



THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

**NURSE PRACTITIONER
STANDARDS FOR PRACTICE**

February 2012

Acknowledgement

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Introduction

The Association of Registered Nurses of Prince Edward Island is the professional and regulatory body for registered nurses and nurse practitioners in PEI. A nurse practitioner (NP) is a registered nurse who has graduated from a recognized nurse practitioner program and who has received an endorsement to practice as a NP in PEI. Only nurses who are endorsed to practice as a NP can use the designation “nurse practitioner”. Nurse practitioners practice in a variety of settings including community, acute care and long term care.

In accordance with the *Registered Nurses Act*, a nurse practitioner in PEI has the legislated authority to: (i) diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client; (ii) order and interpret screening and diagnostic tests; (iii) select, prescribe and monitor the effectiveness of drugs; and (iv) order the application of forms of energy.

Standards are authoritative statements that identify the legal and professional expectations for nursing practice. They describe the desired and achievable level of practice against which actual performance can be measured. Nurse practitioners must adhere to both the *Standards for Nursing Practice* (2011) and the *Nurse Practitioner Standards for Practice*.

The *Nurse Practitioner Standards for Practice* contains four standards. Each standard is supported by indicators meant to illustrate how the nurse practitioner will meet the standards. Indicators are meant to apply across a variety of settings and they may therefore be further refined by the context of practice.

The *Canadian Nurse Practitioner Core Competency Framework* is a companion document of the *Nurse Practitioner Standards for Practice*. These documents are intended for all nurse practitioners, regardless of their role or practice setting, and may also be used by other stakeholders including members of the public, professional organizations, educators, health care team members, and health care administrators.

Nurse Practitioner Scope of Practice

A nurse practitioner is a generalist who offers comprehensive care to clients across the health continuum and throughout the client's lifespan including: health promotion, disease and injury prevention, curative, supportive, rehabilitative and palliative care.

In accordance with the Nurse Practitioner Regulations (Section 6), the practice of a nurse practitioner consists of the following, in accordance with the collaborative working relationship with a collaborating medical practitioner:

- (a) the diagnosis or assessment of a disease, disorder or condition, and the communication of the diagnosis or assessment to the client;
- (b) the ordering of, and interpreting reports of, X-Rays concerning the following areas of the body of a client:
 - (i) skeletal (to include BMD),
 - (ii) abdomen,
 - (iii) chest or breast (to include diagnostics);
- (c) the ordering of, and interpreting reports of, ultrasounds concerning the following areas of the body of a client:
 - (i) abdomen (to include renal, routine obstetrical screening 18-20 weeks gestation and first trimester obstetrical scans),
 - (ii) pelvis (to include scrotum),
 - (iii) breast;
 - (iv) thyroid;
 - (v) doppler (for DVT);
 - (vi) miscellaneous (lymph nodes for suspected adenopathy);
- (d) the ordering of, and interpreting of, laboratory tests and other screening and diagnostic tests;
- (e) the ordering of, and interpreting reports of, electrocardiograms;
- (f) the ordering of, and interpreting reports of, spirometry;
- (g) the ordering of the application of forms of energy for therapeutic purposes, including the application of:
 - (i) TENS (transcutaneous electrical nerve stimulation),
 - (ii) thermal energy, or
 - (iii) therapeutic touch.

The nurse practitioner prescribes drugs in accordance with the guidelines established by the ARNPEI Diagnostic and Therapeutics Committee (Nurse Practitioner Regulations, Section 8).

Standard 1: Professional Responsibility and Accountability

The nurse practitioner is responsible and accountable for his/her own practice and professional conduct. The nurse practitioner:

- 1.1 Practices in accordance with current federal and provincial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice;
- 1.2 Maintains an active practicing ARNPEI RN license;
- 1.3 Understands the differences in scope of practice from that of a registered nurse and the responsibilities and accountabilities of a nurse practitioner endorsement;
- 1.4 Attains, maintains, and enhances competencies within own area of practice;
- 1.5 Incorporates knowledge of diversity, cultural safety, and the determinants of health in assessment, diagnosis, and therapeutic management of the client;
- 1.6 Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory;
- 1.7 Integrates the principles of resource allocation and cost-effectiveness in clinical decision-making;
- 1.8 Provides consultation to and accepts referrals from other health care providers or clients whose health conditions are within the NP scope of practice and individual expertise;
- 1.9 Collaborates, consults and/or refers to other health care providers when the diagnosis and/or treatment plan is unclear or is not within the NP scope of practice;
- 1.10 Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner;
- 1.11 Maintains and retains client health records according to relevant legislation, professional standards and employer policies;
- 1.12 Practices within the context of a therapeutic nurse-client relationship and directs friends and family members to seek care from other health care providers when possible;
- 1.13 Does not become involved in self-care;
- 1.14 Acts as a preceptor and mentor to nursing colleagues, other members of the health care team and students;
- 1.15 Contributes to the advancement of evidence-based practice through initiation and/or participation in research activities, presentations, or publications; and
- 1.16 Articulates the role of the NP to clients, health care professionals and key stakeholders.

Standard 2: Health Assessment and Diagnosis

The nurse practitioner integrates a broad knowledge base and critical appraisal in determining diagnosis and client needs.

The nurse practitioner:

- 2.1 Applies advanced assessment techniques and clinical decision making skills when assessing clients;
- 2.2 Systematically collects and interprets health data by performing a comprehensive and focused health assessment using multiple tools and sources of data;
- 2.3 Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness;
- 2.4 Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience;
- 2.5 Ensures that diagnostic tests are interpreted and results are acted upon in an appropriate and timely manner;
- 2.6 Documents all diagnostic tests ordered and/or discontinued on the client's permanent health record;
- 2.7 Communicates the diagnosis to clients and to interdisciplinary team members as required;
- 2.8 Involves clients in the development, implementation and evaluation of their plan of care; and
- 2.9 Synthesizes information from individual clients to identify broader implications for health within the family or community.

Standard 3: Therapeutic Management

The nurse practitioner utilizes advanced knowledge and judgment in applying pharmacological and non-pharmacological interventions.

The nurse practitioner:

- 3.1 Provides treatments in accordance with provincial Nurse Practitioner Regulations;
- 3.2 Considers the known risks and benefits to the client, the anticipated outcome, and ensures safeguards and resources are available to manage outcomes when initiating interventions;
- 3.3 Provides client education about interventions including: expected action, importance of compliance, side effects, potential adverse reactions, possible interactions and follow-up plan;
- 3.4 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place;
- 3.5 Obtains and documents informed consent from clients prior to performing procedures;
- 3.6 Performs procedures (non-invasive and invasive) for the clinical management/prevention of disease, injuries, disorders or conditions;
- 3.7 Utilizes an authoritative source of evidence-based drug and therapeutic information when prescribing drugs and other interventions;
- 3.8 Prescribes drugs in accordance with the Prescription Guidelines approved by the Nurse Practitioner Diagnostic and Therapeutics Committee;
- 3.9 Documents interventions and client's response(s) in the client's permanent health record;
- 3.10 Documents and reports adverse events associated with drugs and other interventions; and
- 3.11 Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.

Appendix A: Clinical Expectations for Prescribing Medications

When the nurse practitioner receives an initial endorsement from ARNPEI, the Minister of Health grants prescriptive authority to the NP (Nurse Practitioner Regulations, Section 7).

1. Completes a prescription accurately and completely according to relevant legislation, standards and policies;
2. Prescriptions must include: (a) date; (b) client name; (c) name, strength, and quantity of prescribed drug; (d) directions for use; including dose, frequency, the route and expected duration of treatment; (e) number of refills; and (g) name, address, and signature of NP designation;
3. Blank prescriptions must be stored in a secure area that is not accessible to the public;
4. Does not provide any person with a blank, signed prescription; and
5. Does not prescribe for family members or for oneself when possible.

Appendix B: Clinical Expectations for Consultation with a Physician and Transfer of a Client

Although the nurse practitioner is autonomous within his/her role, every nurse practitioner is legislated to work in a collaborative relationship with a medical practitioner.

1. The nurse practitioner involves the client in the consultation process starting with the identification of the need for consultation and the desired outcomes;
2. In accordance with the Nurse Practitioner Regulations (Section 6):
 - (1) The nurse practitioner must consult with a physician when:
 - (a) the client's diagnosis or assessment is unclear to the nurse practitioner or beyond the scope of the nurse practitioner;
 - (b) the client has or demonstrates:
 - (i) a persistent or recurring sign or symptom that cannot be attributed to an identifiable cause,
 - (ii) a sign or symptom that suggests that the client has a previously undiagnosed chronic systemic illness,
 - (iii) a symptom that suggests that the client has decreased or decreasing function in any vital organ or body system,
 - (iv) a sign of a recurrent or persistent infection,
 - (v) any atypical presentation of a common illness or unusual response to treatment,
 - (vi) any sign or symptom of sexually transmitted disease in the client if the client is a child,
 - (vii) any sign or symptom of a behavioral change that cannot be attributed to a specific cause, or
 - (viii) any deviation from normal growth and development in the client if the client is an infant child;
 - (c) a diagnostic or screening test conducted on the client suggests that the client has:
 - (i) a previously undiagnosed chronic systemic illness, or
 - (ii) a decreased or decreasing function in any vital organ or body system;
 - (d) the client has a potentially life-threatening disease, disorder or condition; or
 - (e) the client has a chronic condition, and the client has or demonstrates signs or symptoms, or a diagnostic or screening test indicates, that the chronic condition has destabilized.
 - (2) In situations where the primary medical practitioner is unavailable the nurse practitioner must:
 - (a) make one or more reasonable attempts to consult with the client's primary medical practitioner and if satisfied,

- (b) consult with another medical practitioner about the health of the client (if it is not reasonable in the circumstances to make further attempts to consult with the primary medical practitioner).
- (3) Where a nurse practitioner is of the opinion that a client's health or safety is at immediate risk, the nurse practitioner may without consulting with the primary medical practitioner of the client, transfer the care of the client to another medical practitioner or to a hospital.

Standard 4: Health Promotion and Prevention of Illness and Injury

The nurse practitioner promotes health and reduces the risk of complications, illness and injury for clients.

The nurse practitioner:

- 4.1 Integrates the five World Health Organization principles of primary health care into clinical decision making: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration;
- 4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications;
- 4.3 Initiates or participates in the evaluation process of health promotion and prevention strategies;
- 4.4 Advocates for health promotion and prevention strategies at the policy level; and
- 4.5 Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.

Glossary of Terms

Accountability - The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

Adverse event - An event that results in unintended harm to the client and is related to the care and/or service provided to the patient rather than the client's underlying condition.

Advocate - Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

Client - Individuals, families, group, population or entire communities who require nursing expertise; the client may be referred to as a patient or resident.

Collaboration - Joint communication and decision-making processes between the client, nurse practitioner and other members of the health care team, who work together to use their separate and shared knowledge and skills to provide optimum client-centered care. The health care team works with clients toward identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

Consultation - An explicit request by a NP for another health care professional to become involved in the care of a client. Consultation takes place when the diagnosis and/or treatment plan is unclear and the health care professional is unable to provide care independently. Additional information and/or assistance is required from a professional with more extensive knowledge base related to a specific client situation.

Consultation with physicians - An explicit request by an NP for a physician(s) to become involved in the care of a client for whom the NP has primary responsibility at the time of the request. A NP must consult a physician(s) when encountering client care situations when the diagnosis and/or treatment plan is unclear, beyond the NP's scope of practice or beyond the individual nurse practitioner's competence. The level of physician involvement may include an opinion, recommendation or concurrence.

Cultural Safety - Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

Determinants of Health - Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

Diversity - The *CNA Code of Ethics for Registered Nurses (2008)* describes diversity as the variation between people in terms of a range of factors: ethnicity, national origin, gender, age, ability, physical characteristics, religion, beliefs, sexual orientation, socio-economic class or life experiences.

Health Conditions - Health conditions that fall within the NP scope of practice shall be interpreted to mean the normal health events, common acute illness/injuries, chronic diseases and emergency health needs that NPs encounter within the context of their practice.

Indicator - statements that illustrate how each standard is applied and met.

Non-Pharmacological Interventions - Refers to aids, medical devices, medical supplies and/or other therapies including non-invasive and/or invasive procedures.

Standard - Authoritative statements that identify the legal and professional expectations for nursing practice.

Therapeutic Management - The diagnosis, treatment and evaluation of clients' health conditions which may include a range of pharmacological and non-pharmacological interventions.

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