



**Registered Nurse (Nurse Practitioner)
RN(NP)**

Standards

&

Core Competencies

2003

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Because of the rapidly changing environment in which Registered Nurse(Nurse Practitioners) practice, competency statements in this document are broad. More detailed companion documents will be developed as the need arises.

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I. Introduction

The Saskatchewan Registered Nurses' Association (SRNA) is the professional regulatory body for the registered nursing profession with the mandate to promote and ensure competent, caring nursing for the people of Saskatchewan. The SRNA fulfills its mandate in a variety of ways. The SRNA establishes a minimum or safe level of competence for graduate nurses, registered nurses, and registered nurse (nurse practitioners) [RN(NP)s] by:

- identifying foundation competencies which all graduate and registered nurses, and RN(NP)s must be capable of demonstrating;
- setting educational standards for entry to the profession;
- collaborating on the competencies to be assessed for the registered nurse and RN(NP) licence;
- ensuring other registration and licensure requirements are met;
- describing standards for nursing practice to which all graduates, registered nurses, and RN(NP)s are held accountable; and
- establishing mechanisms to ensure the continuing competence of its members.

SRNA has the legislated mandate through *The Registered Nurses Act, 1988* to ensure that all of its members provide an acceptable level of nursing practice as identified in the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2000)*. These standards represent the criteria against which all registered nurses practicing in the four major domains of direct care, education, administration, and research will be measured by clients, employers, colleagues, and themselves.

The Registered Nurses Act, 1988 has defined the practice of nursing as the performance or coordination of health care services including but not limited to:

- (i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) the counselling, teaching, supervision, administration and research that are required to implement or complement health care services; for the purpose of promoting, maintaining, or restoring health, preventing illness and alleviating suffering..." (p. 1,2)

Amendments to *The Registered Nurses Act, 1988* have enabled the regulation of the registered nurse (nurse practitioner) [RN (NP)] role within Saskatchewan. This document identifies the core competencies that are expected of each RN(NP) within Saskatchewan. These competencies are in addition to the entry level competencies of all Registered Nurses in Saskatchewan as identified in the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2000)*.

Re-registration for the RN(NP)

RN(NP)s will need to meet the following criteria for re-registration:

1. 1800 hours in three years of practice in the RN(NP) category.
2. Completion of continuing competency documents.

II. Standards and Competencies for the Registered Nurse (Nurse Practitioner) [RN(NP)]

A standard is a desired and achievable level of performance against which actual performance can be compared. Standards and foundational competencies for RN(NP) nursing practice reflect the philosophical values of the profession and clarify what the nursing profession expects of its RN(NP) members. These standards apply to every setting and provide a standard to measure the basic level of safe RN(NP) nursing practice across the province. The standards state minimum levels below which performance is unacceptable. Individual members may exceed these standards. These standards and competencies expand upon the SRNA's *Standards and Foundation Competencies for the Practice of Registered Nurses (2000)*.

Besides the individual RN(NP) the SRNA and Employers have responsibilities related to the *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies, 2003*.

Responsibilities:

1. Individual RN(NP): Is responsible to act professionally and be accountable for her/his own practice. This accountability is not relieved by agency policies of employers or other organizations. Each individual RN(NP) is responsible to maintain her/his own level of competence (knowledge, skills and judgement) in their practice as a RN(NP).
2. SRNA: Is responsible for ensuring that the registered nursing profession as a whole carries out its commitment to the public. In carrying out this commitment, the SRNA provides confidential consultation to assist RNs and RN(NP)s with practice issues, promote standards, guidelines and policies for safe nursing practice in accordance with the defined scope of nursing practice.
3. Employers have an obligation to provide essential support systems, including human and material resources, so that RN(NP)s are able to meet the minimum standards of practice as defined in the *Standards and Foundation Competencies for the Practice of Registered Nurses in Saskatchewan (2000)* and the *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies, 2003*. Employers are also responsible for developing and maintaining care standards and accreditation standards. RN(NP)s participate in meeting accreditation and care standards of their employing agency.

III. Registered Nurse (Nurse Practitioner) [RN(NP)]

RN(NP)s are integral members of the health care team who provide and coordinate initial, continuing and comprehensive advanced nursing services in rural, remote and urban areas of the province. RN(NP)s serve the ethnoculturally diverse populations of Saskatchewan across the continuum of health-care throughout the life span. The spectrum of health services that RN(NP)s provide encompasses: health promotion and maintenance of wellness; illness and injury prevention; health condition, and health care management of common acute and chronic illnesses, including ordering diagnostic investigations and prescribing treatment including medications.

Amendments to *The Registered Nurses Act, 1988* have enabled the regulation of the RN(NP) role in Saskatchewan. According to the Amendments to Section 24, a registered nurse who meets the requirements set up by the bylaws will be licenced to practice as a RN(NP), may and have the regulatory authority to:

- a) order, perform, receive and interpret reports of screening and diagnostic tests that are designated in the bylaws;
- b) prescribe and dispense drugs in accordance with the bylaws;
- c) perform minor surgical and invasive procedures that are designated in the bylaws;
- d) diagnose and treat common medical disorders.

The above-cited legislated practices provide the legal basis by which RN(NP)s can practice those competencies that had traditionally been reserved for the practice of medicine, dentistry and/or pharmacy. These skills are only a part of the core competencies required for RN(NP)s. The core RN(NP) competencies are grouped into four categories, which encompasses the four legislated functions. The categories of the framework and the standards and core competencies should be viewed in a holistic manner. The four categories of core standards and competencies are:

- I. health assessment and diagnosis of client/illness status;
- II. health care management, pharmacotherapeutics and therapeutic interventions;
- III. health promotion and illness/injury prevention; community development; and
- IV. registered nurse (nurse practitioner) [RN(NP)] professional responsibilities and accountabilities.

The competencies related to health promotion, illness/injury prevention and community development are foundational to the practice of all registered nurses including RN(NP). Integration of this category into the core set of RN(NP) competencies establishes that the provision of RN(NP) health care services occurs within a delivery model that emphasizes the health promotion and illness/injury prevention. RN(NP)s offer health promotion and illness/injury prevention services to clients who are healthy or have acute and/or chronic conditions, diseases or disorders. RN(NP)s are expected to be knowledgeable about the principles of Community Development. If the RN(NP)s role requires active participation in community development such as in community or rural/remote

practice settings, then the RN(NP) is expected to develop additional community development competencies that are more comprehensive to this role.

The standards and core competency statements are entry level which one would expect the beginning RN(NP) to exhibit after graduation from a RN(NP) education program or one deemed equivalent. Each RN(NP) is expected to demonstrate the core RN(NP) standards and competencies for registration as a RN(NP). These are the minimum requirements and as RN(NP)s move along the continuum from novice to expert level RN(NP)s, they will increase in depth of knowledge in how they meet the competencies required for practice.

Furthermore, the *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies, 2003* statements are not meant to stand alone but rather be considered along with the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2000)* and the attached Clinical Expectations.

IV. Guiding Principles for the Registered Nurse (Nurse Practitioner) [RN(NP)]

The guiding principles include key values and assumptions regarding competencies for the RN(NP).

1. The RN(NP) must meet the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2000)* and the *CNA Code of Ethics for Registered Nurses*.
2. The competencies for the RN(NP) are built on the entry level competencies identified for new graduates beginning to practice as registered nurses in Saskatchewan in the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2000)*.
3. The competencies for the RN(NP) are entry-level competencies expected of the novice RN(NP). Individual members may exceed these minimum entry-level competencies.
4. The competencies for the RN(NP) will be progressive, always evolving, encompassing a wide range of nursing knowledge, skills, experience and judgement.
5. The competencies will reflect the unique needs of the people, and the cultures of the people of Saskatchewan.
6. Preparation to practice as a RN(NP) is based upon nursing knowledge, skills, and judgement acquired through nursing education and previous practice experience as a registered nurse.
7. RN(NP)s are accountable for the knowledge, skills, and judgement necessary to independently provide a full range of comprehensive health care services to clients, families, communities and the public.
8. The scope of practice of the RN(NP) encompasses the activities for which the RN(NP) is competent to perform, and is influenced by the setting in which they practice, and the needs of the clients.
9. The RN(NP) maintains accountability for competencies inherent of the RN(NP) role.
10. RN(NP)s are accountable for and will have access to education (formal and informal) to ensure acquisition and maintenance of competencies for practice.
11. The RN(NP) works in collaboration with other members of the health care team.
12. The RN(NP) competencies will be used by the SRNA to establish eligibility of RNs for assessment prior to registration as a RN(NP) in Saskatchewan, and for the approval of RN(NP) educational programs.
13. The development of RN(NP) competencies in Saskatchewan builds on the work of other Canadian jurisdictions and will contribute to the goal of national regulatory consistency.

V. Standards and Core Competencies for the Registered Nurse (Nurse Practitioner) [RN(NP)] Practice

Category I Health Assessment and Diagnosis

STANDARD:

The RN(NP) performs a comprehensive and holistic health assessment, and synthesizes data from multiple sources to make a diagnosis within the scope of practice of the RN(NP).

CORE COMPETENCIES:

1. Performs an advanced, comprehensive and holistic health assessment, including a relevant health history and physical assessment.
2. Adapts assessment tools and techniques according to individual client needs, stage of development and cultural aspects.
3. Determines the need for, orders, performs, receives and interprets the appropriate diagnostic tests (See Clinical Expectation 2).
4. Communicates verbally and in writing, history, physical assessment findings, diagnosis, and treatment plan when indicated.
5. Communicates progress and treatment options with the client and other members of the team, when indicated.
6. Consults with other health care providers in an appropriate and timely manner (See Clinical Expectation 5).
7. Analyzes and synthesizes data from multiple sources to establish a differential and working diagnosis (See Clinical Expectation 1).
8. Analyzes and synthesizes data from multiple sources to identify and monitor a health situation.

Category II Health Care Management, Pharmacotherapeutics and Therapeutic Interventions

STANDARD:

The RN(NP) initiates, manages, directs and monitors the care of clients, based on the assessment findings, within the scope of practice of the RN(NP).

CORE COMPETENCIES:

1. Critically appraises and applies current, relevant research into clinical practice from an evidence-based framework.
2. Applies knowledge of pharmacology including pharmacokinetics, pharmacodynamics and best practice standards in selecting, prescribing and monitoring drugs to treat conditions, diseases, disorders and injuries within the RN(NP)'s scope of practice and clinical practice setting (See Clinical Expectation 3).
3. Competently dispenses medications in communities where there is no pharmacy available (See Clinical Expectation 4).
4. Competently performs minor surgical and invasive procedures appropriate or integral to the clinical management of clients with common/urgent/emergent problems/conditions (See Clinical Expectation 6).
5. Consults and refers appropriately in the provision of coordinated care to clients (See Clinical Expectation 5).
6. Collaborates with the client and health care team in management and monitoring of a health situation by:
 - a) prioritizing health conditions and interventions appropriately and in collaboration with the client and client's family;
 - b) assisting/supporting/facilitating clients to plan, follow and evaluate therapeutic regimens;
 - c) monitoring the effect of the chosen therapy, making necessary adjustments within the RN(NP) scope of practice; and
 - d) evaluating the effect of the plan of care including selected treatments and interventions.
7. Recognizes the need and provides for crisis intervention and counselling for common, emergent or urgent psychosocial conditions/situations.
8. Applies principles of transcultural nursing, family nursing, role expectations, and change when managing the care of families.
9. Communicates verbally and in writing, the client's progress and treatment options and plans with the client and other members of the team, when indicated.

Category III Health Promotion, Illness/Injury Prevention & Community Development

STANDARD:

The RN(NP) implements strategies to promote health with clients and within communities and to prevent injury/illness with clients.

CORE COMPETENCIES:

1. Assesses client needs by compiling qualitative and quantitative information about clients (e.g. epidemiological information, interviews, surveys, research findings, and community assessments).
2. Participates in the development of health promotion/prevention programs based on assessed needs, culture and evidence-based strategies and available resources for clients who are healthy or have acute or chronic conditions.
3. Participates in health promotion/prevention programs in partnership with others including the community, colleagues and other sectors.
4. Applies principles of teaching and learning when providing health education to individuals, families and groups.
5. Monitors, evaluates and modifies health promotion/prevention programs in partnership with the client and other members of the health care team.
6. Encourages client to take responsibility for maintaining and/or improving health by increasing knowledge of, control over, and influence on, health determinants.
7. Advocates for health promotion at the policy level and promotes healthy public policy by participating in legislative and policy-making activities that influence health services and practices.
8. Is knowledgeable, utilizes the principles and participates in community development within each RN(NP)'s practice setting.
9. Implements primary, secondary and tertiary prevention strategies for individuals, families, and communities or for specific age and cultural groups, in accordance with population health principles.

Category IV Registered Nurse (Nurse Practitioner) [RN(NP)] Professional Responsibilities and Accountabilities

STANDARD:

The RN(NP) functions both autonomously and collaboratively within the scope of RN and RN(NP) practice. The RN(NP) responsibilities and accountabilities further build on Standard XIV of the *Standards and Foundation Competencies for the Practice of Registered Nurses (2000)*.

CORE COMPETENCIES:

1. Articulates the role and responsibilities of the RN(NP) to clients, the general public and other health professionals.
2. Accepts sole responsibility and accountability for all actions taken within the scope of RN(NP) practice.
3. Incorporates professional, legal, and ethical decision-making guidelines into the RN(NP) practice.
4. Acts as a resource person, preceptor and/or mentor for students, nurses, and other health care professionals, and the community.
5. Demonstrates leadership in clinical practice to meet multiple health care needs.
6. Advocates for clients.
7. Participates in nursing, interdisciplinary, and/or inter-sectoral research that relates to her/his practice.
8. Promotes healthy public policy through community involvement.
9. Participates in emergency preparedness and environmental health planning as part of a team.
10. Promotes the ongoing development of the professional role of the RN(NP).
11. Develops and implements an ongoing evaluation of own RN(NP) practice.
12. Accepts personal responsibility for ongoing professional development related to RN(NP) competence, including, but not limited to, continuing education related to prescriptive authority and health management.
13. Maintains active registration as a RN(NP) with the SRNA.

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.

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

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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.