



What is a clinical decision tool?

A clinical decision tool is a document whose purpose is to guide the assessment, diagnosis or treatment of a client-specific clinical problem.

The clinical decision tool is used when the registered nurse is initiating reserved act #2 and/or reserved act #10 under the *College of Registered Nurses of Manitoba General Regulation*.

If client care is authorized by a person other than the RN, the RN would continue to follow their usual processes and practices. Other authorized persons may include: registered nurse (nurse practitioner) or RN(NP), registered nurse (authorized prescriber) or RN(AP), physician, physician assistant, clinical assistant or pharmacist.

The clinical decision tool:

- has a theoretical body of knowledge,
- uses the best available scientific evidence in clinical decision-making,
- uses standardized outcome measures to evaluate the care provided, and
- takes account of each client's unique circumstances including baseline risk, comorbid conditions and personal preferences.

Evidence-informed practice is an ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make decisions with clients (*definition provided by the Canadian Nurses Association*).

Criterion

For the purposes of this fact sheet, it is expected the RN has an appropriate orientation to or is familiar with the clinical decision tool.

A clinical decision tool:

- Must be a client-specific assessment. The term client is “inclusive of persons, families/significant others, groups, communities, and populations”.

- May be used in an approved practice setting. An approved practice setting is a health care facility operated by the government or other organization listed in the CRNM general council regulations.
- Must be evidenced-informed and developed in collaboration with the inter-professional team.
 - Inter-professional collaborative practice is centered on the needs of the clients, empowering them to be partners in their care with the most appropriate health professionals providing the services required to meet health-care needs.
 - The inter-professional team must include the appropriate authorized prescriber for all clinical decision tools that include medication administration.
- Must comply with any policy that is in place in the practice setting where the RN performs the act if:
 - the RN has been made aware of the policy, and
 - the policy is consistent with *The Regulated Health Professions Act, Code of Ethics, Standards of Practice* or the College's regulations, by-laws or practice directions.
- Follows/complies with the usual employer process for approval
- Must identify indications for consultation/collaboration/referral for clinical situations going beyond the skill of the individual RN.
- Must identify contraindications for use.
- Must have a system in place to review test and referral results and include reasonable arrangements to follow up with the client.
- Must identify that the RN who orders the diagnostic test or referral and directs a copy of the result to another team member is still responsible for follow up (unless the team member who receives the copy is directed to follow up with the client).
- Does not give the RN authority to prescribe; however, a clinical decision tool may include medication orders

limited to urgent/emergent situations where access to an appropriate authorized prescriber may not always be available or timely.

- Requires consultation with an appropriate authorized prescriber for routine/non-urgent client prescriptions.
 - The tool should not include discharge medications or medication starter packages.
 - Medication administration must comply with existing legislation.
- The clinical decision tool that includes medication for urgent/emergent client presentation should include:
 - Contraindications for elderly or renal client alerts
 - Age and weight of client when appropriate
 - Drug name
 - Dosage form (tablets, capsule, inhalants)
 - Exact strength of concentration
 - Dose/dose range, frequency and rate
 - Purpose or indication
 - Duration of treatment with maximum dosage
 - Full descriptions and no abbreviations
 - Require an assessment for response and appropriate consultation with an appropriate authorized prescriber (this consultation must occur in a timely manner)
 - Consideration for further treatment/intervention based on client specific assessment.
- Must be reviewed on a regular basis and should include review dates.

for consultation/collaboration/referral for clinical situations going on beyond the skill of the individual RN?

- 9) If the clinical decision tool includes medication administration, is the medication for a client with an urgent/emergent presentation where access to the appropriate authorized prescriber is not available or timely?
- 10) Will there be supporting documentation in the client chart to validate/support actions initiated using the clinical decision tool?
- 11) Has the RN had appropriate orientation to or is familiar with using the clinical decision tool?
- 12) Does the clinical decision tool identify approval date and future date for review?

Evaluating the Clinical Decision Tool

Before using a clinical decision tool, ask yourself:

- 1) Was the clinical decision tool (i.e. clinical protocol, care map, clinical algorithm, standing order) developed by an inter-professional team?
- 2) Is the clinical decision tool client-specific?
- 3) Have you identified why it is being used?
- 4) Are the contraindications for its use clear?
- 5) Is the clinical decision tool being used in an approved practice setting?
- 6) Is the clinical decision tool evidence informed?
- 7) Does the clinical decision tool identify actions within RN scope of practice?
- 8) Does the clinical decision tool identify indications

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