College publications contain practice parameters and standards, which should be considered by all Ontario Respiratory Therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.
Professional Practice Guideline

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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) also 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 (PPGs) on the “Interpretation of Authorized Acts”, “Delegation of Controlled Acts”, and “Documentation” that may have complementary and/or overlapping information related to orders.

Did you know...

The RTA was updated in 2009 to include a 5th authorized act?

In the course of engaging in the practice of respiratory therapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Performing a prescribed procedure below the dermis.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
4. Administering a substance by injection or inhalation.
5. Administering a prescribed substance by inhalation.
WHEN IS AN ORDER REQUIRED?

The Respiratory Therapy Act, 1991 (RTA) requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except for:

• suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and
• administering a prescribed substance by inhalation.

If the activity is not a controlled act, it is in the public domain and may not require an order. The Regulated Health Professions Act (RHPA), 1991 also provides for exemptions in an emergency (see PPG Interpretation of Authorized Acts).

Depending on your practice setting, there may be additional legislative requirements related to orders for medical care. It is your responsibility to know what the legislative requirements that affect your practice are for your particular practice setting and you are accountable to abide by these requirements.
Delegation and the ordering of controlled acts - what you need to know.

- Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act.
- Delegation often refers to the transfer of authority to perform “procedures” involving controlled acts.
- Procedures and/or activities that do not involve controlled acts do not require delegation, however they may still require orders depending on the practice setting.
- Delegation is a process.
- There are specific standards of practice related to giving and receiving delegation for RTs (see PPG Delegation of Controlled Acts).

While it is permissible to delegate the performance of a procedure involving a controlled act to a health care provider (regulated or non-regulated) who is not authorized to perform that controlled act, it is not permissible to delegate the ordering of that procedure involving a controlled act to someone else.

It is the position of the CRTO 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 procedure involving a controlled act to another health care provider (see Position Statement Medical Directives and the Ordering of Controlled Acts).

Did you know...

For Respiratory Therapists:

- Administering an oral medication is not a controlled act and does not require delegation; however administering an oral medication does require an order or a prescription in most practice settings.
- Performing spirometry is not a controlled act and does not require delegation, but does require an order in a hospital or pulmonary function testing (PFT) laboratory.
- Performing defibrillation or allergy testing are controlled acts not authorized to Respiratory Therapists that require both a process for delegation and an order (or medical directive).
Who can Respiratory Therapists take orders from?

An order for a controlled act authorized to Respiratory Therapists (see PPG Interpretation of Authorized Acts) 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 authorized to order/prescribe, and is acting within his/her scope of practice, prior to carrying out that order¹.

Respiratory Therapists may act upon the request of other healthcare professionals who are communicating the need to implement a valid medical directive that includes all of the essential elements, and has been developed in collaboration with all relevant health care professionals. (See below and the Position Statement on Medical Directives and the Ordering of Controlled Acts)².

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¹ The practice of other Regulated Health Care Professionals such as Midwives and Nurse Practitioners 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 originally developed in collaboration with the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario in 2003; updated in response to changes to the Public Hospitals Act July 2011; and revised 2012.
WHAT CONSTITUTES A VALID ORDER?

An “order” is the 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/client in mind, then you must question the order. The fact that you have received 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 may perform a controlled act even if the controlled act is not authorized to Respiratory Therapists, and even if the Respiratory Therapist does not have delegation or an order.

The term “emergency” is not specifically defined in the RHPA, but clearly includes circumstances where action is immediately required to prevent death or serious physical harm.

The Health Care Consent Act, 1996 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 encourages Respiratory Therapists and their employers who face emergencies on a regular basis to proactively develop policies and procedures, guidelines, processes for delegation and medical directives to help guide their response. These documents may also serve to provide evidence of competency training and ongoing quality assurance to support the practice of Respiratory Therapists in emergent situations.

Direct orders

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

Did you know...

**Respiratory Therapist (RT) - driven Protocols**

An RT-driven protocol is a type of direct order (for a specific patient) to be implemented by 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.

Respiratory Therapists performing procedures, including controlled acts, on patients/clients as per RT-driven protocols, must ensure they:

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

A Ventilation-Weaning Protocol is a common example of an RT-driven protocol. Such a protocol, when ordered for a specific patient, may guide the Respiratory Therapist in making decisions and providing respiratory care for a mechanically ventilated patient based on diagnostic and therapeutic procedures.
<table>
<thead>
<tr>
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<tr>
<td>Written Orders</td>
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<td>Verbal Orders</td>
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<td>Telephone Orders</td>
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<tr>
<td>Written by an individual prescriber for a specific patient/client</td>
<td>Written by an individual prescriber for a specific patient/client. Approved/authorized by administrative committees.</td>
<td>“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.</td>
<td></td>
<td>Approved/authorized by administrative committees.</td>
</tr>
<tr>
<td>Patient specific</td>
<td>Patient specific</td>
<td>Range of specified patients under specified circumstances.</td>
<td>Similar patients with similar circumstances.</td>
<td>E.g., automatic discontinue orders for all patients after 3 days.</td>
</tr>
<tr>
<td>May include more than one procedure (including controlled acts) to be carried out by the specified health care provider.</td>
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<tr>
<td>May include decision trees, for example.</td>
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MEDICAL DIRECTIVES

A medical directive is a medical order for a specified range of patients who meet specific conditions. The medical directive is the order and should 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 (e.g., 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 setting, 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, 1991 (Physician, Midwife, Dentist or Nurse Practitioner).
• 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 deciding to implement the medical 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.

It is unacceptable for Respiratory Therapists to perform procedures involving controlled act based upon an order from another health care provider such as Nurse (RN or RPN) or Physician’s Assistant 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. Organizational policies or documents that list medications and/or procedures that a Physician’s Assistant may provide for a group of patients, for example, do not meet the requirements of a valid 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.

TYPES OF ORDERS

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 - (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 and a second patient identifier e.g., 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.
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;
- test - the procedure required; and
- any 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 (see PPG Interpretation of Authorized Acts). 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 scope and 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 signed 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). RTs are co-accountable to ensuring that they have valid orders to support their practice and are encouraged to document all communications regarding the implementing of verbal orders.
Telephone and verbal orders must be received directly from the prescriber and not their designate unless the designate is another regulated health professional (e.g., not secretaries or receptionists). The person taking the verbal order must also be a regulated healthcare professional (e.g., RT, RN). You may wish to have a verbal or telephone order heard and co-signed by another regulated health care professional.

- “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) to verify the order 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 authorized acts to be received from the following regulated health care professionals in Ontario: Physicians, Dentists, Midwives or Nurse Practitioners.

A common situation where Respiratory Therapists may be involved with patients from outside Ontario is when they are asked 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.

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**Did you know...**

The use of verbal prescriptions (spoken aloud in person or by telephone) introduces a number of variables that can increase the risk of error. These variables include:

- Potential for misinterpretation of orders because of accent or pronunciation;
- Sound alike drug names;
- Background noise;
- Unfamiliar terminology;
- Patients having the same or similar names;
- Potential for errors in drug dosages (e.g., sound alike numbers); and
- Misinterpretation of abbreviations*.

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 comes from. At some time you may have to prove that you had the authority to perform an activity. For your own protection, ensure that the order (or medical directive) you are acting upon is a valid one. If you are acting upon the authority of a medical directive, be sure that you know the contents of that medical directive.

Whether you are implementing direct orders or medical directives, you must ensure that you:

- are acting within the scope of Respiratory Therapy, the role and scope of where you work and your personal scope of practice;
- 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;
- only implement orders/medical directives that are in the best interest of the patient/client;
- document where you obtained the authority and what you did (e.g., signing off your orders, charting “as per protocol” or “as per medical directive”); and
- ensure that you 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 authorizer 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 implement the order and document all details related to your decision. (see PPG Documentation).
### GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>authorized act</strong></td>
<td>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 five acts authorized to Respiratory Therapists by the <em>Respiratory Therapy Act</em>, that are created from 3 controlled acts defined in the RHPA.</td>
</tr>
<tr>
<td><strong>College</strong></td>
<td>College of Respiratory Therapists of Ontario</td>
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<tr>
<td><strong>CRTO</strong></td>
<td>College of Respiratory Therapists of Ontario</td>
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<tr>
<td><strong>emergency</strong></td>
<td>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 (<em>ref. HCCA</em>).</td>
</tr>
<tr>
<td><strong>patient/client</strong></td>
<td>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.</td>
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</table>
| **plan of treatment** | A plan that:  \n• 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, and  
• allows for administration of various treatments or courses of treatment. |
| **treatment**         | 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:  
• 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, and  
• a treatment that, in the circumstances, poses little or no risk of harm. |
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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