



COLLEGE OF NURSES
OF ONTARIO

ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Nurse Practitioners

Scope of Practice Changes

Sept. 22, 2011

Teleconference

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Objectives

Upon completion of this teleconference, you will be able to:

- identify recent legislative amendments affecting nurse practitioner (NP) practice
- assess how the legislation will affect your individual practice
- describe immediate next steps that the College will take in implementing the legislative amendments

Controlled Acts Authorized to NPs

- Communicating a diagnosis
- Performing a procedure below the dermis/mucous membrane
- Putting an instrument, hand or finger into an opening of the body
- Administering a substance by injection/inhalation
- **Applying** or ordering the application of a prescribed form of energy
- **Setting or casting a fracture or joint dislocation**
- Prescribing, **dispensing, selling or compounding medication** in accordance with regulations

Applying a Form of Energy

- Proclaimed, but still requires a government regulation
- Examples include: defibrillation, electrocoagulation, cardioversion, cardiac pacemaker therapy
- Continue to use delegation until further notice

Setting Fractures and Dislocations

- Set simple (i.e., closed), undisplaced, stable fractures
- Reduce closed, displaced, non-comminuted fractures of digits
- Reduce other closed, displaced, non-comminuted fractures in consultation with a physician
- Reduce dislocated digits and radial head dislocations, reduce other dislocated joints in consultation with a physician

Prescribing Medication

- No list, prescribe according to your competence, client needs and practice setting
- Controlled drugs and substances still restricted, cannot be prescribed until further notice - includes Valium and Ativan in emergencies
- Nurse-client relationship, therapeutic purposes

Dispensing Medication

- Nurse-client relationship, therapeutic purposes
- Do not dispense ‘third-party’ prescriptions
- May only dispense in specific circumstances:
 - the client does not have reasonable or timely access to a pharmacy
 - the client would not otherwise receive the medication
 - the client does not have the financial resources to otherwise obtain the medication
 - the medication is dispensed as part of a health promotion initiative, or
 - the medication is dispensed for the purpose of testing the client’s therapeutic response to medication

Selling Medication

- Nurse-client relationship, therapeutic purposes
- May only sell in specific circumstances:
 - the client does not have reasonable or timely access to a pharmacy
 - the client would not otherwise receive the medication
 - the client does not have the financial resources to purchase the medication elsewhere, or
 - the medication is sold as part of a health promotion initiative

Compounding Medication

- Nurse-client relationship, therapeutic purposes
- Two or more non-sterile creams or ointments for topical application
- May only compound in specific circumstances:
 - does not have reasonable or timely access to a pharmacy
 - would not otherwise receive the medication, or
 - does not have the financial resources to otherwise obtain the compound

Conflict of Interest Considerations

NPs cannot:

- obtain any 'benefit' from prescribing, dispensing, selling or compounding medication
- broadly advertise that they dispense, sell or compound
- charge more than the actual cost of a medication sold
- use their professional designation to endorse or promote treatment options
- self-prescribe

Restrictions on Delegation

- NPs do not delegate:
 - prescribing, dispensing, selling or compounding medication
 - ordering the application of a form of energy
 - setting a fracture or a joint dislocation

Nursing Client-Care Orders

- Can provide client-care orders that will be implemented by other nurses as appropriate for client care and nursing practice
- Controlled act procedures authorized to nurses:
 - performing a procedure below the dermis or mucous membrane
 - administering a substance by injection or inhalation
 - putting an instrument, hand or finger into an opening of the body

Diagnostic Tests

- No change, continue to use current list until further notice
- List available at: www.cno.org/np

Summary: Key Highlights

What Changed July 1, 2011?	What Changes October 1, 2011?	What Stays the Same Until Further Notice?
<ul style="list-style-type: none"> -Diagnose, treat and discharge hospital in-patients - Order laboratory tests as appropriate for client care (list revoked) 	<ul style="list-style-type: none"> -Order most medication, as appropriate for client care (list revoked) -Dispense, sell and compound medication -Set or cast a fracture, set a joint dislocation -Provide client care orders that are implemented by RNs and RPNs 	<ul style="list-style-type: none"> -Do not prescribe controlled drugs and substances -Continue to order diagnostic tests (e.g., x-rays, ultrasounds) according to the lists -Do not perform point-of-care laboratory tests -Do not apply a form of energy (e.g., diagnostic ultrasound, defibrillation)

Next Steps

- E-mail notification to NPs – Sept. 30
- NP Practice Standard online – Oct. 1
- Online practice resources updated – Oct. 1
- Next teleconference focusing on new NP Practice Standard – Oct. 6
- Hard copy of the new NP Practice Standard will be mailed with the next edition of *The Standard*

Update Your Contact Information

- Update your contact information, including current email address online at:
 - www.cno.org/members
 - “Maintain Your Membership”

Interested in the *Quality Practice* Newsletter?

- Subscribe: www.cno.org/QP

Resources

- Practice Support Line
 - 1-800-387-5526
 - 416-928-0900 x 6397
 - prp@cnomail.org
- Website: www.cno.org
www.cno.org/np
www.cno.org/teleconferences
- Outreach: www.cno.org/outreach



Teleconference Feedback Form

Thank you for participating in the *NP Scope of Changes* teleconference on September 22, 2011. Please take a few minutes to complete this feedback form. Your feedback is appreciated and will help us improve our process!

You can also complete this form online at <http://www.cno.org/tc-npspc>

1. Usefulness of teleconference:	<input type="checkbox"/> Very Useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not very Useful	<input type="checkbox"/> Not at all Useful
Please explain your answer:				

2. Satisfaction with CNO speakers':	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Please explain your answer
a) clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. As a result of this teleconference, do you have a better understanding of:				Please explain your answer
	Yes	No	Unsure	
a) The legislative amendments affecting NP practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The affect these amendments will have on your individual practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) How the College will support NPs during the transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. What could CNO do to improve this teleconference in the future? _____

5. Other comments: _____

6. Your nursing category:

- NP
- RN
- RPN
- Non-nursing (specify): _____

7. Your health care sector:

- Academia
- Acute Care
- Community & Public Health
- LTC & Rehabilitation
- Mental Health & Corrections
- Paediatrics
- Palliative
- Other: _____

8. Your role in your organization:

- Nurse Practitioner
- Staff Nurse
- Manager
- Administration
- Clinical Educator
- Clinical Nurse Specialist
- Other: _____

Thank you for your feedback.

Please fax the completed form to **416 928-9643** (attn: Denise Hastings) by October 6, 2011