



College of
Registered Nurses
of Manitoba

Practice Direction:

Practice Expectations for RN(NP)s

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registered nurses (RNs).

The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the College of Registered Nurses General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registered nurse (nurse practitioner)s in Manitoba to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable to explain why you did or did not meet these expectations.

The policies of employers do not relieve individual RN(NP)s of accountability for their own actions or the primary obligation to meet practice directions. An employer's policies should not require an RN(NP) to practise in a manner that violates practice directions.

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In addition to upholding the Practice Expectations for RNs and the Code of Ethics, RN(NP)s are expected to meet the following nursing practice expectations.

Practice Expectation #1

Use of Knowledge, Skill and Judgment

RN(NP)s apply additional knowledge, skill and judgment to address the health needs of clients.

RN(NP)s must:

1. Synthesize relevant knowledge with use of critical inquiry (e.g. developmental and life stages, pathophysiology, psychopathology, pharmacology, epidemiology, environmental exposure, infectious diseases, behavioural sciences, demographics and family processes).
2. Conduct thorough and accurate assessment, history taking and consultation with clients.
3. Ensure an appropriate plan of care is developed in consultation with the client, family and other health-care providers as needed, including a plan for follow-up/evaluation.
4. Use current evidence to support safe practice.

Practice Expectation #2

Consultation and Collaboration

RN(NP)s consult and collaborate with other health-care providers as appropriate and in accordance with competencies for the RN(NP)s in Manitoba to ensure that the overall health-care needs of your clients are met.

RN(NP)s must:

5. Collaborate to facilitate critical inquiry in practice.
6. Establish consultative relationships with other health-care providers appropriate to the clients you are providing care for.
7. Consult with other health-care providers depending on your practice setting and client needs (e.g. request for ongoing consultation from a health-care professional for client conditions that the RN(NP) does not typically address).

8. Consult with other health-care providers at any stage in the care of a client from initial assessment to evaluation of treatment effectiveness (e.g. request for a single-visit consultation by a health-care provider).
9. Fulfill consultation expectations in a timely manner.
10. During consultation with another health-care professional, jointly decide whether to transfer care to that health-care provider or remain as the primary health-care provider for that client.
11. Indicate the role and responsibilities of an RN(NP) as a member of the health-care team.
12. Establish appropriate methods for keeping health-care professionals informed about mutual clients' health conditions and/or treatment decisions.
13. Maintain accurate information about your current employer and work contact information in your profile with the College and other relevant health-care partners (e.g. Diagnostic Services of Manitoba).

Practice Expectation #3

Prescribing Drugs and Devices

RN(NP)s prescribe drugs relevant to your client population in accordance with relevant provincial and federal legislation and standards, as well as evidence informed decision-making.

RN(NP)s must:

14. Prescribe drugs for clients for whom you have relevant knowledge of the client's health history based on assessment obtained through direct client contact. In exceptional circumstances where direct client contact is not feasible for the client, you must facilitate access to care based on a timely assessment and recommendation of another regulated health-care provider. In these circumstances, you must:
 - a) be satisfied that the prescription is appropriate for the client,
 - b) document provision of client care, and
 - c) provide timely access for the client to follow-up.

15. Prescribe any device listed in the Specified Drugs Regulation, M.R. 6/95.
16. Complete prescriptions accurately, completely and legibly including:
 - a) date of issue;
 - b) name and address of the person for whom the drug is prescribed;
 - c) weight of client if client is a child or weight has bearing on the dosage of the prescribed drug;
 - d) age of the client if age has bearing on the dosage of the prescribed drug;
 - e) name, strength and quantity of the prescribed drug;
 - f) directions for use, including the dosage, frequency, route of administration, duration of drug therapy, and special instructions;
 - g) direction for number of allowable refills and interval between refills, where applicable. If a prescription includes more than one drug, clearly identify the number of allowable refills for each drug;
 - h) prescriber's name, regulated title, address, telephone number and fax number;
 - i) the treatment goal and/or diagnosis and/or clinical indication; and
 - j) the prescriber's signature in one of the following formats
 - i. hand-written signature, or
 - ii. an electronic image of the prescriber's signature if:
 - the prescription is sent directly to a single pharmacy of the client's choice through an approved electronic medical record, and
 - there is no hard copy of the prescription.
17. Educate clients about prescription and non-prescription drugs, including.
 - a) expected action of the drug;
 - b) importance of compliance with prescribed frequency and duration of the drug therapy;
 - c) potential side effects;
 - d) signs and symptoms of adverse effects and actions to take if they occur (e.g. allergic reactions);
 - e) potential interactions between the drug and certain foods, other drugs or substances such as natural health products or herbal remedies;
 - f) specific precautions to take or instructions to follow; and
 - g) recommended follow-up.
18. Monitor the client's response to drug therapy. Based on the client's response, decide to continue, adjust, or withdraw the drug, or to consult with another health professional.
19. Document client's response to drug therapy including a record of all prescriptions and refills.
20. Securely store blank prescriptions (e.g. storing blank prescriptions in a non-public and locked drawer).
21. Not provide any person with a blank, signed prescription.
22. Not prescribe for yourself or family members.
23. Send a prescription to a pharmacy in one of the following ways:
 - a) Provide the client with a written prescription to bring to a pharmacy of his or her choice.
 - b) Provide all verbal prescriptions (new and refills) directly to the pharmacist.
 - c) Facsimile to a pharmacy when the prescription is in compliance with the joint statement *Facsimile Transmission of Prescriptions*.
 - d) Send an electronic transmission to pharmacy when the prescription is in compliance with the joint statement *Electronic Transmission of Prescriptions*.
24. Monitor adverse drug reactions and reports these in accordance with reporting requirements of Health Canada.

Practice Expectation #4

Ordering Screening and Diagnostic Tests

RN(NP)s order specific screening and diagnostic tests relevant to your client population in accordance with relevant provincial and federal legislation and standards, as well as evidence informed decision-making.

RN(NP)s must:

25. Order screening and diagnostic tests to:
 - a) confirm a diagnosis as suggested by the client's history and/or physical findings;
 - b) assess/monitor ongoing conditions of clients with chronic illnesses;
 - c) carry out screening activities
26. Develop efficient processes for receiving and tracking the results of screening and diagnostic tests.
27. Consider best practice evidence on appropriateness, contraindications, safety and cost-effectiveness when ordering screening and diagnostic tests.
28. Explain to clients the reasons for ordering specific screening and diagnostic tests and the associated risk and benefits.
29. Adhere to provincial or agency standards for ordering, documenting and reporting results of screening and diagnostic tests.
30. Seek information to ensure understanding and follow-up as necessary with test results and diagnostic interpretation by specialist(s).

Glossary

Registered nurse (nurse practitioner) or RN(NP):

A registered nurse on the extended practice register who has successfully demonstrated the competencies identified for the RN(NP) and has provided evidence of meeting the application requirements in accordance with *The Regulated Health Professions Act (C.C.S.M. c. R117)* College of Registered Nurses of Manitoba General Regulations, in addition to upholding the *Practice Expectations for RNs* and the *Code of Ethics for Registered Nurses*.

Collaboration: A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Consultation: An explicit request by an RN(NP) for another health-care provider to become involved in a client's care in which the RN(NP) has primary responsibility for care at the time of the request. Consultation can occur in a variety of ways including face-to-face discussion, by telephone and in writing.

Council: the governing body of the College. Formerly known as the Board of Directors.

Critical inquiry: This term expands on the meaning of critical thinking to include a critical reflection on actions.

Critical thinking: A cognitive skill which involves analysis, logical reasoning and clinical judgment, geared towards the resolution of problems, and standing out in the training and practice of the nurse with a view to accurate clinical decision-making and the achieving of effective results.

Evidence informed decision-making: A continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care.

Pharmacology: The science concerned with drugs and their sources, appearance, chemistry, actions and uses.

Register of Regulated Members

Subregister	Membership Class
Registered Nurses	registered nurse
	registered nurse (interim practice)
	registered nurse (temporary practice)
Graduate Nurses	graduate nurse
Extended Practice	registered nurse (nurse practitioner)
	registered nurse (nurse practitioner – interim practice)
	registered nurse (nurse practitioner – temporary practice)
Graduate Extended Practice	registered nurse (graduate nurse practitioner)

A registered nurse (authorized prescriber) or RN(AP) is part of the registered nurse membership class.

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