



College of
Registered Nurses
of Manitoba

Clinical Decision Tool (CDT): An Authorizing Mechanism

Purpose

The public expects registered nurses (RN)s to provide care that the RN is authorized and competent to provide. Reserved acts are clinical activities that can only be performed by individuals with the appropriate authorization. A CDT is an authorizing mechanism that provides the authority for RNs to perform **some** reserved acts that are identified as part of their scope of practice by the Regulated Health Professions Act (RHPA).

For registered nursing practice, additional authorizing mechanisms include orders, and [additional education](#).

The purpose of this document is to provide guidance and clarity around the requirements for the development of, and the appropriate use of a CDT.

Background

A CDT is a document whose purpose is to guide the assessment, diagnosis or treatment of a client specific clinical problem. CDTs are used for situations where clients or populations are at risk for potentially harmful delays because of barriers to timely access to services or for health situations that arise unexpectedly and require an immediate response. For example, the development of a CDT for clients that experience chest pain in an acute care setting is appropriate, however, a CDT cannot be used for routine or elective care such as prescribing neuromodulators in aesthetic nursing practice. Additionally, CDTs are only utilized in approved practice settings and only those nurses who are authorized by their employer are able to order laboratory and diagnostic screening tests using a profession specific billing code.

CDTs are developed in collaboration with **authorized health care providers who have the authority to order laboratory or diagnostic screening tests and/or to prescribe medications or treatments**. These authorized health care providers may include a:

1. registered nurse (nurse practitioner),
2. registered nurse (authorized prescriber),
3. registered psychiatric nurse (authorized prescriber),
4. physician,
5. physician assistant,
6. clinical assistant, or
7. pharmacist.

In usual clinical care situations, these authorized health care providers provide client specific orders to RNs. However, in approved practice settings where an authorized provider is not present, or available, a CDT can be put in place as the authorizing mechanism.

The clinical decision tool:

1. Has a *theoretical body of knowledge*,
 - Each profession under the RHPA has a theoretical body of knowledge that determines the scope of practice, and the actions registrants are qualified to perform, and promotes the use of current and evidence-based practices
2. Uses the best available evidence in clinical decision-making,
3. Identifies expected client outcome measures to evaluate the care that is provided, and
4. Considers any relevant client unique circumstances including but not limited to acuity, baseline risks, contraindications, 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.

Criteria

The registered nurse must meet their practice expectations when applying a CDT as an authorizing mechanism.

The clinical decision tool:

1. Must include a client¹-specific assessment.
2. May be used in an approved practice setting. An approved practice setting is limited to the following:
 - a. A hospital designated under *The Health Services Insurance Act*;
 - b. A personal care home designated under *The Health Services Insurance Act*;
 - c. A hospital or health-care facility operated by the government, the *Government of Canada*, the provincial government, a municipal government, a regional health authority or an aboriginal reserve;
 - d. A setting other than a hospital or health-care facility described in (c) if the registered nursing/psychiatric nursing care provided at that setting is part of a program operated by the *Government of Canada*, the provincial government, a municipal government, a regional health authority; or
 - e. 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.
3. Must be evidence-informed and developed in collaboration with any relevant members of the inter-professional team.
 - a. 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 services required to meet their health-care needs.
 - b. The inter-professional team must include the appropriate authorized prescribers for all CDTs that include medication administration.
4. Must comply with any policy that is in place in the practice setting where the RN performs the act if:
 - a. the RN has been made aware of the policy, and
 - b. the policy is consistent with the RHPA, Code of Ethical Conduct, the CRNM General Regulations, by-laws or practice directions.
5. Must follow or comply with the established employer process for approval of policies or other CDTs.
6. Must identify indications for consultation or collaboration or referral for any clinical decisions beyond the scope/competence of the individual RN.
7. Must identify any potential risk factors or contraindications for use.

¹ For the purposes of this document, client refers to individuals, groups, families and populations.

8. Must have a system in place to review screening or diagnostic test and referral results and include reasonable arrangements to follow up with the client.
9. Must include direction for nurses ordering lab or diagnostic imaging tests to complete requisitions including a phone number for follow up for critical results, and the facility name, address, phone number and fax number to ensure test results are sent to the appropriate site.
10. Must identify that the nurse that orders any screening, diagnostic test or referral and directs a copy of the result to another team member, is always responsible for follow up, unless the team member who receives the report is directed to follow up with the client.

Requisitions

Diagnostic and Screening Test Requisitions require:

- RN's full name and CRNM Registration Number
- Generic billing code for the RN profession (obtained through employer)
- Telephone number at which the registrant or registrant's designate may be reached and which may be used by the diagnostic facility to communicate critical test results
- Pertinent information about the client for use by the diagnostic facility to help determine whether a test result is critical

Clinical Decision Tools That Include Medication Orders

A CDT does not give RNs the authority to prescribe.

Beyond what is permitted in Reserved Act 9 for the treatment of uncomplicated gonorrhoeae, chlamydia or syphilis, a CDT may include medications based on immediate client health care needs where access to a prescriber is not available or timely. As a reminder, CDTs are used for situations where clients or populations are at risk for potentially harmful delays because of barriers to timely access to services or for health situations that arise unexpectedly and require an immediate response. This is especially important where medication(s) are included within a CDT.

The CDT that includes medication(s) is expected to also include:

- a. Purpose or indication for medication administration,
- b. Contraindications, including contraindications for clients who are elderly or have impaired renal functioning,
- c. Age and weight of client where appropriate,
- d. Medication name(s),
- e. Dosage and route of administration,
- f. Exact strength of concentration,
- g. Dose/dose range, frequency and rate,
- h. Adjustments in dosage dependent on the age and weight of client (where applicable),
- i. Duration of treatment with maximum dosage,
- j. Full descriptions (no abbreviations permitted),
- k. An assessment for response and indications for an appropriate and timely consultation with an appropriate authorized prescriber,
- l. Consideration for further treatment or interventions based on a client specific assessment,
- m. Consultation with an appropriate authorized prescriber for routine or non-urgent client prescriptions,
 - i. The tool should not include discharge medications or medication starter packages, and
 - ii. Medication administration practices must comply with any existing legislation,
- n. A regular review cycle including review dates.

Evaluating the Clinical Decision Tool

Before implementing a CDT, the RN should ask themselves:

1. Was the CDT developed by an inter-professional team?
2. Has the CDT been employer approved?
3. Is the CDT being used based on a client-specific assessment?
4. Have you identified why it is being used?
5. Are the contraindications for its use clear?
6. Is the CDT being used in an approved practice setting?
7. Is the CDT evidence informed?
8. Does the CDT identify actions within the registered nurse's scope of practice?
9. Does the CDT identify indications for consultation or collaboration or referral for clinical situations beyond the competencies of the individual registered nurse?
10. If the CDT includes medication administration, is the medication for a client with an immediate need or where the registered nurse needs to act in the case of an outbreak where access to an appropriate authorized prescriber is not available or timely?
11. Will there be supporting documentation in the client medical record to validate or support the actions initiated using the CDT?
12. Have you had the appropriate opportunities for orientation and/or are you familiar with using the CDT?
13. Does the CDT identify the approval date and future date for review?

References

Canadian Nurses Association: Evidence Informed Decision-making and Nursing practice. <https://www.cna-aiic.ca/en/policy-advocacy/policy-support-tools/position-statements>

Code of Ethical Conduct. <https://www.crnmb.ca/resource/codeofethicalconduct/>

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