Medical Assistant Roles in Ambulatory Services

Name of Policy: Medical Assistant Roles in Ambulatory Services
Policy Number: 3364-101-06-07
Department: Ambulatory Services
Approving Officer: Chief Operating and Clinical Officer
Responsible Agent: CAO, OP Clinic Operations
Scope: Ambulatory Services

Effective Date: 4/1/2015
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(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 only under physician delegation.

(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

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) Corticosteroids

**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.