

 <b>Lakeridge Health</b>	<b>Medical Directive in Urgent Situations for Admitted Mental Health and Addiction Patients</b>	
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## Authorizing Prescribers

All Lakeridge Health Most Responsible Practitioners in the Mental Health & Addictions Program.

## Authorized to Whom

This medical directive is authorized to all nurses employed at Lakeridge Health (LH) within the Mental Health & Addictions including Residential Withdrawal Management Services **(RWMS)** program who are caring for admitted Mental Health (MH) patients. The nurse must complete the required education and have the knowledge, skill, and judgement to safely implement this medical directive. For the purpose of this document the term 'Nurse' refers to all Registered Nurses (RNs) and Registered Practical Nurses (RPNs).

## Patient Description/Population

Any patient 18 years and older admitted to the Mental Health and Addictions Program who meets specific indications as per the [order table form](#).

## Order and/or Procedure

The procedures listed in the order table form are in alphabetical and not sequential order. Any one or combinations of those order/procedures may be performed unless contraindicated.

Prior to administering any medication within this medical directive, the nurse must assess patient status including:

- Medical, psychiatric, and medication history
- Physical examination findings
- Indications and contraindications as per the [order table form](#)

## Indications to the Implementation of the Directive

Any person with indications as outlined in the [order table form](#).

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## Contraindications to the Implementation of the Directive

This medical directive must not be implemented in the following circumstances:

- Consent has not been obtained from the patient or Substitute Decision Maker (SDM)
- The nurse implementing the Medical Directive is not able to fully explain the:
  - Purpose and potential side-effects of the medication(s)
  - Non-pharmacological alternatives of the directive
- Known allergies or hypersensitivities to medications or any component of the formulation

## Consent

The nurse implementing the medical directive must obtain consent if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the nurse may administer treatment without consent if, in his, her or their opinion; all of the following are true:

- The patient is incapable with respect to the treatment.
- The patient is experiencing severe suffering or is at risk of suffering serious bodily harm if the treatment is not administered promptly; and
- It is not reasonably possible to obtain consent or refusal on the person's behalf of the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

## Documentation Requirements

In addition to standard documentation practices, the nurse on the acute admission MH units, implementing this medical directive must:

1. Select the appropriate order in the patient's electronic health record (EHR)
2. Document the order mode of "per medical directive"
3. Indicate the name of the order provider (e.g., the nurse implementing the order)
4. Indicate the name of the authorizing prescriber (e.g., the psychiatrist designated as the patient's most responsible physician (MRP))
5. State the full name of this medical directive in the comment section of the order
6. Sign the order

The nurse on the RWMS site will:

1. Follow the site-specific procedure to complete the orders.
2. Document their assessment and evaluation of the patient, when the medical directive is enacted.
3. Send a secure chat to the MRP informing them of the use of medical directive.

## Review/Evaluation Process

This medical directive is to be reviewed every two years by the Mental Health and Addictions Program.

## References

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

**Order Table Form**

**Analgesia for (Mild to Moderate) Pain**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes</b>
<p>Acetaminophen 650 mg PO once</p> <p><b>OR</b></p> <p>Ibuprofen 400 mg PO once</p>	<p>Patients with mild to moderate pain (less than 8 on the 0 – 10 pain scale, or as defined in Pain Patient Care Standard)</p>	<p><b>Acetaminophen:</b> Recent acetaminophen administration in the last 3 hours <b>OR</b> more than 3 doses in the past 24 hours <b>Ibuprofen:</b> Recent Ibuprofen administration In the past 6 hours <b>OR</b> more than 3 doses in the past 24 hours. Allergic-type reaction to aspirin or other nonsteroidal anti-inflammatory agents. Pregnancy History of cirrhosis, chronic liver disease, alcoholism, active peptic ulcer disease, gastrointestinal bleeding or impaired renal function</p>	<p>Monitor the therapeutic effectiveness of the medication.</p> <p>In addition to documentation requirements listed in this medical directive, the nurse to complete and document the following in the patient's electronic health record (EHR)</p> <p>Pain assessment prior to administration of medication</p> <p>Follow-up pain assessment one hour after administration of medication</p>

**Antacid**

Order	Indication	Contraindication	Notes
<p>Magnesium hydroxide</p> <p>400 mg / 5 mL suspension 15-30 mL PO once</p>	<p>Acid indigestion, heart burn, hyperacidity</p>	<p>History of: Neuromuscular disease Renal impairment</p> <p>Recent magnesium hydroxide administration within the past 4-hours <b>OR</b> daily maximum of 60 mL reached from all sources within the last 24-hours</p>	<p>The nurse is to monitor the therapeutic effectiveness of the medication.</p> <p>In addition to documentation requirements listed in this medical directive, the nurse is to also complete and document the following in the patient's electronic record (EHR):</p> <p>GI assessment prior to administration of medication</p> <p>Follow-up GI assessment one hour after administration of medication</p>

**Nicotine Replacement**

Order	Indication	Contraindication	Notes
<p>Nicotine patch</p> <p>14 mg patch applied topically for 24 hours once if patient smokes 10 cigarettes or less per day or weighs 45 kg or less</p> <p><b>OR</b></p>	<p>History of smoking with withdrawal symptoms observed or reported</p>	<p>Known history of, or newly presenting, adverse side effects to nicotine replacement products</p> <p>Non-smokers</p>	<p>Patch is applied on a dry hairless area between the neck and waist. Avoid using the same site more than once weekly.</p> <p>For heavy smokers, it may be used in conjunction with nicotine gum.</p> <p>The nurse is to monitor:</p>

Order	Indication	Contraindication	Notes
<p>21 mg patch applied topically for 24 hours once if patient smokes more than 10 cigarettes per day and weighs more than 45 kg</p>		<p>Pregnant women and nursing mothers</p> <p>Patients with recent myocardial infraction, angina, or cardiac arrhythmias</p> <p>Patients under the age of 18</p>	<p>The therapeutic effectiveness of the nicotine replacement product</p> <p>Withdrawal symptoms</p> <p>Patch must not be cut or altered in any way to make a smaller dose.</p> <p>Remove patch at bedtime.</p> <p>Remove patch if redness, itchiness, or burning occur at application site.</p> <p>If the patient experiences skin irritation with the patch, consult with MRP or hospitalist to reassess the need for a topical steroid (e.g., Fluticasone).</p> <p>Provide the following education to the patient: Do not share nicotine replacement products with other patients.</p>

**Nicotine Replacement**

Order	Indication	Contraindication	Notes
<p>Nicotine gum</p> <p>2 mg (every 1-2 hrs for 24 hrs) if patient smokes less than 25 cigarettes per day</p> <p><b>OR</b></p>	<p>History of smoking with withdrawal symptoms observed or reported</p>	<p>Known history of, or newly presenting, adverse side effects to nicotine replacement products</p> <p>Patient unable to follow directions and/or use the gum effectively, for example:</p>	<p>For heavy smokers, it may be used in conjunction with a nicotine patch.</p> <p>The nurse is to monitor:</p> <p>The therapeutic effectiveness of the nicotine replacement product</p>

Order	Indication	Contraindication	Notes
<p>4 mg (every 1-2 hrs for 24 hrs) if patient smokes 25 cigarettes or more per day</p>		<p>History of:</p> <p>Temporomandibular joint dysfunction</p> <p>Dentures</p> <p>Unable to chew gum</p> <p>Non-smokers</p> <p>Pregnant women and nursing mothers</p> <p>Patients under the age of 18</p>	<p>Withdrawal symptoms</p> <p>Provide the following education to the patient:</p> <p>Do not share nicotine replacement products with other patients.</p> <p>Avoid drinking coffee or acidic beverages (e.g., soda, juice) while chewing and 15-minutes before using the gum.</p> <p>Should not be chewed like regular gum.</p> <p>Steps for proper use of nicotine gum:</p> <p>Bite the gum once or twice to loosen the nicotine.</p> <p>Park the nicotine gum between your gums and cheek to allow the nicotine to be absorbed.</p> <p>Wait 1-minute and then repeat steps 1 and 2 for 30-minutes for each piece of gum.</p> <p>Possible signs of incorrect use of the product include:</p>

Order	Indication	Contraindication	Notes
			Hiccups Belching Heartburn

**Antiemetic**

Order	Indication	Contraindication	Notes
Ondansetron 8 mg PO once (PO includes ODT and soluble film)	Nausea and/or vomiting	Known history of migraines  Known history of older adults ≥ 65 years with QTc prolongation.  Hypersensitivity to ondansetron or any component of the formulation.	The nurse is to monitor for: Constipation Fever Headaches hypotension Immediate hypersensitivity  Immediate hypersensitivity reactions generally <b>occur within 1 hour</b> of administration but may occur up to 6 hours after exposure. Serotonin syndrome. In addition to documentation requirements listed in this medical directive, the nurse to complete and document the following in the patient's EHR: Patient's reported symptoms of nausea and/or vomiting Follow up assessment after ondansetron is administered to patient.

**Antiemetic**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes</b>
DimenhyDRINATE  25-50 mg PO once	Nausea, vomiting	Known positive history of drug sensitivity or allergy  Chronic pulmonary disease.  High risk in older adults. Has potent anticholinergic properties increased risk of confusion, dry mouth, constipation and toxicity	This medication sounds alike diphenhydramine.  The nurse is to monitor for: Headaches Drowsiness Tachycardia  Allergic reaction such as rash, hives, patient complaining of trouble breathing, swallowing, and/or tightness in the chest. In addition to documentation requirements listed in this medical directive, the nurse to also complete and document the following in the patient's EHR:  Patient's reported symptoms of nausea and/or vomiting. Follow up assessment after dimenhyDRINATE is administered to patient.

**Antidiarrheal**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes</b>
Loperamide  4 mg PO once after first loose bowel movement  2 mg PO after each subsequent loose bowel movement	Diarrhea	History of hepatic impairment  Use in caution in older adults.  Hypersensitivity to loperamide  Acute dysentery (blood in stools and/or elevated temperature)	The nurse is to ensure the following: Patient to have plenty of clear fluids to prevent dehydration Do not administer if there is abdominal pain without diarrhea

<p>(not to exceed 16 mg in 24 hours).</p>		<p>Acute ulcerative colitis Bacterial enterocolitis</p>	<p>Must be discontinued promptly if abdominal distension, constipation, abdominal pain or ileus develops. In addition to documentation requirements listed in this medical directive, the nurse is to also complete and document the following in the patient's EHR: Previous assessment of loose bowel movement Follow up assessment after loperamide is administered to patient.</p>
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**Laxatives**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes</b>
<p>Polyethylene Glycol (PEG) 3350 powder</p> <p>17 g dissolved in 240 mL of liquid PO once</p>	<p>constipation</p>	<p>Known or suspected bowel obstruction</p> <p>If Lactulose has already been ordered and administered for the same episode of constipation within the last 24 hrs.</p> <p>Pregnancy.</p>	<p>The nurse is to monitor the therapeutic effectiveness of the medication.</p> <p>This medication should be offered as a first choice for constipation due to opioid related constipation.</p> <p>In addition to documentation requirements listed in this medical directive, the nurse must also complete and document the following in the patient's EHR:</p> <p>Stool output/assessment prior to administration of medication</p> <p>Follow-up stool output/assessment one hour after administration of medication</p> <p>Prolonged use may result in electrolyte imbalances.</p> <p>Do not combine with starch-based thickeners due to possible choking and aspiration.</p> <p>Monitor elderly patients closely because they are more likely to show signs of dehydration and electrolytes.</p>

**Laxatives**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes</b>
<p>Lactulose</p> <p>15 mL PO once</p> <p><b>OR</b></p>	<p>constipation</p>	<p>History of galactosemia or patients on galactose restricted diets</p>	<p>The nurse to use their clinical judgment and assessment findings to determine which dose to administer as per medical directive.</p> <p>The nurse is to monitor the therapeutic effectiveness of the medication.</p>

<p>30 mL PO once</p>		<p>Known or suspected bowel obstruction</p> <p>Recent lactulose administration within the past 4-hours <b>OR</b> daily maximum of 60 mL reached from all sources within the last 24-hours</p> <p>If polyethylene glycol has been ordered and administered for the same episode of constipation within the last 24 hrs. Pregnancy.</p>	<p>In addition to documentation requirements listed in this medical directive, the RN or RPN must also complete and document the following in the patient's EHR:</p> <p>Stool output/assessment prior to administration of medication</p> <p>Follow-up stool output/assessment one hour after administration of medication</p> <p>Encourage the patient to drink plenty of water since lactulose may cause fluid loss.</p>
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**Laxatives**

Order	Indication	Contraindication	Notes
<p>Glycerin (adult) suppository PR once</p>	<p>Constipation</p>	<p>If lactulose OR polyethylene glycol have been ordered and administered for the same episode of constipation within the last 24 hrs.</p> <p>Abdominal pain Nausea Fever Vomiting Rectal irritation OR rectal bleeding.</p>	<p>The nurse is to monitor for signs and symptoms of the following:</p> <p>rectal bleeding rectal irritation stomach cramps</p> <p>The nurse is to monitor and record bowel movement. If no bowel movement occurs, refer to MRP.</p>

**Sedative**

Order	Indication	Contraindication	Notes
<p>Melatonin</p> <p>5 mg SL two hours prior to bedtime once</p>	<p>Insomnia</p>	<p>Hypersensitivity to melatonin and any of the ingredients in melatonin for e.g. Peppermint.</p> <p>Patient with the following autoimmune disease:</p> <p>Hepatic impairment                      Kidney impairment                      Galactose intolerance                      Epilepsy</p>	<p>The nurse to monitor patient for drowsiness which may occur within 30 minutes after taking melatonin.</p> <p>The nurse to monitor patient for the following adverse reactions:</p> <p>Abdominal pain                      Constipation                      Diarrhea                      Dizziness                      Headaches                      Muscle cramps</p> <p>In addition to documentation requirements listed in this medical directive, the nurse to also complete and document the following in the patient's EHR:</p>