



College of
Registered Nurses
of Manitoba

Practice Direction:

Practice Expectations for RN(AP)s

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registrants of the College.

The Council approves practice directions which are written statements to enhance, explain, add, or guide registrants with respect to matters described in the College of Registered Nurses of Manitoba General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registrants to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not relieve individual registrants of accountability for their own actions or the primary obligation to meet practice directions. Employer's policies should not require a registrant to practise in a manner that violates practice directions.

NOTE: the use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

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Purpose

The College exists to serve and protect the public interest to achieve the outcome of accountable, quality, professional nursing practice. As such, this practice direction enhances and explains what the public can expect of all RN(AP)s in all domains of practice.

The Practice Expectations for RN(AP)s build upon the [RN Practice Expectations \(crnm.mb.ca\)](http://crnm.mb.ca). They set the expectations of RN(AP)s in all domains of practice. Practice Expectations for RN(AP)s are based on the current competencies for RN(AP)s. That is, the entry-level competencies capture the knowledge, skill, and judgment that RN(AP)s possess on entry-to-practice and practice expectations establish the standards that the RN(AP) must meet.

In addition to upholding the Practice Expectations for RNs and the Code of Ethical Conduct, RN(AP)s are expected to meet the following practice expectations.

Critical Thinking and Critical Inquiry

RN(AP)s apply specific knowledge, skill, and judgment to address the health needs of their specified client population.

RN(AP)s must:

1. Apply the Competencies for RN(AP)s while synthesizing relevant knowledge with use of critical inquiry.
2. Conduct thorough, accurate and requisite assessments, history taking, and consultation with clients.
3. Apply diagnostic reasoning to develop differential diagnosis and final diagnosis for the client's health/illness condition.
4. Use collaboration and communication skills to create an appropriate plan of care in consultation with the client, and, as needed, family and other healthcare providers, including follow-up/evaluation plan.
5. Use current evidence to support safe practice functioning within the scope of RN(AP) practice.

Ordering Screening and Diagnostic Tests

RN(AP)s order specific screening and diagnostic tests relevant to their areas of practice and client population in accordance with all relevant federal and provincial legislation and standards as well as evidence informed decision-making.

RN(AP)s must:

6. Apply evidence informed decision-making regarding appropriateness, contraindications, safety and cost-effectiveness when ordering screening and diagnostic tests to either confirm/rule out a diagnosis, assess/monitor ongoing conditions of clients with chronic illnesses, or carry out screening activities.
7. Explain to clients the reasons for ordering specific screening and diagnostic tests and the associated risk and benefits.
8. Adhere to jurisdictional, provincial and agency standards for ordering, documenting and reporting results of screening and diagnostic tests.
9. Ensure a process is in place for receiving and tracking the results of screening and diagnostics tests.
10. Seek information, as necessary, to ensure understanding and follow-up with test results and diagnostic interpretation.

Consultation and Collaboration

RN(AP)s consult and collaborate with other healthcare providers as appropriate and in accordance with competencies for RN(AP)s to ensure that the overall health care needs of their clients are met.

RN(AP)s must:

11. Consult with other health-care providers at any stage in the care of a client from initial assessment to evaluation of treatment effectiveness, as required for the client's health care needs.
12. Refer to an appropriate health-care provider if a client requires care beyond their scope of practice and level of competence.

13. Ensure communication and appropriate documentation of consultations to keep health-care professionals informed of health conditions and/or treatment decisions pertaining to mutual clients.

Prescribing

RN(AP)s consult and collaborate with other healthcare providers as appropriate and in accordance with competencies for RN(AP)s to ensure that the overall health care needs of their clients are met.

RN(AP)s must:

14. Prescribe only those drugs or devices listed in the CRNM General Regulations ([RN\(AP\) Schedule](#)) for their specific client population. client's diagnosis and care plan, ensuring they have relevant knowledge of their health history based on assessment obtained through direct client contact.
15. Consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs.
16. Complete prescriptions accurately, completely, and legibly including:
 - a) date of issue, name, date of birth, personal identification number (e.g. PHIN) and address of the person for whom the drug is prescribed,
 - b) weight of client if client is a child or weight has a bearing on dosage of prescribed drug,
 - c) age of the client if age has bearing on the dosage of the prescribed drug,
 - d) name, strength, quantity and formulation (e.g. tablet, liquid, patch) of the prescribed drug,
 - e) directions for use, including the dosage, frequency, route of administration, duration of drug therapy, and special instruction
 - f) direction for number of allowable refills and interval between refills for each drug prescribed
 - g) treatment goal and/or diagnosis and/or clinical indication;
17. Sign prescriptions with:
 - a) hand-written signature, or
 - b) electronic image of the RN(AP)'s signature but only if the prescription is sent through an approved electronic medication record, that meet the expectations for sending electronic prescriptions (outlined below).
18. Send prescription to pharmacy appropriately in one of the following ways:
 - a) providing the client with a written prescription to bring to a pharmacy,
 - b) providing verbal prescriptions (new and refills) directly to the pharmacist,
 - c) electronic transmission to a single pharmacy ensuring:
 - Prescription is transmitted directly to the pharmacist, and
 - mode of transmission is secure and maintains confidentiality (either facsimile or closed e-prescribing system), and
 - after transmission, invalidation of the original prescription so that it cannot be re-transmitted elsewhere.
19. Educate information to clients about prescription and non-prescription drugs which includes:
 - a) Expected action of the drug,
 - b) importance of compliance with prescribed frequency and duration of the drug therapy,
 - c) potential side effects, signs and symptoms of potential adverse effects and action to take if they occur (e.g. allergic reactions),
 - d) potential for abuse, tolerance, or addiction as indicated by the drug's profile,
 - e) potential interactions between the drug and certain foods, other drugs, or substances such as natural health products or herbal remedies,
 - f) specific precautions to take or instructions to follow, and
 - g) recommended follow-up.

20. Monitor the client's response to drug therapy. Based on the client's response, decide to continue, adjust, or withdraw the drug, or to consult with another health professional.
21. Conduct record keeping according to legislation including but not limited to Health Canada reporting requirements for adverse drug reactions. Record keeping includes documentation in the client's health care record including a diagnosis, differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information.
22. Securely store blank prescriptions.
23. Not provide any person with a blank, signed prescription.
24. Not prescribe for your family members or yourself.

Glossary

Client: The person, patient or resident who benefits from nursing care. A client may be an individual, a family, group, community, or population.

Collaboration: Partnership between a team of health providers and a client in a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues.

Consultation: An explicit request by an RN(AP) for another health professional to become involved in the care of a client for which the RN(AP) has primary responsibility at the time of the request. Consultation takes place when the registered nurse reaches the limit of the RN(AP) scope of practice, beyond which they cannot provide care independently and additional information and/or assistance is required from a professional with a more extensive knowledge base related to the specific client situation. Consultation can occur in a variety of ways including face-to-face discussion, by telephone and in writing.

Diagnostic Reasoning: Process used to collect, process, and interpret client information to develop a diagnosis.

Direct Client Contact: Any activity in which the client

and RN(AP) engage in the nursing process including face-to-face, hands-on, telephone, video conferencing or other forms of contact with the client if the RN(AP) can perform the requisite assessment, diagnosis, treatment, and follow-up.

Electronic transmission: Communication of an original prescription or refill authorization by electronic means including computer-to-facsimile machine, facsimile machine to facsimile machine, facsimile machine to computer, or via a closed e-prescribing system. It does not include verbally transmitted prescriptions or prescriptions transmitted by email.

Evidence-informed decision making: A continuous interactive process involving the explicit, conscientious, and judicious consideration of the best available evidence to provide care.

Family/Families: In matters of caregiving, family is recognized at those people identified by the person receiving or in need of care who provides familial support, whether or not there is a biological relationship. However, in matters of legal decision-making, it must be noted that provincial legislation is not uniform across Canada and may include an obligation to recognize family members in priority according to their biological relationship.

Registered Nurse (Authorized Prescriber)/RN(AP): a registered nurse with a certificate of practice that includes the notation "(authorized prescriber)" and an approved patient population. The RN must establish that they have successfully completed an approved course of instruction in the approved competencies for practice as an RN(AP) and obtained approval from the registrar to practice as an RN(AP) for the patient populations that require registered nursing care in any of the following areas:

- travel health,
- reproductive health, sexually transmitted infections and blood borne pathogens,
- diabetes health.

References

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