Clinical Expectations for RN(NP)s

Note: Clinical Expectations have been developed to add further clarity to the RN(NP) role. These must be used in conjunction with the RN(NP) Standards and Core Competencies document and are not intended to stand alone.

October 2003

Clinical Expectation 1: Establishing and Communicating a Diagnosis

The RN(NP) performs a comprehensive health assessment and synthesis data from multiple sources to formulate one or more differential diagnosis/diagnoses of a health condition.

In diagnosing within the scope of practice for the entry level RN(NP), using a holistic approach, applies the knowledge of:

a) nursing practice;

b) pathophysiology, including etiology;

c) developmental, mental health (psychological), sociological and environmental health considerations;

d) pathology and clinical manifestations of commonly encountered acute/chronic health problems, injuries, stable chronic disorders, normal health events, and emergency health needs;

e) epidemiology; and

f) current relevant research.

Clinical Expectation 2: Diagnostic Tests

RN(NP) performs a comprehensive health assessment and synthesizes data from multiple sources to formulate a differential diagnosis of a health condition through the ordering, performing, receiving and interpreting of diagnostic tests. RN(NP)s are authorized to order diagnostic tests as determined by scope and type of RN(NP) practice.

The RN(NP) will:

- be guided by best practice evidence on the appropriateness, safety and cost-effectiveness of each diagnostic test
- adhere to provincial or agency standards for ordering diagnostic test.

Ordering

Ordering has been interpreted to mean that the RN(NP) may make a request for laboratory test. The RN(NP) is authorized to request diagnostic tests for the following purposes:

- to confirm the diagnosis of a short-term, episodic illness or injury as suggested by the client's history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
- to assess/monitor ongoing conditions of clients with chronic illnesses;
- for screening activities;
- to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
- to confirm symptoms of decreasing/increasing function of a vital organ or system.

The RN(NP) will:

- obtain informed consent prior to requesting a diagnostic test;
- explain the reason(s) for the diagnostic test;
- explain any risk(s) and/or benefit(s) of the diagnostic test;
- answer any questions the client has;
- document the request of any diagnostic tests.

The following tests may be requested by the RN(NP) after consulting with an appropriate physician(s). The physician's name must accompany the RN(NP)'s on the requisition.

- Computed Tomography Scans (CT Scans);
- Out of Province Test.

In accordance with SRNA Bylaw VI, Section 3(2)(b)(vi), RN(NP)s can not order/request Magnetic Resonance Imaging (MRI) tests.

Performing

Performing has been interpreted to mean the collection of the sample specimens and handling of these specimens. The collection of specimens may be done through venipuncture, through a direct examination route (i.e. pelvic exam), or as expelled by the client (i.e. voided urine, sputum collection).

The authority to perform the diagnostic tests does not include operating the instrumentation. Point of care testing devices (i.e. pregnancy test kits, hemoglobinometer) must be agency approved and in accordance with the Laboratory Quality Assurance Program. Point of care testing devices are to be used as a screening tool. Definitive testing should be referred to the laboratory.

In clinical practice settings where there is inadequate laboratory, radiology or electrocardiology personnel staff to perform the tests, it is the responsibility of the RN(NP) to contact SRNA for further development of standards and agreements with the appropriate professional/regulatory body.

Receiving and Interpreting

The RN(NP) will receive the results of the diagnostic tests and interpret the results in relation to common medical disorders. The RN(NP) will refer to the primary team physician if the result of a diagnostic test is beyond a common medical disorder. The interpretation of these results will be used to make decisions regarding treatment for clients. Within the health care team, each team needs to identify the process for consulting appropriate medical specialists outside the team, as needed, for further consultation / management decisions.

Laboratory and Non–Contrast Forms of Energy (Except MRI)

1. Laboratory Tests

The RN(NP):

- documents the order and results of laboratory tests on the permanent client record as part of the treatment plan;
- collects the appropriate specimens for testing when there is no other appropriate health care provider to do so;
- takes or handles specimens in accordance with the infection control guidelines in place;
- complies with the transportation of infectious substances guidelines (Dangerous Goods Regulations, IATA Air Transport Canada) in preparing specimens for transport;
- interprets the laboratory tests in the context of the individual client's presentation, makes decisions about treatment, and/or consults in accordance with the expectations for consultation with physicians by RN(NP)s; and

- may request a copy of a laboratory report for laboratory tests ordered by a physician for clients with whom the RN(NP) has been involved in providing care.

2. Radiographs and Ultrasounds

In the ordering and interpretation of x-rays and ultrasounds, the RN(NP) will:

- maintain the safety of the client through consideration of contraindications to ionizing radiation exposure, and the associated risks and benefits of ordering a x-ray or an ultrasound;
- consult with the radiologist if the interpretation of a x-ray or ultrasound requires clarification;
- make decisions about treatment based on results of x-rays and/or consults with a physician;
- request a copy of the radiologist's x-ray or ultrasound report for x-rays or ultrasounds ordered by a physician for clients with whom the RN(NP) has been involved in providing care;
- document the x-ray or ultrasound order and report findings on the permanent client record as part of the treatment plan; and
- recognize that the final interpretation of a x-ray and an ultrasound is the responsibility of a radiologist and falls outside the scope of practice of the RN(NP).

Clinical Expectation 3: Prescribing Medications

RN(NP)s can prescribe medications in accordance with applicable Saskatchewan legislation from: Saskatchewan Health, the Saskatchewan Formulary, and the Health Canada, FNIHB, Non-Insured Health Benefits Program, as amended from time to time. RN(NP)s can also prescribe over the counter medications, as appropriate.

With the privilege of prescribing, RN(NP)s:

1. Do not prescribe for family members or for oneself when other RN(NP)s or MDs are available.
2. Do not become involved in self-diagnosis and management and encourage friends and family members to seek care from other health care providers.

A medication prescription order may be identified in a client's chart or on a prescription pad. The client's chart is appropriate for some isolated centres where there is no stand-alone/separate pharmacy. RN(NP)s need to establish a working relationship with a pharmacist(s) for purposes of consultation.

RN(NP)s need to:

1. Provide educational information to clients about prescription and non-prescription drugs which includes information regarding:
   - the expected action of the drug;
   - the importance of compliance with prescribed frequency and duration of the drug therapy;
   - the potential side effects;
   - the signs and symptoms of potential adverse effects (e.g., allergic reactions) and action to take if they occur;
   - potential interactions between the drug and certain foods, other drugs, or substances;
   - specific precautions to take or instructions to follow; and
   - recommended follow-up.
2. Monitor and document the client's response to drug therapy, as needed. Based on the client's response, the RN(NP) may decide to continue, adjust, or withdraw the drug, or to consult with a physician in accordance with the expectations for consultation.
3. Establish appropriate methods for keeping physicians informed of their mutual clients' health conditions and of their treatment decisions (including decisions to repeat particular drugs).

Prescription Pad Medication Orders

1. Complete prescriptions accurately and completely including the following information:
   - date of issue;
   - name and address (if available) of client;
   - name, strength and quantity of prescribed drug – refer to the generic name of the drug;
   - quantity of the drug which is to be dispensed;
   - directions for use – refers to the frequency, route of administration, and the duration of drug therapy, and special instructions, such as "take with food";
   - directions for number of allowable refills and interval between refills, where applicable – if a prescription includes more than one drug, any drug that may be refilled must be clearly identified;
   - if all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug; and
   - prescriber's name, address, telephone number, fax number and signature or unique RN(NP) identifier.
2. Store blank prescriptions in a secure area that is not accessible to the public. It is improper practice to provide any person with a blank, signed prescription as this may lead to potential theft or forgery.

Prescription Transmission Via Facsimile

A prescription may be transmitted by facsimile to a pharmacy, in accordance with the following criteria:

- The prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription.
- The prescription must be sent directly from the prescriber's office or directly from a health institution for a client of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy.
- The prescription must include all information listed above, and in addition must include:
  - time and date of transmission;
  - name and fax number of the pharmacy intended to receive the transmission; and
  - a signed certification that the prescription represents the original of the prescription drug order, the addressee is the only recipient and there are no others, and the words "This certifies that the above prescription has been transmitted only to the pharmacy indicated".

Clinical Expectation 4: Dispensing Medications

The RN(NP) may dispense medications where there is no pharmacy or pharmacist available.

In the dispensing of medications, the RN(NP) will:

1. Ensure that the transaction(s) is accessible and recorded on an individual prescription profile and/or client record each time a drug is distributed. The profile will include:
   a) client's name;
   b) drug name and drug dosage;
   c) directions for use;
   d) quantity distributed;
   e) expiry date, when applicable;
   f) date distributed; and
   g) initials of the RN(NP) distributing the drug.

2. Ensure that the prescription label indicates the:
   a) client's name;
   b) drug name and drug dosage;
   c) direction for use;
   d) quantity distributed;
   e) expiry date, when applicable;
   f) date distributed;
   g) initials of the RN(NP) distributing the drug; and
   h) the location from which the drug is distributed, including name, address and telephone number.

3. Ensure that the label can be easily read by the client or client's guardian.
4. Ensure that appropriate special circumstances / auxiliary labels (e.g., shake well) are affixed.
5. Initiate client education regarding the drug, including but not necessarily limited to:
   a) identify the purpose of the drug(s) being distributed;
   b) dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side effects, and storage requirements; and
   c) written medication information.
6. Assess the level of the client's understanding.

Clinical Expectation 5: Referrals and Consultations

Referrals:

The SRNA believes that RN(NP)s are members of the health care team and thus may need to initiate referrals amongst other members of the team within a timely manner to ensure that the needs of the clients are met. RN(NP)s are authorized and accountable to formally request a referral of a client to physicians, physiotherapists, occupational therapists, dieticians, counselor, etc at any point:

(1) in the assessment and management of the client's health / illness status;

(2) when the client's condition requires the care beyond the RN(NP)s scope of practice and / or competence or

(3) when the specialized knowledge, skills and judgment of a specific care provider is required.

Consultation:

The term consultation has traditionally been used as a referral between physicians. The SRNA believes that the RN(NP) must have reasonable access to the primary physician within the team for the purpose of consultation with respect to any client. A process must be put into place for consultation of physicians outside the health care team. This consultation with a medical specialist outside the health care team should be done in collaboration with the primary team physician. Consultation with the primary team physician is required when:

- the RN(NP) approaches or reaches the limit of her/his scope of practice;
- signs, symptoms, diagnosis or plan or treatments are unclear or beyond the RN(NP)s scope of practice; or
- the client's health care condition destabilizes or a potentially life-threatening (emergent) situation arises.

The consultation of a medical specialist outside the RN(NP)s health care team maybe required through the discussion of a client's health condition with the primary team physician. The consultation may be required or occur at any stage of the RN(NP) client relationship, from the time of initial assessment through to the evaluation of effectiveness of treatment, including the ongoing management of clients with chronic health conditions.

Consultation may take place through a formal request. The degree to which a medical specialist becomes involved in the care will vary according to the practice setting and/ or client situation. Consultation may result in the:

(1) provision of an opinion and recommendation for management;

(2) provision of an opinion, recommendations for management and concurrent interventions; or
(3) direct management of the care of the client by the medical specialist.

When requesting a consultation, the RN(NP):

- clearly presents the reason for and the level of urgency of the consultation;
- describes the level of consultation requested:
  (1) an opinion;
  (2) a recommendation for management;
  (3) concurrent intervention; or
  (4) immediate transfer of care to the consulted physician.
- ensures that the consultant has appropriate access to the client's known health information;
- confirms the understanding of the RN(NP) and consultant responsibilities in the specific situation; and
- documents the request for and outcome of the consultation.

Clinical Expectation 6: Minor Surgical and Invasive Procedures

The RN(NP) competently performs minor surgical and invasive procedures appropriate or integral to the clinical management of clients with common/ urgent/ emergent problems/ conditions.

As per the Saskatchewan Registered Nurses' Association Bylaws (2003), RN(NP)s perform the following:

- suturing
- irrigations
- incision and drainage
- excisions
- intubations
- insertions

In performing the above listed procedures within the scope of practice for entry level RN(NP), using a holistic approach, applies the knowledge of:

- pathophysiology related to the procedure;
- pathology, clinical manifestation and etiology of common/ urgent/ emergent problems/ conditions requiring the above listed minor surgical and invasive procedures;
- epidemiology;
- current relevant research, and
- nursing practice.

It is the responsibility of the RN(NP) perform the listed procedures if

- it is a procedure that the RN(NP) is competent to perform;
- it is within their role as defined by the employer.

REFERENCES

Canadian Nurses Association. (2000). *Advanced nursing practice: A national framework*. Ottawa, ON: author.

Cook, D. J., & Levy, M. M. (1998). Evidence-based medicine: A tool for enhancing critical care practice. *Critical Care Clinics, 14*(3), 353-358.

Health Canada,. (2001). Pharmacy Standards of Practice for First Nations and Inuit health branch health facilities. Ottawa, ON: author.

Health Canada. (2001). *Self-assessment tool for community health nurses working with First Nations and Inuit Health Branch community health component.* Ottawa, ON: author.

Health Canada. (2001). *Self-assessment tool for community health nurses working with First Nations and Inuit Health Branch treatment component*. Ottawa, ON: author.

Health Canada. (2001). *Self-study guide: For community health nurses working with First Nations and Inuit Health Branch.* Ottawa, ON: author.

Health Canada. (2002). Population health approach. Retrieved October 1, 2003, from http://www.hc-sc.gc.ca/hppb/phdd/approach/index.html

Loiselle, C. G. & Profetto-McGrath, J. (2004). *Canadian essentials of nursing research.* Philidelphia: Lippincott Williams & Wilkins.

Northwest Territories Registered Nurses Association. (2000). *Entry level competencies for primary health care nurse practitioners.* Yellowknife, NWT: author.

Nurses Association of New Brunswick. (2002). *Competencies and standards of practice for nurse practitioners in primary health care.* Fredericton, NB: author

O'Toole, M. T. (Ed). (1997). *Miller-Keane encyclopedia and dictionary of medicine, nursing, and allied health* (6th ed.). Philadelphia, PA: Saunders.

Province of Saskatchewan. (2001). *Amendments to The Registered Nurses Act,* Regina, SK: author.

Province of Saskatchewan. (1988). *The Registered Nurses Act*. Regina, SK: author.

Registered Nurses Association of British Columbia. (2002). *Draft competencies required by nurse practitioners in British Columbia*. Vancouver, BC: author.

Saskatchewan Health. (2002). *A population health promotion framework for Saskatchewan regional health authorities*. Regina, SK: author.

Saskatchewan Registered Nurses' Association. (2000). *Standards and foundation competencies for the practice of registered nurses.* Regina, SK: author.

Saskatchewan Registered Nurses' Association. (1999). *Guidelines for nurses prescribing and/or distributing drugs by transfer of functions.* Regina, SK: author.

Saskatchewan Registered Nurses' Association. (1990). *Roles and functions for registered nurses employed by Indian health authorities in northern Saskatchewan.* Regina, SK: author.

Saskatchewan Registered Nurses' Association. (1988). *Roles and functions for registered nurses providing primary health care in northern Saskatchewan.* Regina, SK: author.

GLOSSARY OF TERMS

Client: the individual, family, group, community and/or population to whom nursing activities are directed.

Collaboration: to work together with others.

Common: conditions, diseases or disorders that RN(NP)s see regularly within the particular context of their own practices.

Community: the population residing in the immediate area and in the country where the program is based.

Community Development: an incremental process through which individuals, families and communities gain the power, insight and resources to make decisions and take action regarding their well being.

Competence: the overall display by a nurse, in the professional care of client(s), the knowledge, skill, and judgment required in the practice situation. The nurse functions with care and regard for the welfare of the client and in the best interests of the public, nurses and nursing profession.

Competency: the demonstration, by a nurse, of knowledge, skill and judgement derived from the nursing roles and functions, within a specified context.

Consultation: a deliberation of two or more health care professions about the diagnosis or treatment. (O'Toole, 1997).

Environment: a mosaic composed of cultural, social, technological, psychological, political, economic, occupational, and physical influences. These interlocking but distinct environments each have their own impact or potential for impact on health.

Evidence-Based Practice: caring for patients/clients by explicitly integrating clinical research evidence with pathophysiologic reasoning, caregiver experiences, applicable theory and client preferences (adapted from Cook & Levy, 1998).

Family: a social unit which includes friends and/or relatives who have an ongoing, close, structured relationship and who are related by bloodline, adoption of close association.

Graduate: one who has successfully completed the requirements of an approved nursing education program.

Group: set of individuals who have come together for a shared reason.

Guiding Principles: a fundamental truth or method of operation (principle) that leads, directs or shows the way (guides).

Health Determinants: the range of personal, social, economic and environmental factors which determines the health status of individuals or populations. (Saskatchewan Health, 2002).

Individual: single human being throughout the lifespan, including neonate, infant, child, adolescent, adult or elderly adult.

Intervention: actions taken to meet client needs.

Minor: any procedure that a RN(NP) performs regularly to manage conditions/diseases that are common to their practice.

Nurse: for the purpose of this paper, the term "nurse" means registered nurse.

Nurse Practitioner: a Registered Nurse who provides comprehensive nursing services in a specialized area of practice based on further knowledge and decision-making skills in assessment, diagnosis and health care management including but not limited to prescription of drugs. A RN(NP)'s practice is based on in-depth knowledge of nursing and other related fields gained through additional education and practice.

Outcome: the end result of goal directed activities.

Population: all persons sharing a common health issue, problem or characteristic. These people may or may not come together as a group.

Population Health: is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. (Health Canada, 2002).

Qualitative Information: information collected in narrative (nonnumerical) form. (i.e. social support networks). (Loiselle & Profetto-McGrath, 2004, p. 481).

Quantitative Information: information collected in a numerical form. (i.e. infant mortality rate). (Loiselle & Profetto-McGrath, 2004, p. 481).

Referral: an arrangement for services by another care provider or agency. (O'Toole, 1997).

Regulatory Authority: the authority vested in the nurse professional through legislation to permit registered nurses to autonomously provide health services.

Standard: a desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

Unstable situation: situation, in which the client has atypical responses, poorly defined problems, and/or unpredictable outcomes.