BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Professional Practice Guidelines for Orthoptist delivered YAG Capsulotomy YAG PI and SLT

(including policy and standards)

Approved by:
BIOS Retinal Disease/Glaucoma Special Interest Group Lead
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Date: **

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Executive Summary

This policy sets out the management of ophthalmic patients requiring a laser procedure by trained non- medical personnel.

This policy outlines the training and duties involved of those staff outlined to deliver the service. The policy also outlines how compliance with the policy will be monitored

This document outlines the procedure for orthoptists performing YAG Capsulotomy, YAG peripheral iridotomy and SLT. Orthoptists must comply with these standards in order to be insured for professional practice for the afore-mentioned conditions.

Our thanks go to the following people and groups for inputting to and/or reviewing the document before release:

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- Lorna McKay NHS Greater Glasgow and Clyde-SLT
- Victoria Bratley Salisbury Hospital- YAG caps
- Shazia Hussain Hinchingbrooke Hospital- YAG PI
- BIOS Glaucoma SIG steering committee
- BIOS PDC and Education Committees in 2015
- BIOS Trustees

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1. INTRODUCTION

This document sets out the policy and pathway for competency development for highly specialised orthoptists at band 7 and above to perform laser procedures to treat ophthalmic patients.

2. SCOPE OF THE POLICY

This guidance is relevant to:

Orthoptists (band 7 and above with evidence of advanced clinical practice and qualifications)

3. DEFINITIONS

3.1 Nd. YAG (neodymium-doped yttrium aluminium garnet; Nd:Y3Al5O12) Laser capsulotomy is performed on patients who have undergone cataract surgery most commonly performed by phacoemulsification, and whose vision has deteriorated due to posterior capsule thickening (PCO).

3.2 Selective Laser Trabeculoplasty (SLT) is performed in patients with primary open angle glaucoma (POAG) or Ocular Hypertension (OHT) in whom SLT is deemed to be advisable based on the ocular and clinical status of the individual and their choice of therapy on the advice of a consultant ophthalmologist with a specialist interest in glaucoma.

3.3 YAG peripheral iridotomy (YAG PI) Laser peripheral iridotomy is a treatment for narrow angle glaucoma. An Nd:YAG laser is used to create a small hole in the peripheral iris. This improves the circulation of fluid inside the eye and widens the anterior chamber angle.

4. PURPOSE OF THE POLICY

Enabling highly specialised orthoptists band 7 and above to be trained to perform YAG capsulotomy , Yag Peripheral iridotomy and SLT will contribute to the efficient delivery of the ophthalmology clinic services.

This will enhance and develop patient-centred care through a process of enabling orthoptists to perform functions also performed by medical staff. In addition, service provision will be more flexible and less reliant on the availability of doctors with the potential for increased capacity for treatment.

It will also enable service delivery targets to be met

5. THE POLICY

5.1 This policy should be read in conjunction with:

- Standard Operational Procedures,
- Patient Direction Groups,
- Consent policy
- Trust Infection Control manual – Hand Hygiene Policy,
- This policy provides details of minimum qualifications and training in order to carrying out this procedure.

5.2 This policy outlines:

- Consent, prescribing and documentation required.
- The required procedural steps, including equipment required and the management of complications.
- Contraindications to orthoptists carrying out this treatment.

5.3 It is essential that this policy is followed, as failure could result in the loss of the trust's indemnity and could result in investigation and management action being taken as considered appropriate. This could include formal action in line with the trust's disciplinary procedures for trust employees and/or other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary contract

5.4 Consent, prescribing and documentation
The Orthoptist will have delegated consenting responsibility and must ensure that they have undergone appropriate consent training for the procedure. They must ensure written consent for the procedure has been taken prior to the procedure taking place in line with the trust's consent policy. They must ensure that the patient is aware that the procedure is being carried out by the orthoptist. This process will ensure that the patient is aware of the rationale for the procedure and of all potential complications.

The patient must have been given a copy of the relevant patient information leaflet prior to signing the consent form.

A copy of the consent form must be filed in the patient's clinical record.
All eye drops must be instilled in accordance with the policy and procedure guidelines and the relevant patient group directions (PGDs)
Any complications or untoward incidents must be reported via the trusts incident reporting system and to the medical retinal team.

5.5. Exemptions to treatment by the Practitioner
The procedure should not be performed by the orthoptist if:

- Informed consent is not obtained
- The patient refuses treatment by the Practitioner

5.6 The following patient groups should be referred on to a member of the medical team.

- The patient has an underlying condition which will make it difficult for them to keep still – eg, Parkinsons disease – or if there are any concerns that the patient will be unable to fixate; for example, patients with nystagmus should be referred on to the supervising consultant.

6. DUTIES / ORGANISATIONAL STRUCTURE

From the point of registration, each practitioner must adhere to their code of professional conduct (Health Professions Council (2007)/BIOS guidelines and is accountable for his / her practice. You must adhere to these BIOS practice guidelines, BIOS Code of Ethics and the Health and Care Professions (HCPCs) Standards of Conduct, Performance and Ethics as failure to do so could result in the loss of your employer's vicarious liability and your own Professional indemnity insurance cover and could result in investigation and formal action in line with your employer's disciplinary procedures and may put your HCPC registration at risk if concerns are raised about your fitness to practice. If a complaint is made against you, the HCPC's Fitness to Practice Committee may take account of this document and those to which it makes reference.

Consultant ophthalmologist' responsibilities to Orthoptist

Laser procedures by Advanced Orthoptists

- To ensure the orthoptist has achieved a satisfactory knowledge base from which to work in this way.
- To provide accurate time for the orthoptist to observe laser work, and to subsequently supervise and assess the orthoptists procedural skills.
- To be available to support the orthoptist during a laser clinic.

Employer's responsibility

- To provide sufficient time and support for the Orthoptist to achieve the requirements of the individualised learning programme prior to them expanding their sphere of practice

Management's responsibility

- Advising and overseeing the development and completion of the individualised educational programme.

7. RAISING AWARENESS / IMPLEMENTATION / TRAINING

Practitioners must be aware that:

- Additional education and training are necessary for all practice not covered in previous training and education;
- They assume full accountability for their actions/omissions;
- They should maintain and improve professional knowledge;
- They should acknowledge limitations in knowledge and competency and decline any duties or responsibilities unless able to perform them in a safe competent manner;
- They must adhere to current policies and guidelines for practice;
- Delegation of work to other staff must be within their level of competence and to a degree appropriate to their role

- Where appropriate, patients and informal carers must have sufficient knowledge and understanding to participate safely in the patients care;
- Any proposed expansion of practice must not compromise policies and procedures ratified by the trust.

The following training and accreditation must be completed:

- Attend Laser induction lectures by a Consultant Ophthalmologist.
- Conversant with the Trust Laser Safety Guidelines.
- Conversant with the each Laser System and the Operator Manual.
- Complete all fields of the training skills matrix for SLT, YAG CAPS and YAG PI.
- Perform 10 laser procedures to the satisfaction of the supervising medical practitioner.
- Consultant to sign off the practitioner once he/she is happy with the competency level of the practitioner.
- Re-accreditation to be performed by consultant annually

8. MONITORING COMPLIANCE OF POLICY

Satisfactory treatment assessed by an ophthalmologist by audit of 25 cases.

Positive experience of care by patients and their relatives/carers, leading to greater patient satisfaction This will be measured via an annual audit looking at the patients' experience and comfort during the procedure, and overall satisfaction levels.

A post-procedure complication rate that is comparable with the trust average and within normal limits.
A record is kept of all patients treated by the orthoptist; these records are audited on a quarterly basis to identify any patients who have had to re-attend as an emergency patient.

9. REFERENCES

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- AMERICAN ACADEMY OF OPHTHALMOLOGY GLAUCOMA PANEL. PREFERRED PRACTICE PATTERN® GUIDELINES. PRIMARY OPEN-ANGLE GLAUCOMA.

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10. APPENDIX 1
Supervision Record

A minimum of 10 successful procedures must be observed under direct supervision of your clinical medical assessor.

	PROCEDURE PC/PI/SLT	Date	Pass / Fail	If applicable why was the procedure unsuccessful?	Suggested learning activities prior to re-attempting if applicable	Assessors signature
No 1						
No 2						
No 3						
No 4						
No 5						
No 6						
No 7						
No 8						

	PROCEDURE PC/PI/SLT	Date	Pass / Fail	If applicable why was the procedure unsuccessful?	Suggested learning activities prior to re-attempting if applicable	Assessors signature
No 9						
No 10						
No 11						
No 12						
No 13						
No 14						
No 15						
No 16						
No 17						
No 18						
No 19						
No 20						

Skills Matrix for Training of Non-Medical Staff performing YAG Capsulotomy

ACTIVITY	ACHIEVED (tick)	COMMENTS
Discuss accountability issues in relation to the YAG capsulotomy expanded role		
Discuss accountability issues in relation the use of a Patient Group Direction (PGD)		
Discuss the key benefits of orthoptist led YAG for patients with posterior capsule opacity		
Clearly articulate the specific patient group that will be seen by the orthoptist for treatment		
Discuss the patients that should be seen by a medical retinal consultant or senior doctor		
Discuss the contraindications for proceeding with the YAG capsulotomy under the expanded practice protocol • Patients who had cataract surgery less than 3 months ago • Patients with high myopia • Patients who have had previous retinal detachment surgery and silicone oil fill • Patients with postural problems, poor stature, or head tremor • Patients with AMD Patients with anterior lens implants or lens positioned in the sulcus		
The practitioner is able to explore the side-effects of YAG capsulotomy • Increased IOP • Uveitis • Macular oedema • Retinal detachment • Damage to lens		
Explore the pathophysiology of Posterior Capsule Opacity		
Discuss the key clinical features in the diagnosis of Posterior Capsule Opacity • Blurred vision		

• Reduced contrast sensitivity • Glare • Moncular diplopia • Elschnig pearls • Capsular fibrosis		
The practitioner explores the indications, benefits and risks of using proxymetacaine for a YAG capsulotomy Indication: if the patient is unable to keep their eye open or still. Benefits: can make it easier for the patient to stop blinking. Allows the use of a contact lens to hold the eye open and still. Risks: stinging, hyperemia, and allergy.		
Prepares the environment for the patient • Considers room temperature • Access • Seating • Lighting • Checks equipment • Obtains clinical records		
Checks the patients current health status ensuring that there are no contraindications before proceeding Contraindications are: •Patients who had cataract surgery less than 3 months ago •Patients with high myopia •Patients who have had previous retinal detachment surgery and silicone oil fill •Patients with postural problems, poor stature, or head tremor •Patients with AMD •Patients with anterior lens implants or lens positioned in the sulcus		
Asks the patient to confirm any allergies		
Explains the procedure to the patient in appropriate terms and receives confirmation from the patient that he/she has understood		

Confirms that consent for treatment has been obtained in accordance with Trust consent policy •Clarifies the procedure with the patient and gains informed consent •Checks that the consent form has been signed		
Confirms that the patient consents to the procedure being carried out by the orthoptist Clarifies that the patient is willing to proceed without the medical practitioner		
Demonstrates a warm approach to the patient and makes patient comfortable on the treatment chair		
Demonstrates the correct patient ID check and confirms the eye that is to undergo the procedure		
Demonstrates the correct use of personal protective equipment Universal precautions should be taken i.e. gloves and aprons should be worn for all procedures where there is risk of exposure to body fluids. Safety glasses should be also be worn where there is a risk of ocular contamination		
Prepares and positions the patient for the procedure ensuring privacy and dignity Ensures patient is comfortable and happy with positioning. Ensures laser is at correct height.		
Performs correct hand hygiene technique		
Checks and prepares the topical anaesthetic in accordance with the Trusts medicines policy		
Explains the administration procedure to the patient and states what they should expect following administration		
Administers the topical anaesthetic in accordance with the agreed Patient Group Directive Direction		
Sets patient up on laser machine at appropriate height		
Assesses PCO density and selects appropriate laser strength and focus		

Able to decide whether PCO is dense enough to require YAG. Start with low laser strength and build up if required.		
Performs the YAG capsulotomy in accordance with Trust policy and procedure guidelines Using lowest possible laser strength. Fills in log book. Documents correctly in notes.		
Demonstrate the ability to effectively communicate and make referrals to other members of the multi-professional team when required Uses the most appropriate communication adjunct • Is able to give a full history • Is able to clearly give the rationale for referral • Ensures all members of the MDT are aware of the plans • Documents all discussions and plans in the healthcare record		
Demonstrates the ability to produce accurate, clear and legible patient records as per Trust policy Findings should be documented, with practitioners following the Trust guidelines on record keeping and accountability. Entry in the healthcare record must include: • Confirmation of consent • Details of the procedure • Drugs used during the procedure • Laser strength • Unexpected incidents or adverse events • Follow-up advice and information provided to the patient • The entry must be dated, timed, signed with printed name, designation and contact details		
Explains the post procedure care to the patient and receives confirmation that the patient understands the discussion Explains what to expect following treatment i.e.		

•Blurry vision for four hours from the drops •Avoid bright lights •Do not drive •Explains medication to be taken		
Gives advice on where to get help if the patient is concerned Complications • Excessive pain • sudden onset of floaters • loss of vision • flashing lights • increasing redness of the eye		
Makes arrangements for a follow up appointment if required. EG. If patient has glaucoma.		

Learning log

To be completed by the assessor when all the sections above have been signed confirming that the above named person has been assessed as competent.

Assessment outcome: Pass ☐ Refer ☐

Assessed by:

Name: Grade/GMC no Date:

APPENDIX 2 SLT

Preoperative instruction

1. Record visual acuity with and without pinhole.
2. Slit lamp examination of the anterior segment.
3. Record intraocular pressures (IOP) and time.
4. Ensure the patient has an appropriate understanding of the procedure.
5. Discuss with patient of potential complications with doing SLT:
   - Transient rise in IOP
   - Transient blurred vision
   - Mild intraocular inflammation
   - Failure rate of 20-30%
   - Need for further treatment including more medication or surgery
6. Elicit any relevant drug allergies.
7. Ensure that both patient and operator are clear as to which eye(s) is to be treated and that the patient has correctly signed a consent form for the procedure.
8. Premedicate with a single drop of g-pilocarpine 2% and g-Apraclonidine 1% and wait for 20-30 minutes until miosis is achieved. A second drop of g-pilocarpine 2% may be applied if necessary.

Procedure

9. Insert the key into key switch and turn the instrument on.
10. Focus the slit lamp as per System Operator Manual.
11. Verify the slit spot is centred as per System Operator Manual.
12. Verify the laser aiming beam accuracy as per System Operator Manual.
13. Check the slit-lamp focus is set to zero.
14. Lock door and ensure any observer wears the necessary Laser Safety Eyewear.
15. Anaesthetize the eye to be treated with one to two drops of g. Proxymetacaine, and insert the SLT gonioscopy contact lens onto the surface of the eye.
16. Rotate the gonio mirror to the six o'clock position and bring the pigmented trabecular meshwork (TM) into focus using the slit lamp.
    - Determine the level of TM pigmentation. The normal initial energy level is 0.8mJ but pigmented TM will require lower energy (as low as 0.3mJ) than non-pigmented. For pigmented TM start at 0.4mJ.
    - A single laser pulse is delivered to the pigmented TM.

- The energy level is increased or decreased by 0.1mJ until fine 'champagne bubbles' are observed.
- Larger gas bubbles or TM blanching are not acceptable and the power should be titrated downwards by 0.1mJ steps should this be observed.
- SLT should be delivered to 360º of the trabecular meshwork and consists of delivering ~100 non-overlapping shots (~25 per quadrant) of a preset 3 nanoseconds duration and a preset size 400µm spot size.
- In difficult or equivocal cases, abort the procedure and discuss with Consultant or Fellow in the clinic.

17. Measure IOP 1 hour after treatment. If IOP > 30 mmHg give Diamox 250mg SR orally and measure IOP again in a further hour. If IOP still >30mmHg discuss with consultant in the clinic or contact the glaucoma fellow.
18. Record details of the procedure in laser clinic logbook and operator specific logbook.
19. Ensure that the patient has a glaucoma clinic ~2 months post SLT.
20. Advise the patient to continue with their glaucoma medications (if any) in the meantime.
21. Advise the patient to access the A & E in the standard manner in the event of any pain or blurring.

SLT Contraindications for use

22. SLT is contraindicated in patients with neovascular glaucoma, angle closure and in those with very heavily pigmented angles and care should be exercised in treating patients with a history of anterior uveitis or pre-existing anterior chamber inflammation.

Skills Matrix for Training of Non-Medical Staff performing Selective Laser Trabeculoplasty

ACTIVITY	ACHIEVED (tick)	COMMENTS
Understands indications for SLT, demonstrating expertise in clinical assessment and rationale for treatment		
Understands how to assess patients for SLT including accurate gonioscopy		
Understands contraindications including inadequate visualisation of trabecular meshwork		
Demonstrates correct equipment set up and laser room care		
Understands pre and post-op care		
Understands how to perform SLT and has demonstrated correct technique		
Demonstrates knowledge of the complications of SLT and post-op management procedure		
Has completed supervised clinical practice at an appropriate standard		
Understands Trust policy on the use of lasers		
Understands Trust policy on consent		
Demonstrates effective communication skills with regard to the procedure and after care		
Understands safe discharge planning and follow-up care		
Has completed laser safety training - filed with laser protection officer		
Has achieved Independent Prescriber status		
Understands infection control policy and procedures		
Demonstrates good record keeping		
Demonstrates the ability to seek advice from ophthalmologists appropriately		

Recognition of clinical competency of Non-Medical Staff performing Selective Laser Trabeculoplasty

Clinical supervision of patients	**Competency achieved**	
	Name of supervisor	**Signature of supervisor**
Clinic date		
Clinic date		
Clinic date		
Clinic date		
Clinic date		

Certification of completion of training of non-medical Specialist Glaucoma Practitioners performing Selective Laser Trabeculoplasty:

Name of applicant_____

Signature of applicant: _____

Signed _____ (Consultant Ophthalmologist)

Print name _____ Date: ___/___/___

Staff Accreditation Status

Name of Staff member:
I agree to act within the parameters of the laser protocol for staff carrying out Selective Laser Trabeculoplasty. Signed: …… Name: ..…… Date: ….. /….. /…..
Accredited by:
The above named staff member has demonstrated the required level of competence to work within the parameters of the laser protocol for staff carrying out Selective Laser Trabeculoplasty within Specialist ophthalmology outpatient clinics Signed: …… Name: …… Date: ….. /….. /…..

YAG PI
Care pathway for patients requiring Nd YAG laser PI

- Patient referred to Ophthalmic Consultant
- Out patient appointment in Ophthalmology Department
- Adequate clinical examination by a trained ophthalmologists*. This must include:
    - Assessment of corrected visual acuity
    - IOP measurement in both eyes
    - Limbal anterior chamber depth (Van Herick) and gonioscopic characteristics

  If this has not been recorded in the notes, examination must be undertaken prior to treatment being undertaken.

- Confirmation of diagnosis – the decision to offer Nd YAG laser PI will be made by a Consultant, Associate Specialist* or Specialist Registrar in Ophthalmology.
- Appointment for procedure sent together with relevant information leaflet.
- The reasons for the procedure, its complications and that it will be carried out by an appropriately trained allied health professional should be explained to the patient (and if appropriate their relatives)
- Information sheet provided

*must be FRCOphth or MRCOphth or equivalent qualification as recognised by the General Medical Council.

Day of Treatment

ORTHOPTIST:

NB refer to Consultant Ophthalmologist at any stage where further advice is required):

- Check that corrected visual acuity and IOPs have been assessed on the day of OPA
- Ensure full eye examination has been performed at a recent OPA to include assessment of anterior chamber angle and optic disc
- Check that PI has been advised by appropriate medical staff

- Patients on Warfarin must have had their INR checked in the week prior to laser treatment and must have a reading of <3.0
- Reiterate explanation of procedure and answer any questions
- Gain informed consent for procedure (see consent information)

Consent Information

- Procedure is the essential first step in managing angle closure
- Generally a low risk procedure
- Commonest adverse reaction is a transient rise in intra ocular pressure, this may be prolonged in some patients
- Bleeding from the iridotomy site is fairly common
- Blurred vision should last less than 24 hours

Procedure

1. Insert Iopidine 1% 1 drop **and** Pilocarpine 2% in patients with blue eyes **or** Pilocarpine 4% in patients with brown eyes. (Omit iopidine in patients with renal failure and ischaemic heart disease)
2. Check consent; lock laser room door and ensure laser room signs are illuminated
3. Ensure all observers are wearing the correct eye protection
4. Insert benoxinate drops
5. Ensure YAG laser is switched on
6. Insert appropriate YAG laser contact lens (to focus laser beam) using Viscotears coupling gel
7. Look for iris crypts or thin areas and treat area as peripherally as possible between 11 and 1 o'clock
8. Start at lowest power setting and use minimum power likely to achieve PI
   Blue eyes should require only 1-2 MJ shots, maximum 30MJ

   Brown eyes should require 2-3 MJ shots, maximum 50MJ

9. It is our policy the PIs are positioned underneath the upper lid and never at the level of the lid margin
10. If bleeding occurs apply pressure with the iridotomy lens which should help it stop, otherwise just wait

11. Enlarge iridotomy circumferentially
12. Verify by direct inspection that you have completed iridotomy through the iris pigment epithelium
13. Complete laser record
14. Complete notes
15. YAG laser lens to be soaked in sodium hypochlorite 0.005% solution for 5 minutes between patients and rinsed in sterile water

Post procedural care

1. Diamox 250mg stat
2. Intra ocular pressure to be reasuresed one hour post treatment
   If IOP > 24mmHg seek advice from doctor in clinic

   If IOP < 24 mmHg discharge with:

- Maxidex qds one week
- OPA one week for IOP check
- Patient given information sheet to include instructions for patient if they experience side effects e.g. severe pain, blurred vision, significant redness, flashing lights, floaters, dramatic drop in vision
- Patient to telephone if they have any post treatment problems
- GP letter

Medicine: Pilocarpine 2% / 4% eye drops minims

Legal status: Prescription only medicine

Dose: Once only

Method and route of administration: Standard eye drop instillation procedure. Instill ONE drop to the outer aspect of the lower fornix of the affected eye.

Supply of treatment: see medicines from Policy on Patient Group Directions

Advice to patients:

- Drop may sting
- Patients should not operate machinery unless vision is clear
- Advise the hospital of any unwanted effects

Adverse drug reactions:

- Transient stinging, local irritation
- Hyperaemia
- Myopia, blurred vision
- Headache and brow ache

Supporting facilities: Medical staff

Record keeping: The administration of pilocarpine 2% / 4% eye drops will be recorded in the patient's case notes. Information to be recorded:

- Name, form and strength of medicine to be documented in full
- Date, time and dosage administered
- Signature of Allied Health Professional

Medicine: Iopidine 1% (apraclonidine) eye drops

Legal status: Prescription only medicine

Dose: Once only

Method and route of administration: Standard eye drop instillation procedure. Instill ONE drop to the outer aspect of the lower fornix of the affected eye.

Supply of treatment: see medicines from Policy on Patient Group Directions

Advice to patients:

- Drop may sting
- Patients should not operate machinery unless vision is clear
- Advise the hospital of any unwanted effects

Adverse drug reactions:

- Increased redness
- Itching
- Discomfort
- Increased tear production
- Gritty feeling
- Swelling of the eyelids
- Blurred vision
- Dry eye

Supporting facilities: Medical staff

Record keeping: The administration of iopidine 1% eye drops will be recorded in the patient's case notes. Information to be recorded:

- Name, form and strength of medicine to be documented in full
- Date, time and dosage administered
- Signature of Allied Health Professional

References:

- British Medical Association (2001): British National Formulary; British Medical Association & The Royal Pharmaceutical Society of Great Britain

Example proforma

Anterior Segment Laser Form

Patient name: Hospital number: Date of birth: Address:

Consultant:

Date:

Laser treatments: **Right eye / Left eye / Both eyes**

Yag laser capsulotomy ☐ Yag laser iridotomy ☐

SLT ☐

Pre laser:	**Right**	**Left**
Visual Acuity		
IOP		

Preoperative treatments (when signed by prescriber)

Medication	**R**	**L**	**Prescriber signature**	**Given by & time**
Tropicamide 1%				
Phenylephrine 2.5%				
Pilocarpine 2%				
Iopidine 1%				
Other				

Details Of Laser:

	Total energy (mJ)	**Clinician Performing Laser**	**Time**
Right			
Left			

Post-treatment medications:

Medications	**Frequency**	**Prescriber signature**	**Given by (initials)**
Iopidine 1%			
Maxidex			
Diamox 250mg	Stat		
Other			

1 hour post-treatment IOP print time & name……. T
Home if IOP < ……mmHg
Follow-up at ……..
Print clinician's name …….
Clinician's signature: ……..