



College of
Registered Nurses
of Manitoba

Scope of Practice for RN(NP)s

This statement on the scope of practice of registered nurse (nurse practitioner)s or RN(NP)s includes registered nurse (graduate nurse practitioner)s or RN(GNP)s, RN(NP-interim) and RN(NP-temporary) classes.

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.

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Purpose

The Regulated Health Professions Act, the Practice of Nursing Regulations and the College of Registered Nursing General Regulation set out the legislated authority for RN(NP) practice and the scope of practice for RN(NP)s in Manitoba. Scope of practice refers to the range of activities that RN(NP)s are both educated and authorized to perform. The purpose of this document is to provide information about the scope of practice for registered nurse (nurse practitioner)s or RN(NP)s in Manitoba under *The Regulated Health Professions Act* (RHPA).

Scope of Practice of the RN(NP) Profession in Manitoba

The RN(NP) profession scope of practice boundary is broad because RN(NP)s work with a wide range of client populations in a variety of roles and settings.

The regulations outline the RN(NP) scope of practice using the RHPA reserved act model. Reserved acts are defined as clinical activities that present a significant risk of harm to the public when performed incompetently. Each reserved act can be performed by more than one category of healthcare provider.

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(NP)'s scope of practice.

For a RN(NP) to perform a reserved act, the:

- reserved act must be listed in the regulations,
- RN(NP) must meet the criteria for that reserved act,
- RN(NP) must be competent to perform the reserved act, and
- RN(NP) must work with practice setting policies, in so far as the policy is not inconsistent with the RHPA, College regulations, bylaws, practice directions and *Code of Ethical Conduct*.

Even though much of the remainder of this document describes reserved acts for RN(NP) practice, it is important to know that RN(NP) scope of practice is not solely encompassed in these reserved acts. The breadth and varying depths of RN(NP) scope of practice cannot be described by reserved acts alone.

Examples of RN(NP) practice that are not reserved acts under the RHPA:

- Assessing client health status
- Ordering blood products
- Counselling about emotional, social, educational or spiritual matters
- Referral requests
- Submitting forms/letters to third parties
- Writing a letter of anticipated death
- Completing a form to certify death
- Ordering an autopsy

In all these examples, as with all other RN(NP) practice, RN(NP)s are expected to meet all practice expectations and any applicable practice directions.

Practice Expectations

Practice expectations for RN(NP)s support regulation of the quality of RN(NP) practice. A practice expectation is the minimum expectations of performance against which actual performance is compared. It defines reasonable and necessary expectations of RN(NP)s.

In all practice areas RN(NP)s are expected to:

- meet practice expectations and any applicable practice directions,
- 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



RN(NP) Practice

The scope of practice of one's profession as a whole must be distinguished from that of an individual RN(NP). Consider the following factors as building blocks to both build and limit RN(NP) practice.

An RN(NP)'s practice is based on foundational RN and Master's level NP education. Professional experience and continuing education complement the RN(NP)'s level of competence. The health care needs of the population, community and service area require a team of health and social service providers. A client's total health care needs cannot be met by a single RN(NP). The client's needs will always be broader than the scope of an individual RN(NP), although meeting the needs of the population, community/service area and/or the client are motivators for RN(NP)s to move toward the top level of the RN(NP) profession's scope of practice.

Legislation provides the authority for the RN(NP) profession's scope of practice. Limits to scope of practice are defined in the regulations. Legislation also sets out the standards of practice. Employer policies provide further direction on the RN(NP)'s practice. An employer's policies must not be inconsistent with the RHPA, regulations, by-laws, standards of practice, and practice directions. An individual RN(NP)'s practice cannot progress beyond the RN(NP) profession's legislated scope of practice and each individual must be qualified and competent in their practice. All these factors combine so that each individual RN(NP) develops their own expertise and specific scope of practice, within the RN(NP) profession's scope of practice.

Authorization Mechanisms

Authorization mechanisms are a means through which RN(NP)s obtain the authority to perform a reserved act.

Additional Education

Some reserved acts require the RN(NP) to complete additional education prior to performing them. (Appendix). If a reserved act is not currently within the individual's RN(NP) scope of practice and is necessary for client care, the RN(NP) must seek professional development to ensure competence before they perform the reserved act.

Reserved Acts

This section describes each reserved act, its limits and criteria, and any necessary authorization mechanisms.

Reserved Act 1: Diagnosis

An RN(NP) may make a diagnosis 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.

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.

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

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

Limits and Criteria

To competently and safely make a diagnosis according to this reserved act, the RN(NP) must:

- 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

An RN(NP) may order or receive reports of screening or diagnostic tests.

RN(NP)s 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.

Clinical examples

- Bone scan
- Multigated acquisition scan (Muga)

For the purpose of this reserved act, the expectations for either ordering or receiving reports of screening or diagnostic tests 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.

Limits and Criteria

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

- a. consider evidence-informed practice to determine the appropriateness, contraindications, safety and cost-effectiveness of screening and diagnostic tests as well as relevant provincial and federal legislation and standards,
- b. establish specific and safe processes for response to critical screening and diagnostic test results including any necessary collaboration with other health-care providers,
- c. promptly assess whether any results require urgent follow up in order to take the appropriate action on behalf of the client,
- d. 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
- e. meet all practice expectations and applicable practice directions.

Diagnostic and Screening Test Requisitions require:

- **RN(NP)'s full name and CRNM registration number (unique identifier)**
- **Generic billing code (obtained through employer)**
- **Telephone number at which the registrant or the 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 the test result is critical**

Reserved Act 3: Dermis, mucus membrane, cornea

An RN(NP) may perform a procedure on tissue

- *below the dermis*
- *below the surface of a mucous membrane*
- *on the surface of the cornea, if the RN(NP) has completed additional education*

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(NP) must:

- a. complete additional education for those purposes that require additional education,
- b. not perform procedures below the surface of the cornea,
- c. not perform procedure on tissue on or below the surface of a tooth or dental implant,
- d. not perform surgery (e.g. perform a procedure on or near an internal organ),
- e. not suture below the fascia, and
- f. meet all practice expectations and applicable practice directions.

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

An RN(NP) may insert or remove an instrument or a device, hand or finger:

- *into the external ear canal*
- *beyond the point in the nasal passages where they normally narrow*
- *beyond the pharynx*

- *beyond the opening of the urethra*
- *beyond the labia majora*
- *beyond the anal verge*
- *into an artificial opening in the body*

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(NP) must meet all practice expectations and applicable practice directions.

Reserved Act 5: Administering a substance

An RN(NP) may administer a substance:

- *by injection*
- *by inhalation*
- *by mechanical ventilation*
- *by irrigation*
- *by enteral or parenteral instillation*
- *normal saline by parenteral instillation*
- *by transfusion*
- *using a hyperbaric chamber*

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.

Limits and Criteria

To competently and safely administer a substance according to this reserved act, the RN(NP) must meet all practice expectations and applicable practice directions.

Reserved Act 6: Prescribing a drug or vaccine

An RN(NP) may prescribe

- *a vaccine*
- *a drug that is listed in Schedule 1 of the Manual for Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, as amended from time to time*
- *a drug other than a drug referred to in clause a., if the RN(NP) is an employee of a regional health authority or health care facility who is permitted to do so by a written policy of the authority or facility*

- *any non-prescription drug in order to permit the individual to access a drug plan that covers nonprescription drugs*

The regulations stipulate that an RN(NP) may prescribe any device listed in the Specified Drug Regulation, Manitoba Regulation 6/95.

Limits and Criteria

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

- *comply with restrictions set out in the Controlled Drugs and Substances Act (Canada) and subsection 56(1) class exemptions, and*
- *meet all practice expectations and applicable practice directions.*

Reserved Act 9: Administering a drug or vaccine

An RN(NP) may administer a drug or vaccine by any method.

Limits and Criteria

To competently and safely perform administer a drug or vaccine according to this reserved act, the RN(NP) must meet all practice expectations and applicable practice directions.

Reserved act 10: Ordering or applying ultrasound or electricity

An RN(NP) may order the application of:

- *ultrasound for the purpose of diagnostic imaging purposes (e.g. transesophageal echocardiography (TEE))*
- *electricity for the purpose of*
 - *cardiac pacemaker therapy*
 - *cardioversion*
 - *defibrillation*
 - *electrocoagulation*
 - *electroconvulsive shock therapy*
 - *electromyography*
 - *nerve conduction*
 - *transcutaneous cardiac pacing*
- *electromagnetism for magnetic resonance imaging*
- *non-ionizing radiation in the form of a laser for the purpose of cutting or destroying tissue or medical imagery (e.g. urea breath test)*

- *x-ray for diagnostic or imaging purposes*
- *ionizing radiation for diagnostic or imaging purposes but only in the form of computerized axial tomography*

An RN(NP) may apply:

- *ultrasound for the purpose of diagnostic imaging purposes, if the RN(NP) has completed additional education (not a requirement for RN(NP)s who attained this education through their entry-to-practice education program)*
- *electricity for the purpose of*
 - *cardiac pacemaker therapy*
 - *cardioversion*
 - *defibrillation*
 - *electrocoagulation*
 - *electroconvulsive shock therapy*
 - *transcutaneous cardiac pacing*
- *non-ionizing radiation in the form of a laser for the purpose of cutting or destroying tissue during a dermatologic procedure*
- *x-ray for diagnostic or imaging purposes at a federal nursing station to the chest or limb of an individual who is more than 24 months old, if the RN(NP) has completed additional education*

Limits and Criteria

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

- complete additional education for those purposes that require additional education,
- not apply x-rays outside of the above indicated scope of practice, and
- meet all practice expectations and applicable practice directions.

Reserved 11: Therapeutic diet enteral or parenteral instillation

In relation to a therapeutic diet that is administered by enteral instillation, an RN(NP) may

- *select ingredients for the diet*
- *compound or administer the diet*

In relation to a therapeutic diet that is administered by parenteral instillation, an RN(NP) may

- *select ingredients for a diet*
- *administer a diet*

Limits and Criteria

To competently and safely administer a therapeutic diet according to this reserved act, the RN(NP) must meet all practice expectations and applicable practice directions.

Reserved Act 12: Set or cast a fracture or dislocation

An RN(NP) may set or cast a fracture of a bone or dislocation of a joint.

Limits and Criteria

To competently set or cast a fracture of a bone or dislocation of a joint, the RN(NP) must meet all practice expectations and applicable practice directions.

Reserved Act 13: Ear canal

An RN(NP) may put into the external ear canal, up to the eardrum, a substance that is under pressure.

Limits and Criteria

To competently and perform this reserved act, the RN(NP) must meet all practice expectations and applicable practice directions.

Reserved Act 14: Labour and delivery

An RN(NP) may manage the labour and delivery of a baby within a facility where labour and delivery services are provided.

Limits and Criteria

To competently and safely manage the labour and delivery of a baby, the RN(NP) must:

- provide this reserved act in a facility where labour and delivery services are provided, and
- meet all practice expectations and applicable practice directions.

Reserved Act 20: Psycho-social intervention

An RN(NP) 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 professional 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 and the RN(NP) has completed additional education.

Distinguishing counselling from other forms of psychosocial interventions is necessary to understand the application of this reserved act. The RHPA legislates that “counselling a person about emotional, social, educational or spiritual matters” is not a contravention of reserved acts.

Counselling is distinguished from other forms of psychotherapy based on the impact on client functioning by the client’s symptom severity and by the depth of the therapeutic relationship between the client and RN(NP). As the depth of the client’s symptom severity and therapeutic relationship increases, the counselling then becomes this psychosocial 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.

Clinical example	Additional Education Required
Counselling on emotional, social, educational or spiritual matters	No
Cognitive behaviour therapy or dialectical behaviour therapy	Yes
Trauma focused therapy	Yes
Family systems therapy	Yes
Eye Movement Desensitization and Reprocessing (EMDR)	Yes

Limits and Criteria

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

- collaborate with a health-care provider 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,
- complete additional education, and
- meet all practice expectations and applicable practice directions.

Reserved Act 21: Allergies

In relation to allergies, an RN(NP) may

- perform challenge testing for allergies by any method if emergency protocols are in place*
- perform desensitizing treatment for allergies by any method if emergency protocols are in place*

Limits and Criteria

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

- perform this reserved act only in a location where all necessary emergency protocols are in place, and
- meet all 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.

Authorizing mechanism: a means through 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, 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.

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 ascertain a correct diagnosis and therefore prescribe appropriate treatment for clients. It involved 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 a member to perform a reserved act by an RN(NP), an RN(authorized prescriber), a 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 RHPA, 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 with respect to the subject matters described in the College of Registered Nurses of Manitoba General Regulations or any other matter relevant to the practice of registered nursing.

Psychosocial intervention: a non-pharmacologic maneuver intended to alter a client's reaction or environment to lessen the impact of a mental disorder.

Reserved acts: clinical activities that are determined to present a significant risk of harm to the public when performed incompetently and as such, are reserved in legislation to only be performed for qualified and competent health professions. Reserved acts are identified in section 4 of *The Regulated Health Professions Act*.

References

College of Registered Nurses of Manitoba (2025). *Code of Ethical Conduct*.

Government of Canada (2024). *List of class exemptions and related guidance*.

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

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

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

National Association of Pharmacy Regulatory Authorities (2024). *National Drug Schedules*.

Appendix

Reserved Acts

Colour Code:		
Green – requires additional education		
Reserved Act Number	Reserved Act Description	Additional Education
Reserved Act 1:	A registered nurse (nurse practitioner) may make a diagnosis 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
Reserved Act 2:	A registered nurse (nurse practitioner) may order or receive reports of screening or diagnostic tests.	No
Reserved Act 3:	A registered nurses (nurse practitioner) may perform a procedure on tissue below the dermis.	No
3(a):		
3(b):	A registered nurse (nurse practitioner) may perform a procedure below the surface of a mucous membrane.	No
3(c):	A registered nurse (nurse practitioner) may perform a procedure on the surface of the cornea	Yes
Reserved Act 4:	A registered nurse (nurse practitioner) may insert or remove an instrument or a device, hand or finger	See below
4(a):	into the external ear canal	No
4(b):	beyond the point in the nasal passages where they normally narrow	No
4(c):	beyond the pharynx	No
4(d):	beyond the opening of the urethra	No
4(e):	beyond the labia majora	No
4(f):	beyond the anal verge	No
4(g):	into an artificial opening in the body	No
Reserved Act 5:	A registered nurse (nurse practitioner) may administer a substance	See below
5(a):	by injection	No
5(b):	by inhalation	No
5(c):	by mechanical ventilation	No
5(d):	by irrigation	No
5(e):	by enteral or parental instillation	No
5(f):	by transfusion	No
5(g):	using a hyperbaric chamber	No

Appendix

Reserved Act Number	Reserved Act Description	Additional Education
Reserved Act 6:	<p>A registered nurse (nurse practitioner) may prescribe:</p> <ul style="list-style-type: none"> a. a drug that is listed in Schedule 1 of the <i>Manual for Canada's National Drug Scheduling System</i> published by the National Association of Pharmacy Regulatory Authorities, as amended from time to time; b. a drug other than a drug referred to in clause (a), if the registered nurse (nurse practitioner) is an employee of a regional health authority or health care facility who is permitted to do so by a written policy of the authority or facility; c. any non-prescription drug in order to permit the individual to access a drug plan that covers non-prescription drugs. <p>This item is subject to the restrictions set out in the <i>Controlled Drugs and Substances Act</i> (Canada) and the regulations including subsection 56(1) class exemptions under that Act.</p>	No
	A registered nurse (nurse practitioner) may prescribe a vaccine.	No
Reserved Act 9:	A registered nurse (nurse practitioner) may administer a drug or vaccine by any method.	No
Reserved Act 10:	A registered nurse (nurse practitioner) may order the application of	No
10(a):	ultrasound for diagnostic or imaging purposes.	No
10(a):	A registered nurse (nurse practitioner) may apply ultrasound for diagnostic or imaging purposes.	Yes
10(b):	A registered nurse (nurse practitioner) may apply or order electricity for	See below
	ii. cardiac pacemaker therapy	No
	iii. the purpose of cardioversion	No
	iv. the purpose of defibrillation	No
	v. electrocoagulation	No
	vi. electroconvulsive shock therapy	No
10(b):	A registered nurse (nurse practitioner) may order the application of	See below
	vii. electricity for electromyography.	No
	ix. electricity for nerve conduction studies.	No
10(b):	A registered nurse (nurse practitioner) may apply or order the application of	See below
	x. electricity for transcutaneous cardiac pacing.	No
10(c):	A registered nurse (nurse practitioner) may order the application of electromagnetic resonance imaging.	No
10(d):	A registered nurse (nurse practitioner) may apply non-ionizing radiation in the form of a laser for the purpose of destroying tissue during a dermatological procedure.	No
10(d):	A registered nurse (nurse practitioner) may order non-ionizing radiation for the purpose of cutting or destroying tissue or medical imagery.	No

Appendix

Reserved Act Number	Reserved Act Description	Additional Education
10(e):	A registered nurse (nurse practitioner) may apply X-rays 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
10(e):	A registered nurse (nurse practitioner) may order the application of X-rays for diagnostic or imaging purposes	No
10(e):	A registered nurse (nurse practitioner) may order ionizing radiation for diagnostic or imaging purposes but only in the form of computerized axial tomography.	No
Reserved Act 11:	In relation to a therapeutic diet that is administered by enteral or parenteral instillation, a registered nurse (nurse practitioner) may	See below
	a. select ingredients for the diet;	No
	b. compound or administer the diet.	No
Reserved Act 12:	A registered nurse (nurse practitioner) may set or cast a fracture of a bone or a dislocation of a joint.	No
Reserved Act 13: 13(a):	A registered nurse (nurse practitioner) may put into the external ear canal, up to the eardrum, a substance that is under pressure.	No
Reserved Act 14:	A registered nurse (nurse practitioner) may manage labour or the delivery of a baby within a facility where labour and delivery services are provided.	No
Reserved Act 20:	A registered nurse (nurse practitioner) 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 (nurse practitioner) <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
Reserved Act 21:	In relation to allergies, a registered nurse (nurse practitioner) may	See below
	a. perform challenge testing by any method if emergency protocols are in place; or	No
	b. perform desensitizing treatment by any method if emergency protocols are in place.	No

Published: 05/2018

Revised: 03/2026

Reviewed: 06/2024

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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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