives and the Ordering of Controlled Acts*²].

¹ The practice of other Regulated Health Care Professionals such as Midwives and Nurses of the Extended Class are governed by their own legislation and standards of practice. For more information on the practice of these authorizing practitioners, please visit their respective College websites. (A complete list of Health Regulatory Colleges can be found on the [Federation of Health Regulatory Colleges of Ontario's](#) website.)

² The position statement Medical Directives and the Ordering of Controlled Acts was developed in collaboration with the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario in 2003 and updated in response to changes to the *Public Hospitals Act* July 2011.

WHAT CONSTITUTES A VALID ORDER?

An “order” is only authority to undertake an intervention if the circumstances are appropriate and, in your professional judgement, it is appropriate to undertake the intervention. If you receive an order that, in your professional judgement, does not have the best interests of the patient in mind, then you must question the order. The fact that it is a medical order does not necessarily make the intervention appropriate. Under this circumstance you should seek clarification of the order. Furthermore, you have a professional obligation not to proceed until, in your professional judgement, it is appropriate to do so. Once you have determined that you need an order to undertake an activity, you must ensure that it is a valid order. A prescription is also an order. A valid order or prescription is clearly legible and must include the following information:

- when the order is given (includes date and time for critical care facilities);
- who the order is for (patient/client identification);
- who the prescriber is;
- the details of the intervention so that it is clear what is being ordered - details of the treatment, plan of treatment, diagnostic procedure, etc;
- when the order is to be carried out; and how the order is to be carried out.

You may accept orders that specify that they are to be carried out by a Respiratory Therapist or orders that do not specify a particular health care professional. Examples are provided later in this practice guideline. If any elements are missing, it is your responsibility to obtain the missing information and clarify the order. You must not proceed until all information is available unless it is an emergency.

WHAT ABOUT PERFORMING A CONTROLLED ACT IN AN EMERGENCY?

According to the RHPA, “An act by a person is not a contravention of subsection 27(1) if it is done in the course of, (a) rendering first aid or temporary assistance in an emergency”. Therefore, in an emergency situation a Respiratory Therapist can perform a controlled act even if the controlled act is not authorized to Respiratory Therapists and even if the therapist does not have an order or a delegation. The term “emergency” is not defined in the RHPA but would clearly include circumstances where action is required to prevent death or serious physical harm. The [*Health Care Consent Act*](#) also supports intervention in emergencies by removing the usual requirement for consent in most circumstances. Thus, if a Respiratory Therapist faces an emergency situation, he or she should not let fear of prosecution for performing a controlled act hinder his or her response. The College also encourages Respiratory Therapists and their employers who face emergencies on a regular basis to develop guidelines and directives to help guide their response.

Direct orders

A direct order is a prescription or order for care written by an individual prescriber for a particular patient for a specific treatment(s) or intervention at a specific time.

Respiratory Therapist-driven Protocols

A Respiratory Therapist (RT)-driven protocol is a type of direct order from a physician to a Respiratory Therapist. RT-driven protocols outline the framework and provide guidance for Respiratory Therapists to deliver care only to the specific patient/client *they are ordered for*. A Ventilation-Weaning Protocol is a common example of a RT-driven protocol. Such a protocol, when ordered, may guide the RT in making decisions and providing respiratory care for a mechanically ventilated patient based on diagnostic and therapeutic procedures. RTs performing procedures, including controlled acts, on patients/clients as per RT-driven protocol, must ensure:

- they have the knowledge skill and judgement to carry out the protocol;
- have a valid order for the protocol; and
- they clearly document that they are providing respiratory care procedures as per the protocol.

TABLE 1: COMPARISON OF MECHANISMS FOR PERFORMANCE OF CONTROLLED ACTS BY NON-AUTHORIZED PERSONS

Direct Orders	Protocols	Medical Directives	Standing Orders	Policies and Procedures
Written Orders Verbal Orders Telephone Orders.	RT Driven Protocols.			
Valid Order.	Valid order, type of direct order.	Valid order.	Not a valid order	Not a valid order. Inappropriate for carrying out or discontinuing orders for medical care.
Written by an individual prescriber for a specific patient/client.	Written by an individual prescriber for a specific patient/client. Approved/authorized by administrative committees.	“Written” or “signed off” by all prescribers who will ultimately be accountable for authorizing the ordering of the procedures to be carried out under the medical directive by the specified health care provider(s). Must also be approved/authorized by administrative committees.		Approved/authorized by administrative committees.
Patient specific.	Patient specific.	Range of specified patients under specified circumstances.	Similar patients with similar circumstances.	E.g., automatic discontinue orders for all patients after 3 days.
	May include more than one procedure (including controlled acts) to be carried out by the specified health care provider. May include decision trees, for example.			

MEDICAL DIRECTIVES

A medical directive is a medical order for a range of patients who meet certain conditions. The medical directive is the order and should therefore meet the criteria for a valid medical order. This includes the specific conditions which must be met for the medical directive to apply, a description of the patients that it applies to, the name and description of the treatment/intervention being ordered, a list of contraindications, the identity of the individual(s) who are authorizing the medical directive (i.e., list of Physicians). The medical directive must also indicate the individual(s) who are authorized to implement or carry out the order.

MEDICAL DIRECTIVES AND THE ORDERING OF CONTROLLED ACTS

It is acceptable for a Respiratory Therapist to act on the communication (in any form) from a Nurse or any other health care professional of a controlled act procedure to be done which is based on a medical directive provided that the Respiratory Therapist does the following:

- Ensures that there was Respiratory Therapy input into the development of any medical directive that pertains to procedures performed by Respiratory Therapists.
- Familiarizes himself/herself with the contents of any medical directive which pertains to procedures being performed by Respiratory Therapists in their specific practice area, including confirming that the individual(s) making the order (i.e. authorizing the medical directive) is/are authorized to do so under the Respiratory Therapy Act (i.e., a Physician).
- Ensures, prior to performing any procedure that has been ordered through a medical directive, that the medical directive meets the criteria for a properly constructed medical directive (see essential elements of a medical directive below).
- Performs his/her own assessment, comparing the assessment to the detailed criteria in the medical directive and using his/her own judgment in implementing the directive.
- Ensures that the procedure he/she is about to perform has been specifically identified in the medical directive as a procedure to be performed by a Respiratory Therapist to this patient/client.

It is unacceptable for Respiratory Therapists to perform controlled act procedures upon an order from another health care provider who is communicating medical orders (either written or verbal) based on broad, non-specific, non-collaborative documents or policies that do not include the essential elements of a medical directive. For example, organizational policies or documents that list medications and/or procedures that only an 'Advanced Practice Nurse' or 'Clinical Nurse Specialist' may provide for a group of patients, do not meet the requirements of a medical directive.

THE ESSENTIAL ELEMENTS OF A PROPERLY CONSTRUCTED MEDICAL DIRECTIVE INCLUDE:

- The name and description of the procedure, treatment or intervention being ordered;
- Specific patient/client conditions that must be met before the procedure can be implemented;
- Circumstances which must exist before the procedure can be implemented;
- Comprehensive list of contraindications to performing the procedure;
- A list of health care professionals who may implement or perform the procedure and any educational requirements required (for example – only Respiratory Therapists who work in a certain area and have advanced certification or have completed continuing education, etc.);
- The health care provider authorizing the medical directive (Physician, Dentist, Midwife, RN(EC)); and
- A list of administrative approvals from the facility with dates and signatures.

For more information regarding the specific requirements of medical directives see the CRTO's *Position Statement on [Medical Directives and the Ordering of Controlled Acts](#)*.

WHAT ABOUT AN ORDER FOR MEDICATION?

A valid medication order requires clear indication of the:

- drug name - either generic or trade name of medication;
- dose - be particularly careful where a drug comes in different dose forms (i.e., Flovent ®);
- frequency - (e.g., Q4h, QID). PRN orders should always indicate the maximum frequency for administration (i.e., Q2h PRN, not just PRN);
- mode of administration - required mode of administration (e.g., oral, inhaled/aerosol, intravenous, intramuscular);
- prescriber - the signature and name of the regulated health professional along with the appropriate credential (e.g., MD, DDS, RN(EC));
- patient/client's information - the patient/client's name (the date of birth should also be included so that clear identification can be made);
- date - the date the order was written; and
- time - the time the order was written should also be included.

WHAT ABOUT AN ORDER FOR A DIAGNOSTIC TEST?

A requisition may constitute an order for a diagnostic test provided the following information is on the requisition. A valid order for a diagnostic test requires clear indication of the:

- prescriber - the signature and name of the regulated health professional along with the appropriate credential (e.g., MD, DDS, RN(EC));
- patient/client's information - the name, date of birth, health number;
- date - the date the order was written;
- time - the time the order was written should also be included;
- test - the procedure required; and
- specific conditions of test - any specific conditions that are required to be met or specific questions to be answered by the test.

WHAT ABOUT AN ORDER FOR MECHANICAL VENTILATION?

The application of mechanical ventilation falls under the act of administering a substance by injection or inhalation. More specifically, the controlled acts associated with ventilation include the application of pressurized gas and the administration of oxygen. Minimum requirements for a valid order consist of:

- prescriber - the signature and name of the regulated health professional along with the appropriate credential (e.g., MD, DDS);
- patient's information - the patient's name – the patient's date of birth should also be included so that clear identification can be made;
- date and time;
- direction to initiate mechanical ventilation and oxygen therapy.

Once the need for mechanical ventilation and oxygen therapy are established and there is a valid order in place, mechanical ventilation and oxygen therapy may be carried out according to the RT's standards of practice (knowledge, assessment, initiation, implementation, evaluation, professional conduct and accountability).

WHAT ABOUT VERBAL ORDERS?

Verbal orders must be transcribed immediately and meet all of the requirements of a valid order. Verbal orders must be countersigned by the prescriber or authenticated by another form of signed paperwork (for example, a Physician can fax an order to authenticate an order received by phone).

(WHAT ABOUT VERBAL ORDERS? continued)

Telephone and verbal orders must be received directly from the prescriber and not their designate unless the designate is another regulated health professional (i.e., not secretaries or receptionists). You may wish to have a verbal or telephone order heard and co-signed by another health care professional. When transcribing a verbal or telephone order:

- “p.o. prescriber/your name, designation” or “t.o. prescriber/your name, designation” may be used to indicate that it was a phone or telephone order, and
- “v.o. prescriber/your name, designation” may be used to indicate that it was a verbal order.

You may receive a request for booking a diagnostic test from a prescriber's designate who is not a regulated health professional but you will need to see the completed order sheet or requisition (by fax, if necessary) before performing the test or procedure.

What about re-orders?

Re-order prescriptions or orders must specify all components of a valid order (i.e., r/o morphine is not an acceptable re-order prescription).

What about automatic discontinue orders?

Unless the “automatic discontinue” parameters are specified in a medical directive, you must have an order before you discontinue an intervention. Policies that automatically discontinue a therapy after a set period of time are not considered valid orders to discontinue treatments.

What about orders for individuals from outside Ontario?

As discussed earlier in this guideline, the [*Respiratory Therapy Act*](#) requires an order for the authorized acts from a member/registant of the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, or the College of Nurses of Ontario if the Nurse holds a certificate of registration in the extended class.

The most common situation where Respiratory Therapists may be involved with patients from outside Ontario is when requested to replace oxygen supplies. In and of itself, supplying oxygen is not a controlled act; the controlled act is administering the oxygen. In most cases, the request for oxygen is to supply replacement tanks or to fill cryogenic systems, and an order is not required for this. Some Respiratory Therapists do ask to see a copy of the original order and most patients carry it with them. If you are being asked to initiate a therapy, then you need to ensure that you have a valid order within Ontario.

What are my responsibilities related to orders?

As a member of the CRTO, you are always held accountable for your actions. You must know where the authority is for you to undertake any activity that requires an order. At some time you may have to prove that you had the authority to perform an activity and, for your own protection, ensure that the order you are acting upon is a valid one³. If you are acting on a medical directive, ensure that you know the contents of that medical directive. Whether you are implementing individual orders or medical directives, you must ensure that you:

- are authorized to perform the procedures (subject to terms, conditions and limitations on your certificate of registration);
- have the knowledge, skills and judgement to perform the procedure competently; and
- meet the standards of practice of the College and profession in performing the procedure.

If you receive an order for an intervention that, in your professional judgement is not in the best interests of the patient/client, then you must question the wisdom of such an order. If, after discussion with the authority issuing the order you are still convinced that carrying out such an order would be detrimental to the care and safety of the patient then you must refuse to do so. Thorough documentation of the order and the ensuing.

³ The practice of other Regulated Health Care Professionals such as Midwives and Nurses of the Extended Class are governed by their own legislation and standards of practice. For more information on the practice of these authorizing practitioners, please visit their respective College websites. (A complete list of Health Regulatory Colleges can be found on the Federation of Health Regulatory Colleges of Ontario's website.)

GLOSSARY

authorized act	A controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are 4 acts authorized to Respiratory Therapists by the Respiratory Therapy Act , that are created from 3 controlled acts defined in the RHPA]
College	College of Respiratory Therapists of Ontario
CRTO	College of Respiratory Therapists of Ontario
emergency	When the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm (<i>ref.</i> HCCA)
patient/client	For the purposes of this practice guideline, patient/client denotes a broader concept than the traditional patient or client receiving direct clinical care, and includes students, research subjects and sales clients.
plan of treatment	Means a plan that: <ul style="list-style-type: none"> • is developed by one or more health practitioners • deals with one or more health problems that an individual has, and may deal with one or more problems an individual is likely to have in the future given their current health • allows for administration of various treatments or courses of treatment
treatment	Means anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment or plan of treatment, but does not include: <ul style="list-style-type: none"> • assessment of a person's capacity • assessment or examination to determine the general nature of an individual's condition • taking a health history • communicating an assessment or diagnosis • admission to a hospital or other facility • a personal assistance service • a treatment that, in the circumstances, poses little or no risk of harm

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This practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this practice guideline are welcome and should be addressed to:

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