


Name of Policy:	<u>Medical Assistant Roles in Ambulatory Services</u>	 Effective Date: 4/27/2021 Initial Effective Date: 4/2007
Policy Number:	3364-101-06-07	
Department:	Ambulatory Services	
Approving Officer:	Chief Executive Officer, UTMC	
Responsible Agent:	Chief Medical Officer, UTMC	
Scope:	Ambulatory Services	
<input type="checkbox"/> New policy proposal		<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

Medical Assistants (MAs) in Ambulatory Services shall be allowed to perform duties in the clinic as directed by the Clinic Medical Director, and only after organizational competency has been determined. MAs in the clinics may give certain medications, ONLY under the direction, supervision and control of the provider and only after showing medication administration competence.

(B) Purpose of Policy

To maintain safe, quality care for all patients presenting to The University of Toledo Medical Center Ambulatory Services. To provide a list of procedures that MAs are able to perform only after passing training and competency requirements. To provide a list of medications that Medical Assistants may administer, ONLY under the direction, supervision and control of the provider and only after showing medication administration competence. Only Certified Medical Assistants (CMAs), Registered Medical Assistants (RMAs) and Licensed Practical Nurses (LPNs) practicing in the MA role are permitted to enter orders into the medical record and take verbal orders only under physician delegation that will be documented in the medical record with the physician signature of approval.

(C) Scope

Medical Assistants will be allowed to give certain medications and assist in procedures in the clinics, only after competency has been determined. Competency will be determined based on the recommendations made by the supervising clinical faculty/ educator to the respective Clinic Medical Director. Medical Assistants are not permitted to administer Schedule II through V controlled substances to patients; this must be done through a licensed practitioner. RNs and LPNs in clinics may practice within their scope of practice as designated by the State of Ohio and as deemed competent in their current role and clinic.

(D) Procedure

1. Procedures that MAs may perform in the ambulatory clinics, after appropriate education and observation by trained staff include:
 - a) Administer certain oral, rectal, inhaled, intramuscular, and subcutaneous medications as approved by the supervising provider
 - b) Aerosol treatments given via nebulizer
 - c) Application of ACE wraps

- d) Basic vitals: blood pressures, height, weight, temperature, head circumference, respirations, pulse ox check.
 - e) Cast removal
 - f) Electrocardiogram
 - g) Glucose testing
 - h) Obtain cultures
 - i) Oxygen administration
 - j) Point of Care Testing
 - k) PPD (injection and reading)
 - l) Required medical record screening questions and recording of patient responses
 - m) Spirometry
 - n) Staple/suture removals
 - o) Urinalysis/Urine Drug Testing
 - p) Urinary catheterization (female only -training provided only after training provided)
 - q) Voiding trials
 - r) Wet to dry dressing changes
 - s) Wound dressings
 - t) Cerumen removal
 - u) Venipuncture
 - v) Respiratory fit testing
 - w) Vision/Hearing screens
2. Approved medications and types of administration given by MAs in the ambulatory clinics are limited to intramuscular, subcutaneous, inhaled, topical, rectal, or orally to include:
- A. Antibiotics:
 - a) Antibiotic Cream (Topical)
 - b) Bicillin/Penicillin G Procaine -IM (must be double checked by RN or provider)
 - c) Metronidazole Tablets (Oral)
 - d) Rocephin -Dilute with 0.9 ml of 1% Lidocaine and administer- IM (must be double checked by RN or provider)
 - B. Birth Control
 - a) Depo Provera -IM
 - C. Flu Vaccine
 - a) Fluzone - IM
 - D. Hormones
 - a) Estradiol -IM
 - b) Insulin -SQ must double check dose with physician, RN, or provider prior to injecting.
 - c) Progesterone -IM
 - E. Immunizations
 - a) Diptheria –Tetanus - Pertussis: includes DTap, Td, Tdap-IM
 - b) Diptheria –Tetanus-IM
 - c) Haemophilus Influenzae (HIB)- IM
 - d) Hepatitis A & B-IM
 - e) Human Papillomavirus (Gardasil)- IM
 - f) Influenza- IM

- g) Meningococcal -IM
- h) MMR –Subcutaneous
- i) Pentacel
- j) Pneumovax/ Prevnar–IM
- k) Polio
- l) Rabies -IM
- m) Rotavirus
- n) Typhoid
- o) Varicella
- p) Varivax –IM
- q) Yellow Fever-SQ
- r) Any New Approved Immunization Combinations

F. Pain

- a) Depo-Medrol -IM
- b) Imitrex -IM
- c) Toradol -IM

G. Vitamins

- a) B12 SQ/IM

H. Suppositories

- a) Acetaminophen
- b) Glycerin

I. Respiratory

- a) Albuterol Sulfate -Nebulized
- b) Albuterol/Ventolin HFA
- c) Racemic Epinephrine -Nebulized (must be monitored by licensed personnel during treatment)

J. Skin Tests

- a) Mantoux-Intradermal on the forearm only
- b) Control: Candida, Tricophyton-Intradermal on the opposite forearm
- c) Penicillin, Ampicillin, Histamine-Pre-pen, pin prick or intradermal

K. Other

- a) Acetaminophen -Oral
- b) Depo-Medrol- IM
- c) Dexamethasone
- d) Diphenhydramine HCl- IM, Oral
- e) Epi Pen- SC
- f) Epogen -IM
- g) Ibuprofen -Oral
- h) Kenalog-IM
- i) Prednisolone- Oral
- j) Prednisone Tablets -Oral
- k) Procrit -IM
- l) Promethazine -IM
- m) Xylocaine Jelly -Topical

- n) Silver Sulfadiazine Cream 1% -Topical
- o) Phenergan – IM

- p) Zofran – Oral
- q) Allergy Desensitization(must have an Attending Physician, PA or NP present on site when administered, and during the waiting time post injection)
- r) Corticosteroid
- s) Opioid Antagonist-Naloxone HCL(Narcan)-SQ/IM/Nasal Spray. Naltrexone (Vivitrol)-IM

2. Clinic Staff must maintain the medication preparation area clean, clutter free and prevent interruptions and distractions during medication preparation.

****Special Note:** Any medication given to a pediatric (between the ages of newborn to 18) patient that is dosed has to be double verified prior to administering the medication. This includes any medications that are dosed and drawn up into syringe or any dosed liquid medications nebulized or given orally.

Approved by:	Review/Revision Date:
/s/ _____ 05/13/2021 Michael Ellis, MD CMO, UTMC Date	3/05 7/05 4/07 6/7/2011 4/28/2014 4/1/2015 4/1/2018 12/1/2018 4/27/2021
/s/ _____ 05/18/2021 Richard Swaine, CPA CEO, UTMC Date Review/Revision Completed By: Ambulatory Services	
Next Review Date: 4/27/2024	
Policies Superseded by This Policy: 6-07	