



College of
Registered Nurses
of Manitoba

Scope of Practice for RNs

This statement on the scope of practice of registered nurses includes graduate nurses, RN (interim) and RN (temporary) classes.

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Purpose

The purpose of this document is to provide information about scope of practice for registered nurses (RNs) in Manitoba under *The Regulated Health Professions Act* (RHPA). The information in this document is subject to change as College of Registered Nurses of Manitoba (the College) policies are revised or legislation is amended. Where necessary, additional scope of practice information is included in College practice directions.

Scope of Practice of the RN Profession in Manitoba

Scope of practice refers to the range of activities that RNs are both educated and authorized to perform. The legal authority for Manitoba RN scope of practice is found in the regulations under the RHPA. The RN profession's scope of practice outlines boundaries of practice for the RN profession. These boundaries are broad because the RN profession works with a wide range of client populations in a variety of roles and settings.

The Practice of Nursing Regulation defines RN scope of practice as the application of registered nursing skill, knowledge and judgment in order to:

1. assist individuals, families, groups, communities, and populations to achieve, maintain and restore their optimal physical, emotional, mental, spiritual and social health;
2. assess, diagnose, plan and provide treatment and interventions and evaluate their effectiveness and to make referrals;
3. teach, counsel and advocate on behalf of their clients in order to enhance health and well-being;
4. coordinate, supervise, monitor, deliver and evaluate the provision of health care;
5. manage, administer and develop systems related to registered nursing and the provision of other health care;
6. teach registered nursing theory and practice; and
7. engage in research related to health or the practice of registered nursing.

The College's *General Council Regulations* further outline RN scope of practice under the RHPA's reserved act model. Reserved acts are those clinical activities listed in the RHPA. They are clinical activities done in the course of providing health care that are to be limited to certain regulated health professions and registrants of those professions who are qualified and competent to do them because they present

a significant risk of harm to the public when performed incompetently.

In essence, the RHPA sets out what clinical activities are reserved acts and College regulations specify which of these reserved acts are within the RN profession's scope of practice.

An RN may perform a reserved act only if the:

- reserved act is listed in the College's regulations;
- RN meets the criteria listed for that reserved act;
- reserved act is within the individual RN's scope of practice; and
- RN works within their workplace's practice setting policies, as long as the policy is not inconsistent with the RHPA, College regulations, bylaws, practice directions and *Code of Ethics*.

Even though much of the discussion in the remainder of this document describes the reserved acts that are within the RN profession's scope of practice, it is important to know that the RN profession's scope of practice is not solely encompassed in these reserved acts. The breadth and varying depths of the RN profession's scope of practice cannot be described by reserved acts alone.

Examples of RN practice that are not reserved acts under the RHPA

- Assessing health status of clients
- Planning client care
- Evaluating outcomes of client care
- Applying critical inquiry
- Analyzing data obtained from client assessment
- EKG (electrocardiogram) measurement
- Supporting activities of daily living
- Communicating with clients and families
- Counselling about emotional, social, educational or spiritual matters
- Collaborating with the client's care team
- Coordinating care services
- Developing professional and therapeutic relationships
- Documenting timely, accurate reports
- Promoting health equity
- Maintaining client safety during care
- Mentoring and precepting students
- Developing programs of care
- Pronouncing death
- Providing disease prevention and health promotion services
- Recommending Schedule III medications

Practice Expectations

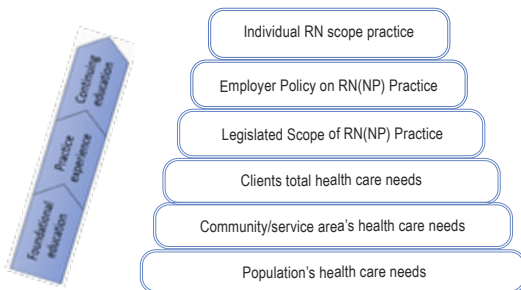
Practice expectations for RNs regulate the quality of RN practice. A practice expectation is the minimum expectation of performance against which actual performance is compared. It defines reasonable and prudent expectations of all RNs.

In all practice areas RNs are expected to:

- meet any applicable practice direction;
- apply the requisite knowledge, skill and judgment to competently perform any service as part of practice;
- function within practice limitations; and
- only perform a reserved act if it is both safe and appropriate for the reserved act to be provided.

Individual RN Scope of Practice

The scope of practice of the RN profession as a whole must be distinguished from the scope of practice of an individual RN. Consider the following factors as building blocks that both build and limit RN scope of practice.



An individual RN's scope of practice is based on foundational nursing education and continues to progress with professional experience and continuing education.

The health care needs of the population, community and service area require a team of health and social service providers. In fact, the client's total health care needs cannot be met by a single RN. The client's needs will always be broader than the scope of an individual RN, although meeting the needs of the population, community/service area and/or the client are motivators for RNs to move toward top level of the RN profession's scope of practice.

Legislation provides the authority for the RN profession's scope of practice. Limits to scope of practice are defined in the regulations. Legislation also sets out the standards of practice which all RNs must meet in all areas of their individual scope of practice. Employer policies provide

*The RN scope of practice
is more than
a set of reserved acts.*

further direction on the RN's practice. An employer may place the further limits on RNs in their employ. An employer's policies must be consistent with the RHPA, regulations, by-laws, standards of practice, code of ethics and practice directions. An individual RN's scope of practice cannot progress beyond the RN profession's legislated scope of practice and each individual must be qualified and competent in their own scope of practice. All of these factors combine so that each individual RN develops their own expertise and specific scope of practice, within the RN profession's scope of practice.

Authorization Mechanisms

Authorizing mechanisms are a way which RNs obtain the authority to perform a reserved act. The following authorization mechanisms are applied to reserved acts.

Orders

Certain reserved acts require an order as an authorization mechanism before the RN can perform the reserved act (see Appendix B). An order is an instruction or authorization for a specific client given by a health-care provider with expert knowledge who is legally permitted, competent to give an order and who is making a decision about care based on an assessment (e.g. RN(NP), physician, midwife, podiatrist, dentist, RN (authorized prescriber), physician assistant).

For reserved acts that require an order, the RN must ensure the order is complete with:

- the date the order was written;
- two client identifiers (e.g. client's full name and another unique identifier such as birthdate or provincial health number);
- a specific description of the order (e.g. for medication orders, this includes medication name, dose, route or administration);
- the time and frequency the order is to be implemented; and
- the signature of the regulated health-care provider who is making the order.

The RN must also take appropriate action if the order does not appear evidenced-informed or in consideration of client needs. Appropriate action could include obtaining additional information from the client, consulting with a colleague or manager, or questioning the health-care provider who provided the order so as to determine the best course of action.

Reserved acts that do not require an order can be initiated by RNs, as long as the client’s condition warrants the performance of the reserved act and the RN can meet the standards of practice, applicable practice directions and employer policies.

Additional Education

Some reserved acts require the RN to [complete additional education](#) prior to completing the reserved act.

If a reserved act is not currently within the individual RN’s scope of practice and it is needed for client care, the RN must seek education opportunities to ensure they are competent to perform the reserved act.

Clinical Decision Tool

Some reserved acts may only be performed by an RN when a clinical decision tool is in place in the practice setting where the RN is employed (e.g. evidence-informed practice tools and clinical practice guidelines).

Elements of a clinical decision tools include:

- client-centered focus;
- in-scope and out-of-scope provisions;
- indications and contraindications;
- indications for consultation with other health-care providers;

- evidence-informed practice;
- interdisciplinary input;
- regular review and evaluation; and
- employer-approval.

Reserved Acts

This section describes each of the reserved acts. Please review the limits and criteria that are included for each of the reserved acts as well as any necessary authorizing mechanisms.

Reserved Act 1: Diagnosis

Description	Additional Education Necessary	Order Required
An RN may make a diagnosis that is appropriate to the RN’s practice of registered nursing and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual’s health care.	no	no

Making a diagnosis means the identification of a disease, disorder, injury or condition through scientific knowledge and skillful methodology. The nursing process, which is the process of assessment, diagnosis, planning, implementation and evaluation in order to improve client outcomes, is integral to making diagnoses.

Diagnosing in a manner that is appropriate to the RN’s practice of registered nursing refers to the individual RN’s competencies, scope of practice and available resources within their practice area. It requires the RN to apply knowledge that is both current and evidence informed. The RN must have the necessary clinical knowledge to analyze and interpret the data gathered during client assessment in order to draw conclusions and make appropriate diagnoses. It is essential to note that the availability of diagnostic tools and clinical knowledge to interpret assessment data impacts the diagnoses that a RN can skillfully make.

This reserved act is only completed when the RN communicates the diagnosis to the individual client (or their personal representative) within the context of a

professional nurse-client relationship.

Where an RN does not have the necessary clinical knowledge, diagnostic information and/or professional relationship to communicate the diagnosis, the RN does not make that diagnosis.

Limits and Criteria

To competently and safely make a diagnosis according to this reserved act, the RN must apply skills to:

- a. use diagnostic reasoning skills to generate diagnosis; and
- b. meet all other practice expectations and applicable practice directions.

Reserved Act 2: Order or receive screening or diagnostic tests

Description	Additional Education Necessary	Order Required
An RN may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the RN’s practice if the RN practises in an approved practice setting and the RN does one of the following:	see below	see below
• uses a clinical decision tool in place at the approved practice setting	no	no
• collaborates with one of the following who is legally permitted and competent to order and receive those reports: <ul style="list-style-type: none"> • RN(NP) • RN(AP) • physician • physician assistant • clinical assistant • pharmacist 	no	no

RNs order or receive reports of screening or diagnostic tests in order to:

- confirm a diagnosis as suggested by the client’s history and/or physical findings,
- assess/monitor ongoing conditions of clients with chronic illnesses, or
- carry out screening activities.

For the purpose of this reserved act, the expectations for either ordering or receiving are the same. The extensive types of diagnostic and screening tests preclude listing of all such tests. Many but not all diagnostic and screening tests require a specimen to be sent to a lab for testing in order to receive the result.

Practising in a manner that is appropriate, the RN’s practice of registered nursing refers to the individual RN’s competencies and available resources within their practice area. It requires the RN to use and apply their current and evidence-informed knowledge, skill and judgment.

Limits and Criteria

To competently and safely perform the ordering or receiving of reports of screening or diagnostic tests, the RN must:

- a. work within their employer’s established policy, procedures, and practice supports to safely manage the ordering, receiving and follow-up of results;
- b. consider evidence-informed practice as well as relevant provincial and federal legislation and standards to determine the appropriateness, contraindications, safety and cost-effectiveness of screening and diagnostic tests;
- c. explain to the client reasons for ordering specific screening and diagnostic tests, the associated risks and benefits and all necessary follow-up required by the client;
- d. establish efficient and safe processes for response to critical screening and diagnostic test results including any necessary collaboration with other health-care providers;
- e. use efficient processes for receiving, tracking and follow-up of screening and diagnostic test results;
- f. adhere to provincial or agency standards for ordering, documenting and reporting results;
- g. seek information to ensure understanding and necessary follow-up of test results and diagnostic interpretation by specialist(s);

- h. maintain accurate information about their current employer and work contact information in their CRNM profile to inform other relevant health-care partners (e.g. Diagnostic Services Manitoba); and
- i. meet all other practice expectations and applicable practice directions.

Reserved Act 3: Dermis, mucus membrane, cornea

Description of the reserved act	Additional Education Necessary	Order Required
An RN may perform a procedure on tissue	see below	see below
• below the dermis	see below	see below
o for any reason (other than those listed below)	no	no
o sharp wound debridement	yes	no
o suturing	yes	no
o intraosseous line placement	yes	no
o umbilical venous and arterial line placement	yes	no
o arterial puncture and line placement	yes	no
o peripherally inserted central catheter placement	yes	no
o escharotomy	yes	no
o needle thoracostomy	yes	no
o cricothyroidotomy	yes	no
• below the surface of a mucous membrane	no	no
• on the surface of the cornea	yes	no

Additional clinical examples

	Additional Education	Order Required
Wound care with cleansing, soaking, irrigating, probing, packing, dressing	no	no
Establish an intravenous line	no	no
Hold retractors during surgery	no	no
Apply fluorescein stain on the surface of the cornea	yes	no

Limits and Criteria

To competently and safely perform a procedure on tissue below the dermis, below the surface of a mucous membrane or on the surface of the cornea, the RN must: a. complete additional education for those purposes that require additional education;

- b. meet all other practice expectations and applicable practice directions;
- c. not suture below the fascia;
- d. not suture for aesthetic or cosmetic procedures;
- e. not perform procedure on tissue on or below the surface of a tooth or dental implant; and
- f. not perform surgery. (e.g. perform a procedure on or near an internal organ)

Reserved act 4: Insert or remove device, hand or finger

Description of the reserved act	Additional Education	Order Required
An RN may insert or remove an instrument or a device, hand or finger into various orifices under certain criteria as described in the sections below		
• into the external ear canal	no	no
• beyond the point in the nasal passages where they normally narrow	no	no
• beyond the pharynx, except for the purpose listed below	no	no
o establishing an advanced airway	yes	no
• beyond the opening of the urethra	no	no
• beyond the labia majora, except for purposes listed below	no	no
o intrauterine device insertion	yes	no
o cervical cancer screening/ pelvic exam	yes	no
o intrauterine insemination	yes	yes
• beyond the anal verge	no	no

• into an artificial opening in the body	no	no
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Additional clinical examples

	Additional Education	Order Required
Suction a client who has a tracheostomy	no	no
Check patency of an eardrum using an otoscope	no	no
Insert a nasogastric tube	no	no
Change a suprapubic catheter	no	no
Perform a digital rectal exam	no	no
Perform a vaginal exam	no	no
Insert a pessary	no	no

Limits and Criteria

To competently and safely insert or remove an instrument or a device, hand or finger according to this reserved act, the RN must:

- complete additional education for the purposes that require additional education;
- receive an order for the purposes that require an order;
- meet all other practice expectations and applicable practice directions.

Reserved Act 5: Administering a substance

Description of the reserved act	Additional Education	Order Required
AN RN may administer a substance	see below	see below
• by injection	no	no
• by inhalation	no	no
• by mechanical ventilation	no	no
• by irrigation	no	no
• by enteral instillation	no	no
• normal saline by parenteral instillation	no	no
• any other substance, other than normal saline, by parenteral instillation	no	yes
• by transfusion	no	yes
• using a hyperbaric chamber	yes	yes

A substance includes air and water, but not a drug or vaccine. Examples of substances include:

- humidified air,
- oxygen,

- normal saline,
- sterile water, or
- biologics such as tuberculin or blood.

Additional clinical examples

	Additional Education	Order Required
Tuberculin intradermal injection	no	no
High-flow oxygen administration	no	no
Sterile water irrigation to wash out a wound	no	no
Nasogastric tube flush with water following feeding	no	no
Colostomy irrigation with water	no	no
Rectal enema with normal saline	no	no
Normal saline flush of an intravenous lock	no	no
Intravenous administration of lactated ringer's solution	no	yes
Whole blood, plasma or platelet administration into a client's veins, arteries or intraosseous space	no	yes
Hyperbaric oxygen therapy for carbon monoxide poisoning	yes	yes

Limits and Criteria

To competently and safely administer a substance according to this reserved act, the RN must:

- complete additional education for those methods that require additional education;
- receive an order for those methods that require an

- order; and
- c. meet all other practice expectations and applicable practice directions.

Reserved Act 9: Administering a drug or vaccine

Description of the reserved act	Additional Education	Order Required
An RN may administer:	see below	see below
• a prescribed drug by any method (except intravitreal injection)	no	yes
• over-the-counter medication (non-prescription)	no	no
• intravitreal injections	yes	yes
An RN may administer a vaccine by any method in accordance with the provincial requirements in any of the following circumstances:	see below	see below
• included in a publicly-funded provincial immunization program	no	no
• required as part of communicable disease response	no	no
• there is an order for the vaccine to be administered	no	yes

Implementation of strategies related to the safe and appropriate administration and use of medication is an entry-level RN competency. This includes but is not limited to the knowledge, skills and judgment to assess and manage adverse and unexpected reactions which may occur during the administration.

Limits and Criteria

To competently and safely administer a drug or vaccine according to this reserved act, the RN must:

- a. for those purposes that require an order, receive a completed order;
- b. take appropriate action if the order for administration does not appear evidenced-informed or in consideration of client needs;

- c. complete additional education for those purposes that require additional education; and
- d. meet all other practice expectations and applicable practice directions.

Reserved act 10a-d: Applying ultrasound or electricity

Description of the reserved act	Additional Education	Order Required
An RN may apply:	see below	see below
• ultrasound for the purpose of	see below	see below
o blood flow imaging	no	no
o bladder volume measurement	no	no
o fetal heart monitoring	no	no
o vascular access	no	no
o fetal assessment	yes	yes
• electricity for the purpose of	see below	see below
o cardiac pacemaker therapy	no	no
o cardioversion	yes	yes
o defibrillation	yes	no
o electrocoagulation	yes	yes
o electroconvulsive shock therapy	yes	yes
o transcutaneous cardiac pacing	yes	yes
• non-ionizing radiation in the form of a laser for purpose of destroying tissue during a dermatologic procedure	yes	no

Additional clinical examples

	Additional Education	Order Required

Determination of program rate and outputs with the application of electricity for cardiac pacemaker therapy	no	no
Electrocoagulation to achieve wound hemostasis	yes	yes

Limits and Criteria

To competently and safely apply ultrasound or electricity according to this reserved act, the RN must:

- a. complete additional education for those purposes indicated above that require additional education;
- b. receive an order for those purposes above that require an order; and
- c. meet all other practice expectations and applicable practice directions.

Reserved Act 10a-b: Ordering x-rays

Description of the reserved act	Additional Education	Order Required
An RN may order x-rays for the purpose of diagnosing a health condition or fracture, or for the purpose of imaging a line or tube placement, that is appropriate to the RN’s practice if the RN practises in an approved practice setting and the RN does one of the following:	see below	see below
• uses a clinical decision tool in place at the approved practice setting; or	no	no
• collaborates with <ul style="list-style-type: none"> o RN (NP) o RN(AP) o physician o physician assistance o clinical assistant who is legally permitted and competent to order x-rays	no	no

Additional clinical examples

	Additional Education	Order Required
Use of a clinical decision tool to order an x-ray to detect or rule out suspected retained surgical items	no	no

RNs order or receive X-rays in order to confirm a diagnosis as suggested by the client’s history and/or physical findings. Practising in a “manner that is appropriate the RN’s practice of registered nursing” refers to the individual RN’s competencies and available resources within their practice area. It requires the RN to use and apply their current and evidence-informed knowledge, skill and judgment.

Limits and Criteria

To competently and safely apply or order x-rays according to this reserved act, the RN must:

- a. Work within their employer’s established policy, procedures, and practice supports to safely manage the ordering, receiving and follow-up of x-rays;
- b. Consider evidence-informed practice to determine the appropriateness, contraindications, safety and cost-effectiveness of x-rays as well as relevant provincial and federal legislation and standards;
- c. Establish efficient and safe processes for response to critical x-ray results including any necessary collaboration with other health-care providers;
- d. Utilize efficient processes for receiving, tracking and follow-up of x-rays results;
- e. Adhere to provincial or agency standards for ordering, documenting and reporting results;
- f. Seek information to ensure understanding and necessary follow-up of x-ray results and diagnostic interpretation by specialist(s);
- g. Maintain accurate information about their current employer and work contact information in their CRNM profile to inform other relevant health-care partners; and
- h. Meet all other practice expectations and applicable practice directions.

Reserved act 10e: Applying x-rays

Description of the reserved act	Additional Education	Order Required
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An RN may apply x-ray for diagnostic or imaging purposes at a federal nursing station to the chest or a limb of an individual who is more than 24 months old	yes	no
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In areas where federal nursing stations are the main access point for client care, RNs will provide health-care services that include x-rays in order to increase necessary access and avoid potentially harmful delays in receiving assessment and diagnosis.

Limits and Criteria

- Complete additional education for those purposes indicated above that require additional education;
- Work within their federal nursing station employer's policy, procedures, and practice supports ;
- Only apply x-rays to the chest or limb of an individual who is more than 24 months old;
- Work within their employer's policy, procedures, and practice supports that are established to safely manage the ordering, receiving and follow-up of results;
- Consider evidence-informed practice to determine the appropriateness, contraindications, safety and cost-effectiveness of x-rays as well as relevant provincial and federal legislation and standards;
- Explain to the client reasons for ordering the x-ray, the associated risks and benefits and all necessary follow-up required by the client;
- Establish efficient and safe process for response to critical x-ray results including any necessary collaboration with other health-care providers;
- Use efficient processes for receiving and tracking and

- follow-up of x-rays results;
- Adhere to provincial or agency standards for ordering, documenting and reporting results;
 - Seek information to ensure understanding and necessary follow-up of x-ray results and diagnostic interpretation by specialist(s);
 - Maintain accurate information about his/her current employer and work contact information in your CRNM profile to inform other relevant health-care partners; and
 - Meet all other practice expectations and applicable practice directions.

Reserved 11: Therapeutic diet enteral or parenteral instillation

Description of the reserved act	Additional Education	Order Required
In relation to a therapeutic diet that is administered by enteral instillation, an RN may	see below	see below
• compound or administer the diet	no	no
In relation to a therapeutic diet that is administered by parenteral instillation, an RN may	see below	see below
• select ingredients for a diet	yes	no
• administer a diet	no	yes

Additional clinical examples

	Additional Education	Order Required
Mix together products for feeding via a NG (nasogastric tube) or PEG tube	no	no
Administer TPN (total parenteral nutrition)	no	yes
Determination of nutritional ingredients and proportions for TPN	yes	no

RNs routinely work as part of an interdisciplinary team with clients who require enteral or parenteral instillation of therapeutic diets. Consultation occurs with the

interdisciplinary team including the registered dietician and the physician when necessary.

Limits and Criteria

To competently and safely administer a therapeutic diet according to this reserved act, the RN must:

- a. complete additional education for those purposes that require additional education;
- b. receive an order for those purposes that require an order; and
- c. meet all other practice expectations and applicable practice directions.

Reserved Act 13: Ear canal

Description of the reserved act	Additional Education	Order Required
An RN may put into the external ear canal, up to the eardrum, water that is equal to or less than the pressure created by the use of an ear bulb syringe or ear wash system	no	no

Limits and Criteria

RNs must meet all other practice expectations and applicable practice directions.

Reserved Act 14: Labour and delivery

Description of the reserved act	Additional Education	Order Required
An RN may manage the labour and delivery of a baby within a facility where labour and delivery services are provided	no	no

In facilities where labour and delivery services are provided, the delivery of a baby will occur whether or not a maternal medical care provider is present.

RNs work with women and their support persons during labour and deliver to support persons to promote assessment, care and comfort. They collaborate with other health-care providers and they intervene when

complications occur in the progression of labour and delivery.

Limits and Criteria

To competently and safely manage the labour and delivery of a baby within a facility where labour and delivery services are provided, the RN must:

- a. only provide this reserved act in a facility where labour and delivery services are provided;
- b. collaborate with other health-care providers as necessary; and
- c. meet all other practice expectations and applicable practice directions.

Reserved Act 20: Psycho-social intervention

Description of the reserved act	Additional Education	Order Required
An RN may perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life, in collaboration with a person who engages in health care as a practising member of a health profession regulated under the Act or a professional specific Act listed in schedule 2 of the Act and who is legally permitted and competent to perform it	yes	no

According to the RHPA, counselling is distinguished from

other forms of psycho-social interventions. The RHPA legislates that “counselling a person about emotional, social, educational or spiritual matters” are not a contravention of reserved acts.

To differentiate counselling from other forms of psycho-social interventions, consider the following factors:

- client’s symptom severity;
- expectation of the psycho-social intervention; and
- depth of the therapeutic relationship between the client and RN.

As the degree of the client’s symptom severity and depth of the therapeutic relationship increases, the counselling then transitions toward a psycho-social intervention reserved act.

Clinical examples when providing care for a client with a substantial disorder of thought, mood, perception or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the inability to meet ordinary demands of life.

	Additional Education	Order Required
Development of rapport within a therapeutic relationship	no	no
Validation of feelings and reflective listening when asking about advanced care planning	no	no
Health behaviour change conversation	no	no
Counselling on emotional, social, educational or spiritual matters	no	no
Cognitive behaviour therapy or dialectical behaviour therapy	yes	no
Trauma focused therapy	yes	no
Family systems therapy	yes	no

Eye Movement Desensitization and Reprocessing (EMDR)	yes	no
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Limits and Criteria

To competently and safely perform a psycho-social intervention according to the parameters of this reserved act, the RN must:

- collaborate with a health-care provider who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act listed in Schedule 2 of the Act and who is legally permitted and competent to perform it;
- complete additional education; and
- meet all other practice expectations and applicable practice directions.

Reserved Act 21: Allergies

Description of the reserved act	Additional Education	Order Required
In relation to allergies, an RN may	See below	See below
• perform challenge testing for allergies by any method if emergency protocols are in place	no	no
• perform desensitizing treatment for allergies by any method if emergency protocols are in place	no	no

Additional clinical examples

	Additional Education	Order Required
Elimination and reintroduction of specific foods into the diet	no	no
Oral food challenges	no	no
Skin prick test	no	no
Intradermal testing	no	no
Patch test	no	no

Desensitization treatment	no	no
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Allergy challenge testing and desensitization treatment can trigger a significant allergic response, therefore emergency protocols must be in place prior to a RN performing this reserved act.

Limits and Criteria

To competently and safely perform allergy testing according to the parameters of this reserved act, the RN must:

- perform this reserved act only in a location where all necessary emergency protocols are in place;
- only conduct oral food challenges in a facility with onsite medical supervision, necessary medicine and devices due to risk of allergic response by the client; and
- meet all other practice expectations and applicable practice directions.

Definitions

Additional education: a course, program of study, training or other structured process that meets the approved criteria and whose purpose is to provide a member with the competency to perform a reserved act.

Approved practice settings include the following settings:

- a hospital designated under *The Health Services Insurance Act*;
- a personal care home designated under *The Health Services Insurance Act*;
- a hospital or health-care facility operated by the government, the government of Canada, a municipal government, a regional health authority or an Indian Band;
- a setting other than a hospital or health-care facility described in clause (c) if the registered nursing care provided at that setting is part of a program operated by the government, the government of Canada or a regional health authority; or
- a health-care facility that is operated by a non-profit corporation and is funded by the government of Manitoba or a regional health authority.

Authorizing mechanism: a way which RNs obtain the authority to perform a reserved act. Examples include orders, additional education and clinical decision tools.

Biologics: a wide range of products such as blood, blood components, tuberculin, cells and tissues. Biologics can be composed of sugars, proteins, or nucleic acids or

complex combinations of these substances, or may be living entities such as cells and tissues. Biologics are isolated from a variety of natural sources - human, animal, or microorganism. They may be produced by biotechnology methods and other technologies.

Clinical decision tool: a document whose purpose is to guide, based on evidence, the assessment, diagnosis or treatment of a client-specific clinical problem.

Compound: to mix a drug with one or more other ingredients for the purposes of dispensing or administering the drug, or to mix two or more ingredients of a therapeutic diet for the purpose of dispensing or administering the therapeutic diet.

Diagnostic reasoning: the complex cognitive process used by clinicians from many health-care disciplines to determine a correct diagnosis and therefore prescribe appropriate treatment for clients. It involves a process of clustering assessment data into meaningful sets and generating hypotheses about a client's human responses.

Enteral instillation: putting the substance directly into the gastrointestinal tract.

Parenteral instillation: instillation directly into the bloodstream.

Normal saline: common intravenous solution of 0.90% weight/volume of sodium chloride.

Order: an instruction or authorization for a specific client that is given to an RN to perform a reserved act by a:

- RN(NP)
- RN(AP);
- physician; or
- any other person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act listed in Schedule 2 of the Act;

who is legally permitted and competent to give the order.

Practice Direction: a document issued by Council with the purpose to enhance, explain, add or guide members

References

Canadian Nurses Association (2017). *Code of Ethics*.

Government of Manitoba (2017). *College of Registered Nurses of Manitoba General Regulation* (Aug. 31, 2017).

Government of Manitoba (2009). *The Regulated Health Professionals Act S.M. 2009. c.15*.

Government of Manitoba (2017). *Practice of Nursing Regulation*.

Appendix A

Titles and Abbreviations

A registrant in the membership class listed in the first column of the table below and who holds a valid certificate of practice is entitled to use the title and abbreviation set out opposite in the next columns.

Membership Class	Title	Abbreviation
Registered nurse	Registered nurse	RN
Registered nurse who also meets the authorized prescriber requirements	Registered nurse (authorized prescriber)	RN(AP)
Registered nurse (interim practice)	Registered nurse (interim)	RN(interim)
Registered nurse (temporary practice)	Registered nurse (temporary)	RN(temporary)
Graduate nurse	Graduate nurse	GN

Appendix B

Reserved Acts for Registered Nurses (RNs)

Colour Code: Green – requires additional education Purple – requires an order Grey – requires additional education and an order			
Reserved Act		Additional Education	Order Required
Reserved Act 1:	A registered nurse may make a diagnosis that is appropriate to the member’s practice of registered nursing and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual’s health care.	No	No
Reserved Act 2:	A registered nurse may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the registered nurse’s practice if the registered nurse practises in an approved practice setting and the registered nurse	See below	See below
	a. uses a clinical decision tool in place at the approved practice setting; or	No	No
	b. collaborates with a <ul style="list-style-type: none"> i. registered nurse (nurse practitioner), ii. registered nurse (authorized prescriber), iii. physician, iv. physician assistant, v. clinical assistant, or vi. pharmacist; who is legally permitted and competent to order or receive those reports.	No	No
Reserved Act 3:	A registered nurses may perform any procedure on tissue below the dermis for any reason except those listed below	No	No
3(a):	A registered nurse may perform a procedure on tissue below the dermis for the following purposes:	See below	See below
	a. sharp wound debridement	Yes	No
	b. suturing	Yes	No
	c. intraosseous line placement	Yes	No
	d. umbilical venous and arterial line placement	Yes	No
	e. arterial puncture and line placement	Yes	No
	f. peripherally inserted central catheter placement	Yes	No
	g. escharotomy	Yes	No
	h. needle thoracostomy	Yes	No
	i. cricothyroidotomy	Yes	No

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Reserved Act		Additional Education	Order Required
3(b):	A registered nurse may perform a procedure below the surface of a mucous membrane	No	No
3(c):	A registered nurse may perform a procedure on the surface of the cornea	Yes	No
Reserved Act 4:	A registered nurse may insert or remove an instrument or a device, hand or finger	See below	See below
4(a):	into the external ear canal	No	No
4(b):	beyond the point in the nasal passages where they normally narrow	No	No
4(c):	beyond the pharynx, except for the purpose listed below	No	No
	i. for the purpose of establishing an advanced airway	Yes	No
4(d):	beyond the opening of the urethra	No	No
4(e):	beyond the labia majora, except for purposes listed below	No	No
	ii. intrauterine device insertion	Yes	No
	iii. cervical cancer screening or pelvic exam	Yes	No
	iv. intrauterine insemination	Yes	Yes
4(f):	beyond the anal verge	No	No
4(g):	into an artificial opening in the body	No	No
Reserved Act 5	A registered nurse may administer a substance	See below	See below
5(a):	by injection	No	No
5(b):	by inhalation	No	No
5(c):	by mechanical ventilation	No	No
5(d):	by irrigation	No	No
5(e):	by enteral instillation	No	No
5(e):	normal saline by parenteral instillation	No	No
5(e):	any other substance, other than normal saline, by parenteral instillation,	No	Yes
5(f):	by transfusion	No	Yes
5(g):	using a hyperbaric chamber	Yes	Yes
Reserved Act 9:	A registered nurse may administer a drug by any method (other than by intravitreal injection).	No	Yes
	If the drug is a non-prescription drug, the registered nurse may administer it by any method.	No	No
	A registered nurse may administer a substance by intravitreal injections	Yes	Yes
	A registered nurse may administer a vaccine by any method in accordance with the provincial requirements in any of the following circumstances:	See below	See below
	a. included in a publicly-funded provincial immunization program	No	No

Green: requires additional education | Purple: requires an order | Grey: requires additional education and an order

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Reserved Act		Additional Education	Order Required
	b. required as part of communicable disease response	No	No
	c. there is an order for the vaccine to be administered	No	Yes
Reserved Act 10:	A registered nurse may apply ultrasound for any of the following purposes:	See below	See below
10(a):	a. blood flow imaging	No	No
	b. bladder volume measurement	No	No
	c. fetal heart monitoring	No	No
	d. vascular access	No	No
10(a):	A registered nurse may apply ultrasound for fetal assessment	Yes	Yes
10(b):	A registered nurse may apply electricity for the purpose of	See below	See below
	ii. cardiac pacemaker therapy	No	No
	iii. cardioversion	Yes	Yes
	iv. defibrillation	Yes	No
	v. electrocoagulation	Yes	Yes
	vi. electroconvulsive shock therapy	Yes	Yes
	x. transcutaneous cardiac pacing	Yes	Yes
10(d):	A registered nurse may apply non-ionizing radiation in the form of a laser for the purpose of destroying tissue during a dermatologic procedure	Yes	No
10(e):	A registered nurse may apply x-ray for diagnostic or imaging purposes at a federal nursing station to the chest or a limb of an individual who is more than 24 months old	Yes	No
10(e):	A registered nurse may order X-rays for the purpose of diagnosing a health condition or fracture, or for the purpose of imaging a line or tube placement, that is appropriate to the registered nurse's practice if the registered nurse practises in an approved practice setting and the registered nurse <ul style="list-style-type: none"> a. Uses a clinical decision tool in place at the approved practice setting; or b. Collaborates with a <ul style="list-style-type: none"> i. registered nurse (nurse practitioner) ii. registered nurse (authorized prescriber) iii. physician iv. physician assistant, or v. clinical assistant who is legally permitted and competent to order x-rays	No	No
Reserved Act 11:	In relation to a therapeutic diet that is administered by parenteral instillation, a registered nurse may	See below	See below
	a. select ingredients for a diet	Yes	No
	b. administer the diet	No	Yes

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Reserved Act		Additional Education	Order Required
11(b):	In relation to a therapeutic diet that is administered by enteral instillation, a registered nurse may compound or administer the diet	No	No
Reserved Act 13:	A registered nurse may put into the external ear canal, up to the eardrum, water that is equal to or less than the pressure created by the use of an ear bulb syringe or ear wash system	No	No
Reserved Act 14:	A registered nurse may manage labour or the delivery of a baby within a facility where labour and delivery services are provided	No	No
Reserved Act 20:	A registered nurse may perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life if the registered nurse <ul style="list-style-type: none"> a. has completed additional education; and b. performs it in collaboration with a person who engages in health care as a practising member of a health professional regulated under the Act or a profession-specific Act listed in schedule 2 of the Act and who is legally permitted and competent to perform it 	Yes	No
Reserved Act 21:	In relation to allergies, a registered nurse may	See below	See below
	a. perform challenge testing for allergies by any method if emergency protocols are in place.	No	No
	b. perform desensitizing treatment for allergies by any method if emergency protocols are in place.	No	No

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Published: 05/2018

Revised: 10/2021

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Scope of practice is defined in the Practice of Registered Nursing Regulation and the College of Registered Nurses of Manitoba General Regulation. For additional information, please see *The Regulated Health Professions Act*.

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