

COLLECTIVE PRESCRIPTION

Administering salbutamol during post-bronchodilator spirometry for diagnosing suspected chronic obstructive pulmonary disease

N° 888056

Institution :

Effective date :

Date of last review (if applicable):

Validity period: .

Protocol number (if applicable): Enter the internal protocol number or the INESSS protocol number and add the web link.

CLINICAL SITUATION OR TARGET POPULATION

Adult suspected of having chronic obstructive pulmonary disease (COPD) and whose respiratory symptoms and risk factors had been objectively assessed by the healthcare professional who ordered the pre-/post-BD spirometry test.

INDICATION FOR APPLICATION OF THE COLLECTIVE PRESCRIPTION

Adult referred for pre-/post-bronchodilator spirometry test¹ for the diagnosis of suspected COPD.

LOCATION OF SERVICES

Indicate the sector(s) (e.g. obstetrics, home care) or the setting(s) affiliated with an institution (e.g. CLSC, CHSLD, hospital) or the non-institutional setting(s) (FMG, private clinic, community pharmacy).

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AUTHORIZED HEALTH PROFESSIONAL(S) OR OTHER AUTHORIZED PERSON(S)

Enter the name of the authorized professional or other person authorized to use the collective prescription for the performance of a professional activity. Certain qualifications or training may be required.

Example: Clinical nurses who have taken the “x” training available on the digital learning environment (DLE) website.

- ▶ The professional or authorized person must have the necessary skills to execute this prescription (e.g., training and supervised practicum, maintenance of competence).

PROFESSIONAL ACTIVITY OR ACTIVITIES CONCERNED

The collective prescription must stipulate the activity or activities reserved for the authorized persons concerned by the prescription. A list of the activities that can be performed under a collective prescription is available on the Collège des médecins du Québec's website (Tableau des professionnels et intervenants pouvant répondre à une OC).

Example: Initiating diagnostic and therapeutic measures in accordance with a prescription.

- ▶ Administering and adjusting medications or other substances, if they have been prescribed

¹ The post-bronchodilator component implicitly includes a BDCA; however, a prior salbutamol order may be required depending on local practice.

CONTRAINDICATIONS

- ▶ A history of paradoxical bronchospasm caused by salbutamol
- ▶ The patient refuses to use salbutamol again because of significant adverse effects experienced during previous use (another option is required)
- ▶ A history of severe to very severe allergic reaction to salbutamol (rare)

QUÉBEC'S NATIONAL MEDICAL PROTOCOL

Refer to current Québec's national medical protocol [N° 888056](#), written by the Institut national d'excellence en santé et en services sociaux and available on its website, when executing this prescription.

LIMITS OR SITUATIONS WHERE A CONSULTATION IS MANDATORY

This section is intended to identify potential limitations, precautions to be observed, and the circumstances requiring consultation with the responding professional. For example, it may specify the number of times an activity may be performed before the professional or authorized person must inform the responding professional.

- ▶ Overall condition and/or vital signs at test time requiring pulmonary or cardiac auscultation by a qualified professional.
- ▶ Serious adverse effects due to the salbutamol administered during the spirometry test.
- ▶ The inability to obtain three valid breathing maneuvers during **pre-bronchodilator** spirometry (out of a maximum of eight attempts). In such case, post-bronchodilator spirometry is generally not clinically relevant.

MODE OF COMMUNICATION

If applicable, plan the preferred mode of communication between the health professional (physician or Specialized Nurse Practitioner (SNP)) and the authorized professional or the authorized person referred to in the CP for information considered essential.

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REFERENCE TOOLS AND SOURCES

The main reference items used, namely, protocols, guidelines and reference documents that were used to develop this collective prescription, are to be mentioned in this section. Xxx

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IDENTIFICATION OF PRESCRIBING PROFESSIONAL

Institutions that intend to write a collective prescription based on this template must specify the mechanism for identifying the prescribing physician or SNP in this section.

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IDENTIFICATION OF RESPONDING PROFESSIONAL

This section should help the authorized professional or the other authorized person who uses the collective prescription to identify the responding professional(s) or to provide a mechanism of identifying them.

Example: The on-duty physician or SNP at the FMG's walk-in clinic.

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IMPLEMENTATION PROCESS

1. DEVELOPMENT OF CURRENT VERSION

Identification of the physician(s), the SNP and the collaborators involved. It is important to identify, when first starting to develop the CP, all the professionals who will participate in it.

2. VALIDATION OF CURRENT VERSION

Identification of those responsible with regard to their reserved professional activities.

3. APPROVAL OF CURRENT VERSION WITHIN THE INSTITUTION

Via the signature of the representative of the Conseil des médecins, dentistes, pharmaciens et sages-femmes (CMDPSF) when a physician acts as the prescriber and responding professional.

Via the signature of the Director of Nursing (DN), if the SNP is the prescriber and responding professional.

! The CP must be signed by the CMDPSF representative and the DN when it involves both parties.

Representative of the Conseil des médecins, dentistes, pharmaciens et sages-femmes (CMDPSF)

Last name :

First name :

Signature :

Date :

Directeur ou directrice des soins infirmiers (DSI)

Last name :

First name :

Signature :

Date :

4. APPROVAL OF CURRENT VERSION OUTSIDE THE INSTITUTION

Via the signature of each of the prescribing professionals for whose patients the collective prescription can be initiated.

Last name and first name	License No.	Signature	Telephone