



# **Standards and Competencies for the RN with Additional Authorized Practice**

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The Saskatchewan Registered Nurses' Association (SRNA) is the profession-led regulatory body for Graduate Nurses (GN)s, Registered Nurses (RN)s, Registered Nurses with Additional Authorized Practice [RN(AAP)s], Registered Nurse (Graduate Nurse Practitioner)s [RN(GNP)s], and Registered Nurse (Nurse Practitioner)s [RN(NP)s]. *The Registered Nurses Act, 1988* describes the SRNA's mandate to set standards of education, competencies and the scope of practice for the profession, and for licensing nurses. The SRNA is further responsible for, amongst others, setting standards for practice, continuing competence, professional conduct, the provision of a code of ethics and the approval of registered nurse education programs.

## BACKGROUND

RNs can contribute to solutions to issues, such as timely access to care, by appropriately expanding the RN scope of practice. RNs with additional education in select practice areas functioning, within a health care team, can address the need for timely access to health care services, and contribute to a sustainable and effective primary health care system. The development of the role of the RN(AAP) is part of the SRNA regulatory mandate to provide public safety by setting standards of professional conduct, competency and proficiency of RNs, and ensuring consistency in approved/recognized education to provide practitioners with the knowledge, skill and ability to provide services.

## INTRODUCTION

The scope of practice for the RN(AAP) is broader than that of other RNs, since it includes the diagnosis and treatment of individuals with limited common medical disorders as identified in the SRNA Clinical Decision Tools (CDTs) (see Appendix A). This document identifies the responsibilities, scope of practice and standards and competencies that are expected of the RN(AAP).

*The Registered Nurses Act, 1988* enables the regulation of the RN(AAP). *The Registered Nurses Act, 1988* states:

- (3) Subject to any conditions or restrictions on the nurse's license, a registered nurse who meets the requirements set out in the bylaws may, in accordance with the bylaws:
  - (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. (Section 24)

The general practice category includes the designation RN(AAP). All RNs within the general practice category must practice according to the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*. The scope of practice of the RN(AAP) is defined by the limited common medical disorders and SRNA CDTs (see Appendix A). In addition to the RN standards and foundation competencies, the RN(AAP) must practice according to the current SRNA *Standards and Competencies for the Registered Nurse with Additional Authorized Practice*. Any reference to clinical decision tools in this document is specifically referring to the SRNA CDTs.

The RN(AAP) is an RN who has:

- successfully completed the educational requirements to attain the competencies needed for the additional authorized practice; and
- met the licensing requirements.

The role of the RN(AAP) is not to replace the services provided by RN(NP)s. The RN(NP) possesses a larger breadth and depth of knowledge, skill and judgment regarding common medical disorders within their specialty. Unlike the RN(NP), the practice of the RN(AAP) is restricted to limited common medical disorders that are addressed in the SRNA CDTs.

## RESPONSIBILITIES

Responsibility for the RN(AAP) role is shared:

### 1. The Individual RN(AAP)

1.1 Practices according to the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*, which provides the foundation for the practice of the RN(AAP), the current SRNA *Standards and Competencies for the Registered Nurse with Additional Authorized Practice*, and the current Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*. In addition, the RN(AAP) must meet the standards and competencies for any other current and applicable SRNA scope of practice documents.

1.2 Is responsible to act in a professional manner, to be accountable for their own practice, and to maintain competence (knowledge, skill and judgment) in all aspects of their nursing practice including competence required for additional authorized practice.

1.3 Understands the limits of their practice, and only performs those services for which they are competent to perform.

1.4 Works collaboratively as part of a health care team with access to:

- a physician and/or RN(NP); and
- other health care providers as appropriate (e.g., pharmacists, dentists, social workers, etc.).

1.5 Must seek consultation with, and guidance from, a physician and/or RN(NP), to ensure client's needs are met in a timely manner, when:

- the care required for the client is beyond the scope of practice of the RN(AAP); or
- the care required for the client is beyond the individual competence of the RN(AAP); or
- the RN(AAP) must deviate from a CDT for a limited common medical disorder; or
- the client's condition deteriorates, or symptoms persist despite treatment.

1.6 Shall only independently manage those health conditions which are within the limited common medical disorder definition and for which a CDT exists.

1.7 Restricts the independent activities which they are competent to perform, to the setting in which they are hired to practice as an RN(AAP), a description of their role and responsibilities, the health needs of the client, and the directives of the CDTs.

1.8 May order, within the limited common medical disorders and CDTs, medications and treatments.

1.9 Shall not prescribe any medication regulated by the Controlled Drugs and Substances Act and related regulations.

1.10 Is accountable for maintaining their individual continuing competence by participating annually in the SRNA Continuing Competence Program and including within that, the specific continuing competence requirements for the RN(AAP) practice role.

1.11 Must consult with the physician and/or RN(NP) in addressing emergency situations beyond the scope of an RN(AAP). In these situations, as for any RN, direction and orders may be received from the physician and/or RN(NP), to address the needs of the client.

1.12 Notifies the employer of any concerns with their inability to meet the RN(AAP) standards and works with the employer to resolve issues.

1.13 Is not independently employed.

## 2. SRNA

2.1 Is responsible for ensuring that the registered nursing profession carries out its mandate to protect the public. In carrying out this mandate, the SRNA sets standards and competencies, provides guidelines and policy for safe registered nursing practice in accordance with the defined scope of registered nursing practice, provides a code of ethics, approves nursing education programs, responds to concerns regarding professional conduct, and provides consultation to SRNA members to facilitate the provision of safe client care.

2.2 Is responsible for establishing an SRNA Interprofessional Advisory Group comprised of RN(AAP)s, RNs, RN(NP)s, physicians, pharmacists, other clinical experts and public representatives, to review and recommend CDTs to the association.

## 3. Operation of a Clinical Setting

The operation of clinical settings is acknowledged to be outside the jurisdiction of the SRNA and the individual RN(AAP). The SRNA *Standards and Competencies for the Registered Nurse with Additional Authorized Practice* has been developed to ensure the provision of quality client care in a clinical setting. The standards set out conditions that must exist in the operation of a clinical setting to allow RN(AAP)s to practice in that clinical setting. These conditions include, but are not limited to, the following:

- a description of the RN(AAP) role and responsibilities, and policies that enable use of the CDTs; and
- access to a physician and/or RN(NP) for collaboration and consultation.

The standards do not require an RN(AAP) to manage a limited common medical disorder, where in the opinion of the RN(AAP), it would be inappropriate to do so.

## STANDARDS AND COMPETENCIES

A standard is a desired and achievable level of performance against which actual performance can be compared. The following standards for RNs, as outlined in the SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*, serve as the foundation for RN practice and those who practice as an RN(AAP).

Standard I-Professional Responsibility and Accountability

Standard II-Knowledge-based Practice

Standard III-Ethical Practice

Standard IV-Service to the Public

Standard V-Self-Regulation

A competency is the demonstration by an RN of the knowledge, skill and judgment derived from the registered nursing roles and functions, within a specific context. The

RN(AAP) is accountable for possessing and practicing according to the foundation competencies of RN practice, contained within the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*. The standards and foundation competencies are the minimum levels of expected RN performance.

Additional competencies appear under the five standards to address the specific role of the RN(AAP).

## **STANDARD I - PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY**

The RN(AAP):

consistently demonstrates professional conduct and competence while practicing in accordance with the SRNA standards for registered nursing practice and CNA's *Code of Ethics for Registered Nurses*. Further, the registered nurse demonstrates that the primary duty is to the client to ensure safe, competent, ethical registered nursing care. (SRNA, 2013, p. 9)

The RN(AAP):

1. Practices in accordance with common law, federal and provincial legislation, professional and ethical standards, SRNA and government regulations and guidelines specific to the RN(AAP), as well as employer policies and descriptions of the RN(AAP) role and responsibilities.
2. Understands the scope of practice of the RN(AAP) and how it differs from that of an RN and RN(NP).
3. Understands the scope and roles of other health care team members as they relate to collaboration and consultation.
4. Collaborates with members of the health care team using appropriate communication, conflict resolution and negotiation skills, to provide and promote interprofessional client and family-centred care at the individual, organizational and systems levels.
5. Knows the appropriate circumstances, diseases, disorders or conditions under which to consult, as determined by the CDTs.
6. Appropriately utilizes the CDTs in addressing the limited common medical disorders for the client.
7. Demonstrates accountability for client care decisions made within RN(AAP) practice.

8. Coordinates and facilitates client care, as well as ensuring continuity of care and communication with other health care providers, agencies and community resources.

## **STANDARD II - KNOWLEDGE-BASED PRACTICE**

This standard has two sections: Specialized Body of Knowledge and Competent Application of Knowledge.

### **II.1 Specialized Body of Knowledge**

The RN(AAP) “draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge from the sciences, humanities, research, ethics, spirituality, relational practice, critical inquiry and the principles of primary health care” (SRNA, 2013, p. 11).

### **II.2 Competent Application of Knowledge**

The RN(AAP):

demonstrates competence in the provision of registered nursing care. The competency statements in this section apply to the four components of registered nursing care: Assessment, Health Care Planning, Providing Care, and Evaluation. The provision of registered nursing care is an iterative process of critical inquiry and is not linear in nature. (SRNA, 2013, p. 12)

The RN(AAP):

9. Applies knowledge of the etiology, pathophysiology, risk factors, predisposing factors, clinical manifestations, communicability, complications, diagnostic findings, epidemiology, evidence-informed research, differential diagnosis and diagnosis and management of the limited common medical disorders as identified in the CDTs.
  
10. Applies knowledge of education and counselling techniques ensuring cultural competence and cultural safety.

### **Area i) Ongoing holistic assessment**

The RN(AAP) “incorporates critical inquiry and therapeutic interpersonal skills to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health” (SRNA, 2013, p. 12).

The RN(AAP):

11. Performs a complete or focused:
  - 11.1 Health history, appropriate to the client’s situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health, specific to the presenting health issues.



11.2 Health assessment, with attention to:

- engaging the client with the intent of establishing a trusting relationship, using a relational, respectful demeanor;
- listening to the client and family;
- recognizing and incorporating cultural wisdom and practices; and
- assessing the client's knowledge and community support systems.

11.3 Physical examination, identifying and interpreting normal and abnormal findings as appropriate to the client's presentation.

**Area ii) Collaborates with clients and families to develop plans of care**

The RN(AAP) "plans registered nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines as well as knowledge from practice experiences; clients' knowledge and preferences; and factors within the health care setting" (SRNA, 2013, p. 13).

The RN(AAP):

12. Works collaboratively with the client to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.
13. Selects appropriate treatment regimen from the CDTs.

**Area iii) Provides registered nursing care**

The RN(AAP) "provides holistic individualized registered nursing care for clients and families across the lifespan along the continuum of care" (SRNA, 2013, p. 13).

The RN(AAP):

14. Diagnoses limited common medical disorders as identified by a CDT, through the integration of client information and evidence-informed practice, and develops and implements the appropriate care plan in consultation with the client, family and other health care professionals.
15. Communicates with the client about health assessment findings and/or diagnosis, including outcomes and prognosis.
16. Collects specimens, orders specific limited diagnostic tests, interprets results, takes appropriate action and assumes responsibility for timely follow-up and referral (see Appendix B).
17. Dispenses and/or prescribes specific limited pharmacotherapy in accordance with:
  - the CDT for a limited common medical disorder;
  - provincial, territorial and/or federal standards, legislative requirements;

- and
  - the SRNA Interpretation of Competencies for the RN(AAP) (see Appendix B).
- 18. Engages in evidence-informed and best practice in prescribing, monitoring and dispensing drugs according to the CDT for a limited common medical disorder.
- 19. Counsels the client on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up as it relates to the limited common medical disorder.
- 20. Utilizes best practices in pain management.
- 21. Documents clinical data, assessment findings, diagnoses, care plans, therapeutic interventions, client's responses and clinical rationale accurately, comprehensively and according to agency policy.
- 22. Uses clinical reasoning to determine appropriate tests (see Appendix B).
- 23. Utilizes critical thinking for the purpose of delivering care within the context of the applicable clinical setting.

#### **Area iv) Ongoing evaluation of client care**

The RN(AAP) "collaborates with clients, families and members of the health care team while conducting an ongoing comprehensive evaluation to inform current and future care planning" (SRNA, 2013, p. 14).

The RN(AAP):

- 24. Consults the physician and/or RN(NP), other members of the health care team (e.g., dentists, pharmacists, social workers, etc.) and other relevant resources to meet client needs in the continuum of care.
- 25. Recognizes adverse effects of pharmacological or non-pharmacological treatment and takes appropriate action to manage adverse effects.
- 26. Participates in quality assurance/client safety programs [e.g., the Canadian Adverse Drug Reaction Monitoring Program (CADRMP)].
- 27. Participates in client prescribing information systems [e.g., the Pharmaceutical Information Program (PIP)].

28. Obtains consultation if the client's needs are beyond the scope of practice of the RN(AAP), the condition is not resolved, or there is a need to deviate from the CDT (see Appendix B).

### **STANDARD III - ETHICAL PRACTICE**

The RN(AAP):

demonstrates competence in professional judgment and practice decisions by applying the principles in the current *CNA Code of Ethics for Registered Nurses*. The registered nurse engages in critical inquiry to inform clinical decision-making, establishes therapeutic, caring, and culturally safe relationships with clients and the health care team. (SRNA, 2013, p. 15)

The RN(AAP):

29. Practices in accordance with the values of the current *CNA Code of Ethics for Registered Nurses*.

### **STANDARD IV - SERVICE TO THE PUBLIC**

The RN(AAP) "protects the public by providing and improving health care services in collaboration with clients, other members of the health care team, stakeholders, and policy makers" (SRNA, 2013, p. 16).

The RN(AAP):

30. Articulates the authority and scope of practice of the RN(AAP).
31. Recognizes socio-economic determinants of health and risk factors as it relates to the practice setting.

### **STANDARD V - SELF-REGULATION**

The RN(AAP) "demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing own competence, and ensuring safe practice" (SRNA, 2013, p. 17).

The RN(AAP):

32. Practices in accordance with the current SRNA *Standards and Competencies for the Registered Nurse with Additional Authorized Practice* and current SRNA Bylaws.

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## GLOSSARY

### **Accountability:**

“An obligation to accept responsibility or to answer for (explain) one’s actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away” (SRNA, 2013, p. 20).

### **Adverse Event:**

“An event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient’s underlying medical condition” (Canadian Patient Safety Institute, 2009, p. 41).

### **Clinical Decision Tools (CDTs):**

Specific documents that are recommended by the SRNA Interprofessional Advisory Group and adopted by SRNA Council, which support the assessment, diagnosis, and treatment of limited common medical disorders by the RN with Additional Authorized Practice [RN(AAP)]. They are evidence-informed resources based on published research, grey literature, clinical best practice guidelines, expert opinion, and other resources as required. CDTs must be used by the RN(AAP) in conjunction with their clinical knowledge and judgment to ensure appropriate client care is provided.

### **Clinical Setting:**

A setting where clients receive health care services.

### **Collaboration:**

Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication between the members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses, and other members of the health care team in the interest of client care. (SALPN, SRNA & RPNAS, 2017, p. 22)

### **Collaborative Client-centred Practice:**

... involves the continuous interaction of two or more professionals or disciplines, organized into a common effort to solve or explore common issues, with the best possible participation of the patient. Collaborative practice is designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines, and fosters respect for disciplinary contributions of all professionals. (University of Saskatchewan: Saskatchewan Academic Health Sciences Network, 2017, para 2 & 3)

### **Competence:**

The overall display by a registered nurse, in the professional care of a 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. (SRNA, 2013, p. 20)

**Competency:**

“The demonstration, by a registered nurse of knowledge, skill and judgment derived from the nursing roles and functions, within a specified context” (SRNA, 2013, p. 20).

**Cultural Safety:**

Addresses “power differences inherent in health service delivery” (ANAC, 2009, p. 2) and affirms, respects and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses (Browne et al., 2009; IPAC-AFMC, 2008).

**Dispensing:**

Includes the selection, preparation, and transfer of a medication to a client or their representative for administration.

**Evidence-informed:**

An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the client, to decide upon the option that best suits the client’s needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and client safety data. (CNA, 2010, p. 16)

**Grey Literature:**

“That which is produced on all levels of government, academics, business and industry in print and electronic formats, . . . but which is not controlled by commercial publishers” (Schöpfel, 2010, p. 2).

**Health Care Team:**

“Health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with individuals, families, groups, populations or communities” (CNA, 2008, p. 25).

**Interprofessional Advisory Group:**

An SRNA committee comprised of RNs, RN(AAP)s, RN(NP)s, physicians, pharmacists, clinical experts, and public representatives. The group’s role is to provide recommendations on the Clinical Decision Tools to the association.

**Limited Common Medical Disorder:**

Competencies for the RN with Additional Authorized Practice include the diagnosis and treatment of individuals with limited common medical disorders. A limited common medical disorder is characterized by the following features:

- are episodic in nature;
- are health conditions that may be acute but non-urgent, as well as conditions that are chronic without evidence of deterioration;
- have defined signs and symptoms;
- have stable signs and symptoms;
- have predictable outcomes;
- require advanced assessment, diagnoses, and treatment with pharmacological or non-pharmacological interventions, for which the RN has had additional education in

- association-approved or recognized education courses;
- have an assigned Clinical Decision Tool (CDT) that is readily available to the RN;
- is not subject to evidence of rapid deterioration or change, except to stabilize and transfer; and
- upon an intervention using a CDT, the RN(AAP) is able to manage the anticipated consequences.

**Operation of a Clinical Setting:**

The administrative and governance activities as well as decisions involved in, and required for, the provision of health services in a specific location.

**Primary Care:**

“The element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury” (Health Canada, 2012, para 1).

**Primary Health Care:**

The “everyday care” that a person needs to protect, maintain, or restore health. It is often a person’s first point of contact with the health system. This may come in the form of a visit with a family physician or nurse practitioner, advice from a pharmacist, information on managing a chronic disease, or numerous other interactions between patients, families and providers. (Government of Saskatchewan, 2012, p. 7)

**Prescription:**

An “authorization given by a practitioner directing that a stated amount of any drug or mixture of drugs specified in it be dispensed for the person .... named in the authorization” (Government of Saskatchewan, 1996, p. 4).

**Scope of Practice:**

The range of services or activities that RNs are authorized and educated to perform as set out in legislation, bylaws, standards, practice documents, and policy positions of the SRNA.



## APPENDIX A CLINICAL DECISION TOOLS

Clinical Decision Tools (CDTs) are specific documents that are recommended by the SRNA Interprofessional Advisory Group and adopted by SRNA Council, which support the assessment, diagnosis, and treatment of limited common medical disorders by the RN with Additional Authorized Practice [RN(AAP)]. They are evidence-informed resources based on published research, grey literature, clinical best practice guidelines, expert opinion, and other resources as required. CDTs must be used by the RN(AAP) in conjunction with their clinical knowledge and judgment to ensure appropriate client care is provided.

The format of the CDTs may be such that they include a definition of the limited common medical disorder, indicate when immediate consultation is necessary, causes, predisposing and risk factors, history, physical findings, differential diagnoses, complications, investigations and diagnostic tests, making the diagnosis, management and treatment, including the goals of treatment, appropriate consultation, pharmacological and non-pharmacological interventions, client and caregiver education, monitoring and follow-up, referral and references.

If a CDT does not exist for the client's medical disorder, the RN(AAP) must consult and receive orders from a physician and/or RN(NP).

## APPENDIX B INTERPRETATION OF COMPETENCIES

This section elaborates on the knowledge, skill and judgment required of the RN with Additional Authorized Practice [RN(AAP)] as it relates to specific areas of clinical practice.

### 1. Prescribing

1.1 The RN(AAP) may, as established by the SRNA Bylaws, VI, Section 2, (3)(c), prescribe and/or dispense drugs as limited and defined in the Clinical Decision Tools (CDTs), and in accordance with provincial and federal legislation:

- i. drugs listed in Schedules I, II, III of *The Drug Schedules Regulations 1997*, as amended from time to time;
- ii. drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time; and
- iii. drugs and Natural Health Products that may be sold without a prescription.

1.2 The RN(AAP) must also take into account:

- the client's age, date of birth and weight;
- the need for a child resistant container;
- any special instructions, e.g., take on an empty stomach; and
- the need to affix to the label, other information required by good pharmacy practices, e.g., the expiry date when applicable, appropriate special circumstances and/or auxiliary labels (e.g., shake well).

1.3 The RN(AAP) who issues a written<sup>1</sup> prescription must include all of the following information written legibly on the prescription:

- their name and signature;
- the client's name;
- the client's address;
- the full name of the medication;
- the diagnosis, indication or therapeutic goal of the medication;
- the medication concentration, where appropriate;
- the medication strength, where appropriate;
- the dosage;
- the amount prescribed or the duration of treatment;
- the administration route, if other than oral;

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<sup>1</sup> A written prescription may be an authorization using a prescription pad or an order on the client's record, or may include an electronic prescription that meets the requirements for electronic prescribing under the Pharmaceutical Information Program.

- explicit instructions for client usage of the medication; and
- the number of refills, where refills are authorized.

1.3.1 Indicating “use as directed” on the prescription does not meet the preceding requirements, except where instructions for use are uniformly included on the manufacturer’s medication packaging label.

1.4 The RN(AAP) may communicate a verbal prescription directly to a pharmacist in circumstances where a written prescription is not feasible and/or the consultation with the pharmacist necessitates a change to the prescription. This must be followed up by a written prescription in a timely manner.

1.5 The RN(AAP) may transmit written prescriptions to pharmacists by fax, email or other electronic means in accordance with provincial and agencies standards and policies.

1.6 Other than prescriptions transmitted in accordance with the policies and protocols of the Pharmaceutical Information Program (PIP), an RN(AAP) shall only transmit written prescriptions to pharmacists by fax, email or other electronic means based upon client instructions to transmit the prescription to a specific pharmacy.

1.7 The RN(AAP) provides the educational information to the client regarding prescription and non-prescription drugs, including:

- the expected therapeutic benefit and clinical response of the drug therapy;
- the importance of compliance with prescribed frequency and duration of the drug therapy;
- potential side effects and the actions to take should they occur;
- signs and symptoms of potential adverse effects (e.g., allergic reaction) and the actions to take should they occur;
- potential interactions between the drug and certain foods, other drugs or substances;
- specific precautions to take or instructions to follow; and
- the recommended follow-up, where appropriate.

1.8 The RN(AAP) monitors and documents the client’s response to drug therapy, and based on the client’s response, consults with a physician, RN(NP) or pharmacist.

1.9 The RN(AAP), physician and/or RN(NP), will determine a process for accessing the client’s health record for the purpose of treatment decisions and communication in accordance with legislation, professional and ethical standards and employer policies.

1.10 The RN(AAP) stores blank prescriptions in a secure area which is not accessible to the public, and does not provide to any person, a blank, signed prescription.

1.11 The RN(AAP) shall not prescribe for oneself or become involved in self-care. In the event that no other option is available, the RN(AAP) may prescribe for a family, friend or peer provided the client/provider relationship is established and documented.

1.12 The RN(AAP), when receiving information from a pharmaceutical representative, independently verifies the information received.

## **2. Dispensing**

RN(AAP)s may at times both prescribe and dispense the same medication. The SRNA acknowledges that dispensing medications is within the scope of practice of a pharmacist. The RN(AAP) may dispense medications where a pharmacist is not available or accessible to dispense the medication, or where there is a collaborative agreement with a pharmacist to utilize an automated dispensing system.

2.1 When dispensing medications, the RN(AAP) will record on an individual prescription profile and/or client record each time a drug is dispensed. The profile will include:

- client name, address, phone number, date of birth, gender and when available, allergies and idiosyncratic responses and personal health number;
- date dispensed;
- full name, strength or medication concentration, dosage of drug, and quantity dispensed;
- duration of therapy;
- directions to client; and
- signature of the RN(AAP) dispensing the drug.

2.2 The RN(AAP), when dispensing treatment size quantities of medication to the client according to the CDTs, will meet the following prescription labeling requirements:

The prescription label (or envelope) will indicate the following information:

- client's name;
- prescriber's name;
- prescriber's number;
- date dispensed; and
- name of the drug in the prescription, as follows:
  - generic name followed by the strength and name, or accepted abbreviation of the manufacturer; or
  - generic name followed by the strength and trade name; or

- trade name followed by the strength; or
- in situations where the trade name uniquely identifies the strengths of more than one drug in a fixed-ratio combination product, the trade name;
- prescriber's directions must be clearly stated on all prescription labels, so it is clearly understood by the client:
  - direction for use;
  - quantity dispensed;
  - the expiry date when applicable;
  - initials of the RN(AAP) dispensing the drug, and the location from which the drug is dispensed, including name, address and telephone number; and
  - special circumstances/auxiliary labels (e.g., shake well).

2.3 The RN(AAP) who dispenses a drug shall package the drug in a safety closure container that is certified and designated by one of:

The Canadian Standards Association, the European Standard, or the Code of Federal Regulations (United States), as defined in *The Food and Drug Regulations* C.01.001

(2)(b), except when:

- the prescriber, the client, or their responsible agent directs otherwise; or
- in the professional judgment of the RN(AAP), in the particular instance, it is advisable not to use a safety closure container; or
- a safety closure container is not suitable because of the physical nature of the drug (adapted from the Saskatchewan College of Pharmacy Professionals (SCPP) Regulatory Bylaws, 2015).

2.4 When the RN(AAP) is both prescribing and dispensing the same medication to a client, the RN(AAP) will initiate client education according to the interpretation of competencies for prescribing.

2.5 The RN(AAP) shall not dispense drug samples.

2.6 The RN(AAP) shall not dispense medications for oneself, or become involved in self-care. In the event that no other option is available, the RN(AAP) may dispense for a family, friend or peer provided the client/provider relationship is established and documented.

### 3. Diagnostic Tests

3.1 The RN(AAP) performs a comprehensive health assessment and synthesizes data from multiple sources to formulate a differential diagnosis of a limited common medical disorder through the ordering, performing, receiving and interpreting of diagnostic tests.

3.2 The RN(AAP) is able to order, perform, receive and/or interpret reports of screening and diagnostic tests as per the CDTs.

3.3 The RN(AAP) will:

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

3.4 The RN(AAP) is authorized to order 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 a physician and/or RN(NP), as appropriate, for treatment.
- to assess conditions of clients with chronic illnesses, for screening/prevention activities.

3.5 The RN(AAP) will:

- obtain informed consent prior to ordering 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; and
- document the request for any diagnostic tests.

3.6 The RN(AAP) will:

- document the order and the results of diagnostic tests on the client's permanent record;
- collect the appropriate specimens for testing when there is no other appropriate health care provider to do so;
- obtain or handle specimens in accordance with the infection control guidelines;
- comply with the transportation of infectious substances guidelines in preparing specimens for transport; and
- interpret the laboratory tests in the context of the individual client's presentation, make decisions about treatment and consult in accordance with the CDTs.

#### **4. Collaboration and Consultation**

Working within a collaborative team that includes a physician, RN(NP) and others, the RN(AAP) provides individual and family-centred community focused care, in practice environments that recognize a high level of interdisciplinary collaboration, consultation and clear understanding of roles and responsibilities. Consultation and collaboration by the RN(AAP) with the client and health care providers, physicians,

RN(NP)s, dentists, pharmacists, social workers, etc. is essential to safe, appropriate and integrated health care.

Collaborative practice is built upon clarity of roles, mutual respect and the valued contributions of each team member. The RN(AAP) is responsible to clearly communicate with all care providers in an effective and timely manner, to ensure quality outcomes for clients.

Consultations are warranted when the client's medical disorder is not addressed by a CDT or the client's needs are such that:

- the client's condition/signs and/or symptoms require care beyond the scope of practice of the RN(AAP), and/or individual competence of that RN; and/or
- the diagnosis and plan of treatment is beyond the knowledge, skill and judgment of the RN(AAP) to determine; and/or
- a consultation is required to establish a diagnosis, plan of care or treatment for the client; and/or
- report(s) of diagnostic or laboratory tests suggest that a client's condition is beyond the ability of the RN(AAP) to manage.

Consultations occurring between the RN(AAP) and physician and/or RN(NP) may result in one of the following levels of involvement:

- the physician and/or RN(NP) provides an opinion and recommendation to the RN(AAP) who continues to provide care to the client within the scope of the RN(AAP).
- the physician and/or RN(NP) makes a recommendation outside the CDTs and provides an order to enable the RN(AAP) to treat the client.
- the care of the client is transferred to the physician and/or RN(NP), who then assumes responsibility for the care of the client.

When consulting with a physician and/or RN(NP), the RN(AAP) shall:

- utilize an established communication tool (e.g., Situation-Background-Assessment-Recommendation - SBAR) to provide the reason(s) for the consultation, an opinion, a recommendation for management, concurrent intervention or immediate transfer of care to the physician and/or RN(NP);
- clearly present the level of urgency of the consultation or referral; and
- ensure that the physician and/or RN(NP) has appropriate access to the client's relevant health information, and document the request for an outcome of the consultation or referral.

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