

POINT-OF-CARE URINE TESTING¹

Effective (date): _____

Authorizing prescriber: _____

Contact person taking responsibility: _____

Recipients

Any client seen at the RAAM clinic that meets the conditions for use of this medical directive.

Authorized implementers

A registered practical nurse (RPN) or registered nurse (RN) employed by the RAAM clinic and currently in good standing with the College of Nurses of Ontario. The individual must possess the knowledge, skill, and judgment to safely implement this medical directive. Note: Some settings may permit roles outside of nursing to perform point-of-care testing with appropriate knowledge and training.

Terms

- Urine testing: Point-of-care (POC) testing for urine drug screen and rapid ethyl glucuronide (EtG) via urine dipstick (opioids, benzodiazepines, benzoylcegonine, methamphetamine, EDDP, buprenorphine, alcohol, fentanyl) to manage substance use disorders; and/or urine beta hCG to expedite the diagnosis or confirmation of pregnancy.
- Breathalyzer: Point-of-care (POC) testing of current blood alcohol content from a breath sample to determine intoxication.

Indications

1. POC urine drug screen: Clients who present with substance use concerns and require ongoing monitoring for use, contraindications to medications, and/or monitoring the adherence of the treatment plan.
2. POC urine beta hCG by dipstick (pregnancy test): To screen individuals with symptoms of pregnancy, a missed menstrual period, or a clinical situation in which pregnancy status needs to be determined.
3. POC rapid urine ethyl glucuronide (EtG) test (alcohol test): This test will detect the presence of ethyl glucuronide, a breakdown product of ethanol. For clients who present with substance use concerns and require ongoing monitoring for alcohol use, contraindications to medications, and/or monitoring the adherence of the treatment plan.
4. POC breathalyzer: To screen for the presence of alcohol intoxication and ensure safety (for example: ability to operate a vehicle if a client drove to the clinic they presented at).

¹ Adapted from materials provided courtesy of Addiction Services Central Ontario.

Documentation and communication

- All diagnostic tests being ordered, and their results, must be documented in the EMR as outlined in the CNO Standards of Practice in accordance with standard documentation.
- The results of the test and the required follow-up are the responsibility of the health care provider (NP, MD) who has provided care for the client in the clinic.
- Further collaboration may be necessary to initiate certain subsequent treatments and/or testing.
- Annual routine renewal will occur on the anniversary of the activation date and will involve collaboration between the authorizing provider and policy implementers (RPN, RN).

Review and quality monitoring

If issues related to using this medical directive are identified at any time, notify the clinical director or supervisor.

Medical directives will be reviewed, edited as necessary, and renewed every year by the clinical director and/or supervisor. If new information becomes available between routine renewals, particularly if this new information has implications for unexpected outcomes, the directive will be reviewed and edited as necessary. The contact person taking responsibility and authorized implementers identified in this medical directives will be notified when changes are made.

It is the organization's responsibility to attain and house appropriate signatures and documentation to support the use of this medical directive and to ensure that authorized implementers have the training, knowledge, skill, and judgment necessary to use this directive.

Administrative approval

Executive Director, RAAM clinic

Signature

Date

Approving prescriber(s)

Name and designation

Signature

Date

List of authorized implementers

Name and Designation	Signature	Date