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Introduction

A Nurse Practitioner is a Registered Nurse who has graduated from a recognized NP program and has received an endorsement to practice as a NP on Prince Edward Island. Only nurses who are endorsed to practice as a NP can use the designation “Nurse Practitioner”. NPs practice in a variety of settings including community, acute care and long term care. In accordance with the Registered Nurses Act, a NP on 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.

The Standards of Practice for Nurse Practitioners establish the minimum professional practice performance standards that the public can expect from the RN with a NP endorsement. This document is not a stand-alone document and should be used as a companion to the Registered Nurses Act, Nurse Practitioner Regulations and Core Competencies for Nurse Practitioners.
Standard I - Accountability

In addition to the *Standards of Practice for Nurse Practitioners* the NP must follow the *Standards for Nursing Practice* for the RN.

The NP:
- is responsible for maintaining the *Core Competencies for Nurse Practitioners*. These competencies are entry-level competencies expected of the novice NP.
- Every NP is responsible to maintain his/her own level of competence (knowledge, skills and judgment) in practice.

Standard II - Collaboration with the Physician and other members of the health team

Although the NP is autonomous within her role, every NP must work in a collaborative relationship with a collaborating medical practitioner.
- Every NP shall complete ARNPEI's annual declaration verifying consultation with a medical practitioner and how the NP has engaged in a collaborative working relationship.

Standard III - Consultation and Referral

NPs are authorized to communicate to an individual a diagnosis of a disease or disorder made by the nurse, initiate treatment and/or prescribe drugs when certain conditions are met.
- Consultations are required when the NP approaches or reaches the limits of NP practice, beyond which he or she cannot provide care independently as a more extensive knowledge base related to the specific client situation is required.
- Consultation may be required at any stage of the nurse-client relationship from the time of initial assessment through the evaluation of the effectiveness of treatment.
- The NP is accountable for knowing and complying with the expectations for consultation within the time frame appropriate to the situation.
- The NP and the physician develop mutually agreeable structures and processes for consultation. The decision to transfer care is made jointly by the NP and the physician at the time of consultation.

Standard IV - Scope of Responsibility

When a NP is diagnosing or assessing a disease, disorder or condition of a client, the NP shall consult with the primary medical practitioner of the client as soon as is reasonable in the circumstances, if
- (a) the client's diagnosis or assessment is unclear to the NP or beyond the scope of the NP to determine;
(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) 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 behavioural 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.

**Standard V - Establishing and Communicating a Diagnosis**

The NP performs a comprehensive health assessment and synthesizes data from multiple sources to formulate a differential diagnosis of a health condition. The NP communicates health assessment findings and/or diagnosis, and discusses prognosis and treatment options with the client.

The NP:
- utilizes critical thinking and applies current relevant clinical research findings in assessing health conditions of clients;
- orders preventative and diagnostic procedures based on client's age, history and presenting signs and symptoms; and
- communicates effectively with client, intentionally including principles of health promotion, illness/disease prevention, and capacity development in client teaching, and other interventions based on the established diagnosis.

**Standard VI - Ordering X-rays and Ultrasounds**

NPs are authorized to order specific x-rays and diagnostic ultrasounds
- to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with a physician for treatment;
• to assess/monitor ongoing conditions of clients with chronic illnesses;
• for screening activities;
• to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
• to confirm symptoms of decreasing/increasing function of a vital organ or system.

The NP:
• knows the contraindications to ionizing radiation exposure, and the associated risks and benefits of ordering an x-ray or an ultrasound;
• obtains informed consent prior to ordering an x-ray or ultrasound, and
  - explains the reason(s) for the x-ray or ultrasound,
  - explains the general risks and benefits of performing the x-ray or ultrasound, and
  - answers any questions that the client has;
• understands the radiologist's diagnostic interpretation of a specific x-ray or ultrasound and consults with the radiologist if the interpretation of an x-ray or ultrasound requires clarification; makes decisions about treatment based on results of x-rays and/or consults with a physician in accordance with the expectations for consultation with physicians by NPs;
• may request a copy of the radiologist's x-ray or ultrasound report for x-rays or ultrasounds ordered by a physician for clients with whom the NP has been involved in providing care; and
• documents the x-ray or ultrasound order on the permanent client record as part of the treatment plan.

The authority to order x-rays does not include operating the x-ray machines, nor does the authority to order ultrasounds include performing or interpreting the ultrasound.

The interpretation of an x-ray film and/or an ultrasound is the responsibility of a radiologist and falls outside the scope of practice of the NP.

**Standard VII - Ordering Lab Tests**

NPs are authorized to order laboratory tests
• to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
• to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
• to assess/monitor ongoing conditions of clients with chronic illnesses;
• for screening activities;
• to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
• to confirm symptoms of decreasing/increasing function of a vital organ or system.

The NP:
• interprets the laboratory tests in the context of the individual client's presentation, makes decisions about treatment, and/or consults in accordance with the expectations for consultation with physicians by NPs;
• may request a copy of a laboratory report for laboratory tests ordered by a physician for clients with whom the NP has been involved in providing care;
• documents the order for laboratory tests on the permanent client record as part of the treatment plan;
• takes or handles specimens in accordance with the infection control guidelines in place; and
complies with the transportation of infectious substances guidelines (Transport Canada Guidelines are available from all laboratories) in preparing specimens for transport.

Standard VIII - Prescribing Drugs

In accordance with the Pharmacy Act (Section 14.1) the NP must receive authorization from the Minister of Health to prescribe drugs. The authorization is restricted to the Authorized Schedule approved by the Diagnostic and Therapeutics Committee. The composition of the committee is included in the Nurse Practitioner Regulations.

The NP:

- completes prescriptions accurately and completely including the following information:
  (i) Date of issue;
  (ii) Name and address (if available) of client;
  (iii) Name, strength and quantity of prescribed drug (refer to the generic name of the drug);
  (iv) Quantity of the drug which may be dispensed;
  (v) Directions for use (refers to the frequency, route of administration, and the duration of drug therapy; and special instructions, such as "take with food");
  (vi) Directions for number of allowable refills and interval between refills, where applicable (if a prescription includes more than one drug, any drug that may be refilled must be clearly identified. If all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug); and
  (vii) Prescriber's name, address, telephone number, fax number and signature or unique nurse practitioner identifier.

- provides educational information to clients about prescriptions and non-prescription drugs which includes information regarding:
  (i) the expected action of the drug;
  (ii) the importance of compliance with prescribed frequency and duration of the drug therapy;
  (iii) the potential side effects;
  (iv) the signs and symptoms of potential adverse effects (e.g. allergic reactions) and action to take if they occur;
  (v) potential interactions between the drug and certain foods, other drugs, or substances;
  (vi) specific precautions to take or instruction to follow; and
  (vii) recommended follow-up.

- stores blank prescriptions in a secure area that is not accessible to the public. It is improper practice to provide any person with a blank, signed prescription as this may lead to potential theft or forgery;

- does not prescribe for family members or for oneself; and

- does not become involved in self-care and encourages friends and family members to seek care from other health providers.
References


