



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 registered nurses (RNs). Standards of practice are the achievable levels of performance of all RNs.

The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the College of Registered Nurses General Regulations or any other matter relevant to registered nursing practice. Compliance with standards and 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 Registered Nurse (Authorized Prescriber)s in Manitoba 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 to explain why you did or did not meet these expectations.

The policies of employers do not relieve individual RN(AP)s of accountability for their own actions or the primary obligation to meet standards and practice directions. An employer's policies should not require an RN(AP) to practice in a manner that violates the standards of practice or practice directions.

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

Practice Expectation #1

Use of Specific Knowledge, Skill and Judgment

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

RN(AP)s must:

1. Synthesize relevant knowledge with use of critical inquiry in determining the plan of care and prescription of drug(s).
2. Conduct thorough and accurate assessment, history taking, and consultation with clients from the identified population.
3. Ensure an appropriate plan of care has been developed in consultation with the client, family and other health care professionals as needed, including a plan for follow-up and evaluation.
4. Use current evidence to support safe prescribing practice.

Practice Expectation #2

Consultation and Collaboration

RN(AP)s consult and collaborate with other health-care providers as appropriate to ensure that the overall health care needs of the client are met.

RN(AP)s must:

5. Collaborate with other health care professionals to facilitate critical inquiry in practice.
6. Establish consultative relationships with health professionals appropriate to the client population for whom you provide care.
7. Consult with other health-care professionals as you deem necessary at any stage in the client's care from the initial assessment to the evaluation of treatment effectiveness.

8. Refer to an appropriate health-care provider if a client requires care beyond what you can provide.
9. Establish appropriate methods for keeping health professionals informed of their mutual clients' health conditions and of their treatment decisions.

Practice Expectation #3

Prescribing Drugs and Devices

RN(AP)s prescribe drugs relevant to the specific population in accordance with relevant provincial and federal standards and legislation, as well as evidence informed decision-making.

RN(AP)s must:

10. Prescribe only those drugs listed in the schedule for your specific client population (Appendix A).
11. Prescribe only those devices listed in the RN Regulations for your specific population (Appendix B).
12. Prescribe for clients for whom you have relevant knowledge of their health history based on assessment obtained through direct client contact.
13. Complete prescriptions accurately, completely, and legibly including:
 - a) date of issue;
 - b) name and address of the person for whom the drug is prescribed;
 - c) weight of client if client is a child or weight has a bearing on dosage of prescribed drug;
 - d) age of the client if age has bearing on the dosage of the prescribed drug;
 - e) name, strength and quantity of the prescribed drug;
 - f) directions for use, including the dosage, frequency, route of administration, duration of drug therapy
 - g) direction for number of allowable refills and interval between refills, where applicable. (If a prescription includes more than one drug, clearly identify the number of allowable refills for each drug.)

- h) prescriber's name, regulated title, address, telephone number and fax number;
 - i) treatment goal and/or diagnosis and/or clinical indication;
 - j) prescriber's signature in one of the following formats:
 - i. hand-written signature, or
 - ii. if prescription produced from an approved electronic medical record to pharmacist without production of a hard-copy, inclusion of an electronic image of the prescriber's signature.
14. Provide educational 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;
 - d) signs and symptoms of potential adverse effects (e.g. allergic reactions) and action to take if they occur;
 - f) potential interactions between the drug and certain foods, other drugs or substances such as natural health products or herbal remedies;
 - g) specific precautions to take or instructions to follow; and
 - h) recommended follow-up;
15. Monitor and document 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.
16. Securely store blank prescriptions.
17. Not provide any person with a blank, signed prescription.
18. Not prescribe for your family members or yourself.
19. Send prescription to pharmacy appropriately in one of the following ways:
- a) provide written prescription to the client to bring to a pharmacy of the client's choice.
 - b) provide all verbal prescriptions (new and refills) directly to the pharmacist.
 - c) facsimile to pharmacy when the prescription is in compliance with the joint statement Facsimile Transmission of Prescriptions.
 - d) electronic transmission to pharmacy when the prescription is in compliance with the joint statement Electronic Transmission of Prescriptions.
20. Monitor adverse drug reactions and reports these in accordance with reporting requirements of Health Canada.
21. Maintain a record of all prescriptions written including refills.

Practice Expectation #4

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:

- 22. Order screening and diagnostic tests according to the schedule (*Appendix C*).
 - a) to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
 - b) to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
 - c) to assess/monitor ongoing conditions of clients with chronic illnesses;
 - d) for screening activities.
- 23. Develop efficient processes for receiving and tracking the results of screening and diagnostic tests.
- 24. Maintain accurate, current employer and work contact information in your profile with the College.
- 25. Consider best practice evidence on appropriateness, contraindications, safety and cost-effectiveness when ordering screening and diagnostic tests.

26. Explain to clients the reasons for ordering specific screening and diagnostic tests and the associated risk and benefits.
27. Adhere to provincial or agency standards for ordering, documenting, and reporting results of screening and diagnostic tests.
28. Seek information to ensure understanding and necessary follow-up of test results and diagnostic interpretation by specialist(s).

Glossary

Council: the governing body of the College. Formerly known as the Board of Directors.

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.

Critical inquiry: This term expands on the meaning of critical thinking to encompass critical reflection on actions.

Critical thinking: A cognitive skill which involves analysis, logical reasoning, and clinical judgment, geared towards the resolution of problems, and standing out in the training and practice of the nurse with a view to accurate clinical decision-making and the achieving of effective results.

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

Pharmacology: the science concerned with drugs and their sources, appearance, chemistry, actions and uses.

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

Register of Regulated Members

Subregister	Membership Class
Registered Nurses	registered nurse
	registered nurse (interim practice)
	registered nurse (temporary practice)
Graduate Nurses	graduate nurse
Extended Practice	registered nurse (nurse practitioner)
	registered nurse (nurse practitioner – interim practice)
	registered nurse (nurse practitioner – temporary practice)
Graduate Extended Practice	registered nurse (graduate nurse practitioner)

A registered nurse (authorized prescriber) or RN(AP) is part of the registered nurse membership class.

References

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- Medical Dictionary for the Health Professions and Nursing. (2012). *Pharmacology*.



Appendix A

Please refer to the [RN\(AP\) Schedule](http://www.crnmb.ca) on www.crnmb.ca for the up-to-date version.

Appendix B

Please refer to the [RN\(AP\) Schedule](http://www.crnmb.ca) on www.crnmb.ca for the up-to-date version.

Appendix C

Please refer to the [RN\(AP\) Schedule](http://www.crnmb.ca) on www.crnmb.ca for the up-to-date version.