Can the Standard of Care be interpeted different from one physican to another?

Is the Standard of care taught in Medical school as a hard fast line or is it generally taught as what a "reasonably prudent" doctor would do?
or how is it taught?

if a patient was more
adamant about his or her pain
and wanted imaging, How do
ER Doctors handle that?

dt 1 - If you believed an MRI was indicated in this case, would you order the MRI or wait until a surgeon ~~consultant~~ asked for the MRI?

dt 2 - If [redacted] a PA consults with a supervising physician, do you believe it is standard of care to document this interaction?

dt 3 - Besides spontaneous bleeding, would a 7.1 INR potentially indicate active bleeding?

3.1 - If so, would ~~cessation of blood thinners definitely stop the active bleed~~?

dt

1 - If you were asked to determine actual past costs in this case, you are saying you would not do so if a client could not provide receipts? ~~Or Absolutely~~?

If documents would've been submitted for past "Historical losses" expenses, would the number of $50,K would be somewhat accurate?

Is submitting receipts and documents important in making an accurate ~~claim~~ claims?

1 - If you were seeing a patient who had visited the ER previously and there was ~~an~~ a PTINR lab requested but there were no results, how would you proceed?

2 - If you consulted with your supervising physician on a patient, do you consider it Standard of Care, ~~or at least best practices~~, to document that consultation?

> ~~Would the Standard of care require P/A. Haycock to know the amount of pain medication the patient had left from previous prescription~~

> Do you often have patients come in to ER for prescription refills? or is this something you like to refer to a patients primary dr?