



# Thoracic Diagnostic Assessment Program Investigations - Medical Directive

DRCC Quality Council Approved: 23AUG 2024

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## Authorizing Prescriber(s)

Lakeridge Health Thoracic Surgeon(s).

## Authorized to Whom

The Thoracic Nurse Navigator (Registered Nurse) working in the Thoracic Diagnostic Assessment Program at Lakeridge Health and the Durham Regional Cancer Centre.

Co-implementers: Medical Radiation Technologists (MRT) Medical Radiation Technologists (MRTs) and Laboratory Technologist employed at Lakeridge Health.

## Patient Description/Population

Any adult outpatient referred to the Thoracic Diagnostic Assessment Program prior to their first surgical consultation at Lakeridge Health.

## Order and/or Procedure

The order and/or procedures are not presented in sequential order. Any one or combination may be selected

- Laboratory tests as per the [Order Table Form](#)
- Diagnostic imaging as per the [Order Table Form](#)
  - i. **Computed Tomography** Scan (CT), chest with contrast
  - ii. **CT** Scan, chest, abdomen, pelvis
  - iii. **Chest X-ray** PA & LAT

## Indications to the Implementation of the Directive

Any new patient with suspected or confirmed esophageal or thoracic cancer who requires assessment and initial consult in the Thoracic Diagnostic Assessment Program with indications as listed in the [Order Table Form](#).

## Contraindications to the Implementation of the Directive

The directive must not be implemented in any of the following circumstances:

- Patient is under the age of 18.

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Document Sponsor/Owner Group: (Thoracic Diagnostic Assessment Program, Date Approved 18APR2024)

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- Patient is pregnant.
- Patient refuses diagnostic investigation.
- Patient who has had the diagnostic test completed within the past 2 months.
- For CT: See [Order Table](#) Form for modality specific contraindications.

## **Consent**

The Thoracic Nurse Navigator implementing the Medical Directive will obtain consent and document in the patient's electronic health record. Consent will be obtained by telephone or in person with the patient or their Substitute Decision Maker (SDM). If the patient or SDM refuses to provide consent for the procedure, contact the MRP or delegate immediately to determine plan of care.

## **Documentation Requirements**

In addition to standard documentation practices, including any required requisitions, the Thoracic Nurse Navigator implementing the Medical Directive must ensure the following is documented in the patient's electronic health record:

- The order will be signed using the order mode of "per medical directive"
- The name of the Thoracic Nurse Navigator will be the ordering provider
- The name of the MRP will be the authorizing provider
- The full name of this medical directive will be outlined in the comments section of the order (e.g. Thoracic Diagnostic Assessment Program Clinic Investigations - Medical Directive)

Co-implementers will document in the electronic record as per standard documentation practices.

## **Review/Evaluation Process**

The Medical Directive will be reviewed by the Thoracic Program Committee every two years.

## References

- Canadian Association of Nurses in Oncology. (2015, July 29). *Practice standards*.  
[https://www.cano-acio.ca/page/practice\\_standards](https://www.cano-acio.ca/page/practice_standards)
- College of Nurses of Ontario. (2020). *Practice guideline: Directives*.  
[https://www.cno.org/globalassets/docs/prac/41019\\_medicaldirectives.pdf](https://www.cno.org/globalassets/docs/prac/41019_medicaldirectives.pdf)
- College of Physicians and Surgeons of Ontario. (2021, March). *Delegation of Controlled Acts*.  
<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Delegation-of-Controlled-Acts>
- Lakeridge Health. (2022). *Adult Renal Protection for Intravascular Contrast Administration Diagnostic Imaging – Policy and Procedures*.
- Ontario Health (Cancer Care Ontario). (2023). *Lung cancer diagnosis pathway map*.  
<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/LungCancerDiagnosisPathwayMap.pdf>
- Regulated Health Professions Act, 1991, SO 1991, c 18.*



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

### Order Table Form

Order	Indication	Contraindication	Notes
Serum creatinine and eGFR	Any new patient scheduled for a CT Scan, with contrast, prior to initial consult for a suspected or confirmed lung cancer		
<b>CT Scan, chest with contrast</b>	Any new patient scheduled for an initial consult for a suspected or confirmed lung cancer	Patients with Glomerular Filtration Rate less than or equal to 30 mL/min Pregnancy	
<b>CT Scan, chest, abdomen, pelvis with contrast</b>	Any new patient scheduled for an initial consult for a suspected or confirmed lung cancer	Patients with Glomerular Filtration Rate less than or equal to 30 mL/min Pregnancy	
<b>Chest X-ray PA &amp; LAT</b>	Any new patient scheduled for an initial consult with a suspected or confirmed lung cancer		