



Clinical Decision Tool: An Authorization Mechanism

Purpose

The public expects Registered Nurses (RN)s to provide care that the RN is authorized and competent to provide.

The Regulated Health Professions Act (RHPA) sets out what clinical activities are reserved acts. The CRNM General Regulation (Regulation) specifies which of these reserved acts are within the RN profession’s scope of practice. For some reserved acts, the Regulation states that an authorization mechanism is required. Authorization mechanisms are a way in which RNs obtain the authority to perform a reserved act. A clinical decision tool is one type of authorization mechanism that provides the RN with the authority to perform a reserved act. For RN practice, additional authorization mechanisms include orders, and additional education. Further information about orders and additional education as authorization mechanisms is found in the CRNM scope of practice documents.

The Regulation permits an RN to perform the following reserved acts when the RN applies a clinical decision tool:

Reserved Act	
Screening/ Diagnostic Tests	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 practices and uses a clinical decision tool in an approved practice setting.

Administering a Medication	Administer a drug by any method for the treatment of uncomplicated gonorrhoeae, chlamydia and syphilis if the RN uses a clinical decision tool and administers the drug in accordance with a protocol for controlling communicable disease approved by the Chief Public Health Officer appointed under The Public Health Act, and provides communicable disease nursing care in: <ul style="list-style-type: none"> • a hospital or health care facility operated by a health authority, the Manitoba government, the government of Canada or First Nation, or • another practice setting as part of a communicable disease response program funded by a health authority, the Manitoba government, the government of Canada, or a First Nation.
Ordering an X-ray	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 practices and uses a clinical decision tool in an approved practice setting.

Criteria

The RN must meet the Practice Expectation for RNs when applying a clinical decision tool as an authorization mechanism.

A clinical decision tool:

- Must include a client-specific assessment. The term client includes persons, families/significant others, groups, communities, and populations.
- Must only 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 Regulations.
- Must be evidenced-informed and developed in collaboration with the inter-professional team.
 - Inter-professional collaborative practice is centered on the clients' needs, 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* and the College's regulations, by-laws or practice directions
- Must be approved by the facility's policy and procedure committee and/or leadership.
- Must identify indications for consultation/ collaboration/referral for clinical situations going beyond the competence of, or resources available to 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).

Requisitions

All requisitions for diagnostics/screening and/or x-rays must include:

- RN's full name and CRNM registration number (unique identifier)
- Generic billing number 001A

Provider Authorization Update Forms

Diagnostics: to operationalize the ordering and receiving of diagnostics, RNs must complete and submit a *Shared Health Laboratory Information System (LIS) Provider Update Form (Provider update form)* for each clinical setting in which they work. This ensures their individual authorization mechanism is in place.

Chest x-rays: to operationalize the ordering of chest x-rays, RNs must complete and submit an *Ordering DI Request Form (RN Ordering DI Exam Request Form)* for each clinical setting in which they work. This ensures their individual authorization mechanism is in place.

Urgent or Emergent Medications

A clinical decision tool is not an authorization mechanism for prescribing. Beyond what is permitted in Reserved Act 9 for the treatment of uncomplicated gonorrhoeae, chlamydia or syphilis, a clinical decision tool may include medications, but only medications limited to urgent/emergent client health care needs where access to a prescriber is not available or timely. The clinical decision tool that includes medication for urgent/emergent client presentation is expected to also include:

- Purpose or indication for drug administration
- Contraindications, including contraindications for clients who are elderly or have impaired renal functioning
- Drug name
- Dose/dose range, form (e.g. tablet, inhalant), frequency, rate of administration and exact strength of drug concentration (where applicable)
- Adjustments in dosage dependent on the age and weight of client (where applicable)
- Duration of treatment with maximum drug dosage
- Full descriptions and no abbreviations
- Consultation with a prescriber in a timely manner
- Consideration for further treatment/intervention based on client specific assessment of needs

- Regular review of the clinical decision tool with documentation of review dates
- Expectations for consultation/collaboration/referral in clinical situations that go beyond the competence and resources of the RN

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?
9. Will there be supporting documentation in the client chart to validate/support actions initiated using the clinical decision tool?
10. Has the RN had appropriate orientation to or familiar with using the clinical decision tool?
11. Does the clinical decision tool identify approval date and future date for review?
12. If urgent or emergent medications are required when a prescriber is not available in a timely manner, what is the process to collaborate with this prescriber to review the client's outcomes and health care needs after administration of the urgent or emergent medication?

Definitions

Approved Practice Setting: a health care facility operated by the government or other organization listed in the CRNM General Regulations.

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Authorization mechanism: a way in which RNs obtain the authority to perform a reserved act. Authorization mechanisms include reserved act legislation, orders, clinical decision tools, and additional education.

Evidence-informed practice: 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*).

First Nation: a band as defined in Government of Canada legislation.

Clinical Decision Tool: A document with the intended purpose of guiding the assessment, diagnosis or treatment of a client-specific clinical problem.

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

Government of Canada (1985). *Act R.S.C., 1985, c. I-5*. <https://laws-lois.justice.gc.ca/eng/acts/I-5/page-1.html#h-331716>.

Government of Manitoba (2017). CRNM General Regulation. [College of Registered Nurses of Manitoba General Regulation, M.R. 114/2017 \(gov.mb.ca\)](https://www.gov.mb.ca/health/crnm/regulation/mr1142017.html).

Government of Manitoba (2009). *The Regulated Health Professions Act C.C.S.M. c. R117*. [The Regulated Health Professions Act, C.C.S.M. c. R117 \(gov.mb.ca\)](https://www.gov.mb.ca/health/crnm/regulation/mr1142017.html).

Government of Manitoba (2009). *The Public Health Act C.C.S.M. c. P210*. [The Public Health Act C.C.S.M. c. P210 \(gov.mb.ca\)](https://www.gov.mb.ca/health/crnm/regulation/mr1142017.html).

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