

Nurse Practitioners

Table of Contents

Introduction	3
Standards of practice	3
Competencies specific to the NP scope of practice	4
Scope of Practice	5
Nursing scope of practice statement	5
Initiating controlled acts	5
Controlled Acts: Limits and Conditions	6
1. Performing a procedure on tissue below the dermis or a mucous membrane	6
2. Putting an instrument, hand or finger into an opening of the body	6
3. Communicating a diagnosis	6
4. Prescribing a drug, or category of drugs, designated in the regulations	7
5. Administering a substance by injection or inhalation	8
6. Ordering the application of a form of energy prescribed in the regulations	8
Other Authorized Activities: Limits and Conditions	8
Ordering diagnostic tests	8
Ordering X-rays and mammography	8
Ordering laboratory tests	8
Auxiliary Legislation for NPs: Limits and Conditions	9
<i>Health Protection and Promotion Act</i>	9
<i>Public Hospitals Act</i>	9

Continued on next page

Table of Contents *continued*

Ordering Procedures: Limits and Conditions	9
Interprofessional Care	10
Collaboration	10
Consultation	10
Consultation with physicians	10
Underlying assumptions	10
Clinical expectations	11
Procedural expectations	11
Glossary	12
Decision Tree for NPs: Deciding to Perform a Controlled Act	14
References	15



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

OUR MISSION is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

OUR VISION is excellence in nursing practice everywhere in Ontario.

Nurse Practitioners Pub. No. 41038

ISBN 1-897308-50-7

Copyright © College of Nurses of Ontario, 2009.

Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of CNO. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- CNO is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, CNO.

Revised March 2003 as *Registered Nurses in the Extended Class* (Revised 2003) practice standard (ISBN 1-894557-33-6), Reprinted as *Extended Class* in 2004, reprinted December 2005. Updated June 2009.

This document is referenced in Section 20 of Ontario Regulation 275/94 under the *Nursing Act, 1991* as *Standards of Practice for Registered Nurses Who Hold an Extended Class Certificate of Registration*.

Additional copies of this document may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON M5R 3P1

www.cno.org

Ce fascicule existe en français sous le titre : *Infirmières autorisées de la catégorie spécialisée*, n° 51038

Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their role, job description or area of practice.

— *College of Nurses of Ontario*

Introduction

This document replaces the 2003 *Registered Nurses in the Extended Class practice standard*.¹ It outlines the practice expectations for all Nurse Practitioners (NPs).

NPs are Registered Nurses (RNs) with additional education and experience. They have and demonstrate the **competencies** to autonomously diagnose, **order** and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures within their legislated scope of practice.² An NP holds a **specialty certificate** in one or more of the following areas:

- Nurse Practitioner-Primary Health Care (NP-PHC);
- Nurse Practitioner-Paediatrics (NP-Paediatrics);
- Nurse Practitioner-Adult (NP-Adult); and/or
- Nurse Practitioner-Anaesthesia (NP-Anaesthesia).

NPs are prohibited from using a protected title for a specialty certificate for which they are not registered. Nurses in the Extended Class must use the title Nurse Practitioner (NP) or Registered Nurse in the Extended Class [RN(EC)].^{3, 4}

In addition to upholding the standards outlined in this document, NPs must uphold the standards of practice for RNs in the General Class, demonstrate the Canadian Nurse Practitioner core competencies,⁵ and fulfil specific Quality Assurance⁶ and other

legislative and regulatory requirements specific to the practice environment or role.

Standards of practice

The College of Nurses of Ontario's (the College's) standards of practice outline the knowledge, skill, judgment and attitude necessary for safe practice, and include accountabilities and responsibilities. They describe practice expectations and apply to all nurses in all practice areas. All nurses, including NPs, must know and practise in accordance with the standards relevant to their practice area. This document contains standards of practice, as well as references to the legislation and regulations specific to NP practice.

The legislation includes the:

- *Regulated Health Professions Act, 1991*;
- *Nursing Act, 1991*;
- *Laboratory and Specimen Collection Centre Licensing Act*;
- *Healing Arts Radiation Protection Act, 1990*;
- *Public Hospitals Act, 1990*; and
- *Health Protection and Promotion Act, 1990*.

Standards of practice provide an overall framework for nursing practice, and link with other College standards and guidelines. For a comprehensive understanding of College standards, refer to its *Compendium of Standards of Practice for Nurses in Ontario*.

The authority of NPs to initiate and perform **controlled acts** is subject to the **limits and conditions** outlined in legislation and this practice standard. It could be considered professional misconduct if a nurse fails to comply with legislation or College practice standards.

¹ Bolded words are defined in the glossary on page 12.

² (Canadian Nurses Association, 2005)

³ This document uses NP throughout. NP refers to all specialty certificates unless otherwise indicated.

⁴ Prior to Aug. 29, 2007, RN(EC) was the only protected title for NPs. Over the years, various statutes and regulations have been amended to give RN(EC)s additional authorities. During this time of transition, some of the legal authorities available to NPs — such as completing government forms, and laboratory and X-ray requisitions — require NPs to identify themselves as RN(EC)s.

⁵ (Canadian Nurses Association, 2005)

⁶ For Quality Assurance information, visit www.cno.org/qa.

As **self-regulating** professionals, all nurses are accountable for working within their **legal scope of practice** and to their individual competency level. The decision tree on page 14 can help NPs make decisions about performing controlled acts.

Existing legislation⁷ limits the ability of NPs to practise according to their legal scope and competencies. **Authorizing mechanisms**, such as directives, are widely used to bridge the gap between NP competencies and legislative limitations.

Competencies specific to the NP scope of practice

The *Canadian Nurse Practitioner Core Competency Framework*⁸ describes the integrated knowledge, skill and judgment NPs require to practise safely and ethically, regardless of the client population and practice environment. NPs can diagnose and manage the care of clients with acute and/or chronic physical and/or mental disease, disorders or conditions. NPs are also a resource to other nurses and health care professionals; they provide leadership in advocating for clients at the point of care, across organizations and/or at the health system/policy level. NPs demonstrate competencies in the following areas:

- health assessment and diagnosis;
- health care management and therapeutic intervention;
- health promotion and prevention of illness, injury and complications; and
- professional role and responsibility.

⁷ Under Reg. 965 of the *Public Hospitals Act*, NPs providing services to hospital in-patients cannot perform many of the controlled acts to which they have access.

⁸ (Canadian Nurses Association, 2005)

Scope of Practice

The *Regulated Health Professions Act* (RHPA) and *Nursing Act* set and guide the practice of nursing. The legal framework comprises a scope of practice statement, a number of controlled acts and **other authorized activities**, such as ordering laboratory tests.

Nursing scope of practice statement

The following statement applies to all College members:

The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function. (Nursing Act)

Under the *Nursing Act*, all nurses can, when specific conditions are met:

1. perform a prescribed procedure below the dermis or a mucous membrane;
2. administer a substance by injection or inhalation; and
3. put an instrument, hand or finger:
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - vii. into an artificial opening into the body.

In addition to the above controlled acts, NPs can initiate and perform the following controlled acts:

4. communicate to a client or his or her representative:
 - a diagnosis made by the NP that determines, as the cause of a client's symptoms, a disease or disorder identified from the client's health history,

- the findings of a comprehensive examination, or
 - the results of any laboratory tests or other tests and investigations that the NP can order or perform;
5. prescribe a drug, or category of drugs, as designated in the regulations;
 6. administer a drug by inhalation or injection that NPs may prescribe; and
 7. order the application of a form of energy as prescribed in the regulations, such as an ultrasound.

Initiating controlled acts

The *Nursing Act* gives nurses who meet certain conditions the authority to **initiate** specific controlled acts. This means that they may *independently* decide that a specific procedure is required and initiate it in the absence of a **direct order** or **directive**. Initiating a procedure requires more knowledge, skill and judgment than performing it. NPs may initiate the procedure or, in some cases, write an order for an RN or Registered Practical Nurse (RPN) to perform it. (See *Ordering Procedures: Limits and Conditions* on page 9.)

For NPs to initiate any of the controlled act procedures authorized to them, they must:

- have the knowledge, skill and judgment to perform the procedure safely, effectively and ethically;
- have the knowledge, skill and judgment to determine whether the individual's condition warrants performance of the procedure; and
- determine that the individual's condition warrants performance of the procedure, having considered:
 - the known risks and benefits to the individual,
 - the predictability of the outcome,
 - the safeguards and resources available to safely manage the outcomes, and
 - other relevant factors specific to the situation.

Controlled Acts: Limits and Conditions

1. Performing a procedure on tissue below the dermis or a mucous membrane

The procedures for controlled acts authorized to NPs are:

Wound care and suturing

Initiating care of a wound below the dermis or below the surface of a mucous membrane includes any of the following procedures:

- cleansing, soaking, irrigating, probing, debriding, packing and dressing; and
- suturing, except below the fascia and in cases in which there may be underlying damage. (This allows NPs to make the independent decision that suturing is required, and to choose the suturing material and the local anaesthetic from the NP drug list.)

Venipuncture to establish peripheral intravenous access

NPs may initiate and establish peripheral intravenous (IV) access, as well as IV therapy, and choose the type of solution, rate and infusion duration.

Venipuncture to obtain a blood sample

To obtain a blood sample for a test included in the laboratory test list,⁹ NPs can order and perform venipuncture, or order laboratory technicians to perform the procedure and process the specimen.

2. Putting an instrument, hand or finger into an opening of the body

For the purpose of assessing, diagnosing, treating or assisting an individual with health management activities, NPs can initiate and perform a procedure that requires:

- putting an instrument beyond the point in the nasal passages where they normally narrow, beyond the larynx or beyond the opening of the urethra;
- putting an instrument or finger beyond the individual's anal verge or into an artificial opening into the individual's body; or
- putting an instrument, hand or finger beyond the individual's labia majora.

3. Communicating a diagnosis

The authority of NPs to communicate a diagnosis is limited to conditions that NPs can diagnose and for which they can provide the necessary counselling and initiate the required treatment.

Before communicating a diagnosis, NPs must have:

- performed an advanced comprehensive or focused health assessment, including a physical examination as appropriate;¹⁰
- ordered laboratory and/or **diagnostic imaging tests** and/or other tests as appropriate and guided by best-practice evidence, safety and cost-effectiveness;
- reviewed, interpreted and documented results from any laboratory/diagnostic tests or findings from the health assessment and physical examination; and
- considered the **differential diagnosis** and identified potential treatment options.

NPs are not authorized to communicate a diagnosis unless they have complied with the prescribed standards of practice respecting consultation with members of other health care professions. (See pages 10 and 11 for consultation standards.)

⁹ See Appendix C of the *Laboratory and Specimen Collection Centre Licensing Act, R.R.O 1990*, Reg. 682, at www.cno.org/np.

¹⁰ NPs may communicate diagnoses to clients who were assessed by another health care professional when the assessment and relevant laboratory/diagnostic test findings are documented, and when they identify symptoms/conditions that are within the NP's scope of practice and individual competency level.

4. Prescribing a drug, or category of drugs, designated in the regulations

The authority of NPs to initiate¹¹ a prescription for a drug is limited to treating conditions that they can diagnose and for which they can provide the necessary counselling and ongoing management.

NPs must not:

- delegate the act of prescribing a drug; or
- self-prescribe a drug, or prescribe a drug for a family member, *except*:
 - for a **minor/episodic condition** *only* when there is no other prescriber available, or
 - in an **emergency situation** *only* when there is no other prescriber available.

Before prescribing a drug, NPs must:

- assess the client, conducting laboratory and diagnostic investigations as appropriate, and documenting the symptoms and/or conditions being treated; and
- perform **medication reconciliation** in an effort to prevent errors.

NPs who prescribe drugs must:

- comply with federal and provincial legislation;¹²
- provide either a written, or when necessary, a telephone prescription;¹³
- provide a verbal prescription in emergency situations only and document the verbal order as soon as possible;¹⁴
- document the drug prescribed; and
- provide information about the drug to the client and/or client representative.

A legal prescription provided to a client must include the:

- date;
- client's name and address (if available; clients may have no fixed address);
- prescribed drug's generic name, strength, dose and quantity (the amount to be dispensed);
- directions for use (the administration route, frequency, duration and any special instructions);
- number of allowable refills, as appropriate, for each prescribed drug; and
- prescriber's name, address, signature, designation and College registration number.

After prescribing a drug, an NP must:

- monitor and document the client's response to the drug therapy;
- monitor, document and report adverse drug reactions;
- continue drug therapy, adjust dosage or discontinue the drug therapy as appropriate; and
- consult with an appropriate health care provider when the client's response to the drug therapy is other than the NP anticipated.

When an NP continues drug therapy initiated by another health care provider, the NP must:

- provide ongoing assessment;
- monitor and document the client's response to the drug therapy;
- communicate the client's response to the initiating health care provider as appropriate;
- continue drug therapy, adjust dosage or discontinue the drug therapy as appropriate,¹⁵ depending on the client's response;

¹¹ Refers to initiating a prescription, not renewing a prescription initiated by another provider.

¹² Includes Reg. 275/94 under the *Nursing Act*, which specifies the drugs, or categories of drugs, that NPs are authorized to prescribe. In some cases, the regulation includes conditions on the NP's prescribing authority specifying the route and/or purpose for some drugs. Although these drugs may have additional routes or uses, NPs can only prescribe them for the routes or purposes identified in the regulation. The conditions may describe a context, such as in an emergency; a condition, such as for the purpose of treating sexually transmitted diseases; or a route, such as an oral preparation. See Schedules 2 and 3 of Reg. 275/94 at www.cno.org/np for the list of immunizing agents and drugs that NPs can prescribe.

¹³ Telephone orders are necessary only when the prescriber cannot be physically present to document the order himself or herself and does not have access to a fax machine.

¹⁴ Verbal orders are accepted only in emergency situations. Verbal orders are provided through face-to-face interaction only when the prescriber is present.

¹⁵ Some drugs initiated by another health care provider may be listed in the regulation for renewal only. NPs cannot change dosage, route or frequency of administration or discontinue these prescriptions.

- inform the initiating health care provider of changes in drug therapy as appropriate; and
- consult with an appropriate health care provider at any point in continuing the drug therapy as appropriate.

5. Administering a substance by injection or inhalation

NPs can administer by injection or inhalation an agent or drug that they may prescribe.

6. Ordering the application of a form of energy prescribed in the regulations

NPs may order only the following ultrasounds:^{16, 17}

- abdomen;
- pelvis; and
- breast.

Other Authorized Activities: Limits and Conditions

Ordering diagnostic tests

NPs may perform or order a diagnostic investigation on a client and have it interpreted by a qualified professional. Once the investigation data is interpreted, NPs should base their interventions on the results and/or consult with a physician in accordance with the standards for consultation with physicians. (See Consultation with Physicians on page 10.)

An NP must:

- consider whether the test is required to determine an appropriate treatment plan;
- consider whether the screening activities are evidence-based and cost-effective;
- determine the need, and assess the contraindications and risks associated with a specific test;

- analyze the results of the test based on interpretative reports made by the qualified health care professional as appropriate, such as a radiologist's interpretation of X-ray film;
- consult with the qualified health care professional if the results require clarification; and
- select treatment options based on the results that are within the NP scope of practice or consult with a physician as appropriate.

Ordering X-rays and mammography

The *Healing Arts Radiation Protection Act* states that NPs may order only X-rays of the chest, ribs, arm, wrist, hand, leg, ankle or foot, and mammography^{18, 19} as outlined in the Act.

Ordering laboratory tests

The *Laboratory and Specimen Collection Centre Licensing Act* outlines the NP's scope of responsibility, practice expectations, and limits and conditions when ordering laboratory tests.²⁰

NPs may request the taking, collecting and processing of specimens for a range of tests as designated in the regulations, and order and perform venipuncture for blood samples for laboratory tests to do the following:

- monitor the ongoing condition of a client;
- confirm symptoms of decreasing/increasing function of a vital organ or system;
- confirm a diagnosis of an illness or injury;
- rule out a potential diagnosis that would require physician consultation; and/or
- perform screening activities.

NPs may request laboratory and diagnostic test reports for physician-ordered tests for clients they are managing.

¹⁶ The list of ultrasounds that NPs are authorized to order is subject to change. See www.cno.org/np.

¹⁷ The NP's authority includes specific views (for example, of a specific organ), techniques (for example, transvaginal) or indications (for example, obstetrical) within these anatomical regions.

¹⁸ The NP's authority includes specific (for example, coned) views.

¹⁹ The list of X-rays that NPs are authorized to order is subject to change. See www.cno.org/np.

²⁰ The list of laboratory tests that NPs are authorized to order is subject to change. See www.cno.org/drug_list.

NPs interpret laboratory test results in the context of the client’s presentation, make decisions about treatment or consult a physician in accordance with the standards. Laboratory requisition forms must include all required information, the NP’s signature, designation and Provider Services identification number.²¹ This identification number authorizes Ontario Health Insurance Plan (OHIP) payment for laboratory and diagnostic tests; it *does not* permit NPs to bill OHIP.

NPs may not perform laboratory tests.²²

Auxiliary Legislation for NPs: Limits and Conditions

Auxiliary legislation provides NPs with additional responsibilities. NPs are accountable for staying current on legislative changes that affect their practice.

Health Protection and Promotion Act

NPs must report a suspected case of communicable disease to the medical officer of health as outlined in the *Health Protection and Promotion Act*. This obligation includes reporting a death as a result of a suspected communicable disease. NPs are also required to report a client who refuses or neglects to continue treatment for a suspected communicable disease, as outlined in the Act.

Public Hospitals Act

The *Public Hospitals Act* permits NPs to diagnose, prescribe for and treat outpatients only. NPs who are not hospital employees must apply to the hospital’s medical advisory committee for hospital privileges for outpatient diagnostic testing. NPs granted such privileges must adhere to the committee’s policies and procedures.

Ordering Procedures: Limits and Conditions

NPs can order procedures that RNs and RPNs may perform. For example, they may write an order for other nurses to administer drugs that they prescribe. When writing an order for nurses to perform a procedure, NPs are accountable for the decision that the procedure is warranted and must be reasonably available for consultation, as required.

NPs who meet the conditions listed in Initiating Controlled Acts on page 5 may write an order for other nurses²³ to perform the following:

- venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent) in circumstances in which the client requires medical attention and a delay in venipuncture is likely to be harmful to the client;
- wound care below the dermis or mucous membrane that involves any of the following procedures: cleansing, soaking, irrigating, probing, debriding, packing, dressing;
- a procedure that, for the purpose of *assisting a client with health management activities*, requires putting an instrument beyond the point of the nasal passages where they normally narrow, beyond the client’s larynx or beyond the opening of the client’s urethra;
- a procedure that, for the purpose of *assessing a client or assisting an individual with health management activities*, requires putting an instrument or finger beyond the client’s anal verge or into an artificial opening into the client’s body; and
- a procedure that, for the purpose of *assessing a client or assisting an individual with health management activities*, requires putting

²¹ The Ministry of Health and Long-Term Care issues this number. To obtain a number, complete the “Registration for Regulated Health Professions” form at www.health.gov.on.ca/english/providers/forms/form_menus/ohip_prof_fm.html.

²² Includes point-of-care testing. A health care practitioner who performs laboratory tests for the purpose of diagnosing or treating clients requires an exemption under Reg. 682 of the *Laboratory and Specimen Collection Centre Licensing Act*. Currently, physicians are exempted but NPs are not. NPs may perform point-of-care testing with the proper authorizing mechanisms.

²³ This authority is not exclusive to NPs. The regulation also permits RNs in the General Class who meet the conditions listed in Initiating Controlled Acts on page 5 to initiate or order other College of Nurses of Ontario members to perform these activities.

an instrument, hand or finger beyond the individual's labia majora.

NPs may write an order for other nurses to perform these activities only for the purposes indicated in the ***bold italicized*** text. Assisting an individual with health management activities involves procedures that assist clients with routine activities of daily living. A procedure is considered a routine activity if:

- the client's condition is well-established, ongoing, stable and predictable;
- the procedure is part of the client's day-to-day routine; and
- the need for, response to and outcomes of performing the procedure are well-established over time.

NPs who meet the conditions listed under Initiating Controlled Acts on page 5 may also perform these and other procedures for the purposes of diagnosing a condition and providing treatment. However, they cannot write an order for other nurses to perform these procedures for the purposes of diagnosing or providing treatment. Making a diagnosis or providing treatment involves procedures associated with changes in the client's normal condition or normal day-to-day routine, such as the following:

- swabbing behind the opening of an ostomy to collect samples to potentially diagnose an infection; and
- suctioning a client when this procedure is not part of the client's daily routine, but is part of the treatment for a respiratory infection.

NPs cannot write an order for other nurses to perform suturing or do venipuncture to obtain blood samples.

Interprofessional Care

Collaboration

The cornerstone of interprofessional care and practice, collaboration involves working with one

or more members of the health care team, each of whom makes a unique contribution from within the limits of his or her scope of practice. Key elements of effective collaboration are communication, mutual trust, confidence in oneself and in other health care partners, autonomy, mutual respect and a feeling of shared responsibility.²⁴ NPs are expected to collaborate with other health care professionals, as appropriate, to ensure that their clients' overall health care needs are met.

Consultation

Consultation is an explicit request by an NP for another professional to participate in the care of a client. It may occur at any time during the **therapeutic nurse-client relationship**.

NPs must consult with other health care professionals as appropriate and be available for consultation with other health care practitioners, as well.

NPs are authorized to communicate a diagnosis in compliance with the standards respecting consultation with members of other health care professions.

Consultation with physicians

Consultation is an explicit request by an NP for a physician(s) to participate in the care of a client for whom the NP has primary responsibility at the time of the request. An NP must consult a physician(s) when encountering client care situations beyond the NP's legal scope of practice and/or individual competency.

Underlying assumptions

- NPs are accountable for establishing and maintaining a consultative relationship with physicians.
- NPs and physicians have an understanding of each other's roles, responsibilities and contributions to client care.
- Consultation does not necessarily mean

²⁴ (Canadian Health Services Research Foundation, 2006)

transfer of care. Physicians may participate by providing an opinion, recommendation and concurrent intervention, or by assuming primary responsibility for the care of a client (transfer of care). The decision to transfer care is made jointly with a physician.

- Consultation follows an explicit request and can occur in a variety of ways, including face to face, by telephone, in writing, or during team meetings or rounds.
- Consultation may be required for any client population at any stage, and from the initial assessment to the evaluation of treatment effectiveness.
- NPs and physicians develop agreeable structures and processes for consultation. The need for additional consultation guidelines depends on the type of practice, employer policies, available resources, changing health care needs, and the NP's experience and individual competencies. If required, individual agencies develop guidelines and directives.

Clinical expectations

NPs must initiate a consultation when they reach the limit of their individual competency level or legal scope of practice, beyond which they cannot provide care independently, and additional information and/or assistance is required from a professional with more extensive knowledge related to the specific client situation.

Procedural expectations

When requesting a physician consultation, the NP must:

- explain the reason for, and the level of urgency of, the consultation;
- describe the level of consultation requested: an opinion, recommendation and concurrent intervention, or immediate transfer of care;
- ensure the physician has access to the client's known health information;
- confirm that the NP and physician have an agreement and understanding of each other's responsibilities specific to the situation; and
- document the request for, and outcome of, the consultation.

Glossary

Authorizing mechanism. A means specified in legislation, or described in a practice standard or guideline, through which nurses obtain the authority to perform a procedure or make the decision to perform a procedure. Includes an order, initiation, directive and delegation.

Competency. Determined by the knowledge, skill, judgment and professional attitude that the nurse possesses and demonstrates in practice.

Controlled act. An activity defined in the *Regulated Health Professions Act, 1991* that is considered potentially harmful if performed by an unqualified person.

Diagnostic imaging test. Ordered to investigate the potential cause(s) of a client's symptoms. Includes X-rays, laboratory tests and ultrasounds.

Differential diagnosis. The process of systematically comparing clinical findings to determine which of two or more diseases with similar symptoms the client has.

Direct order. A client-specific order for a specific intervention to be administered at a specific time or times. It can be given by a health care professional such as a physician.

Directive. An order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health care professional who has the legislative authority to order — and the ultimate responsibility for — the procedure.

Emergency situation. Sudden onset of severe/urgent symptoms that require immediate attention such that a delay in treatment would place the individual at risk of serious harm.

Initiate. The independent decision that a specified procedure or action is required. May be limited by other legislation, such as Reg. 965 under the *Public Hospitals Act, 1990*.

Legal scope of practice. Defined by the profession's scope of practice statement in the *Nursing Act, 1991* and its access to specific controlled acts.

Limits and conditions. Criteria that an NP must adhere to when performing controlled acts.

Medication reconciliation. The process of comparing a client's medication prescriptions to all medications that the client has been taking. Avoids dosing errors, omissions, duplications and drug interactions.

Minor/episodic condition. A short-term, acute and non-urgent illness that requires short-term treatment and is not likely to be an indication of, or lead to, a more serious condition. Examples include a non-recurring urinary tract infection and a non-recurring upper respiratory tract infection in an otherwise healthy individual.

Order. Can be oral (for example, by telephone) or written client-specific instructions for a procedure, treatment, drug and/or intervention.

Other authorized activities. Activities that are not controlled acts, such as ordering laboratory tests and X-rays, but are limited in legislation to certain health care professionals.

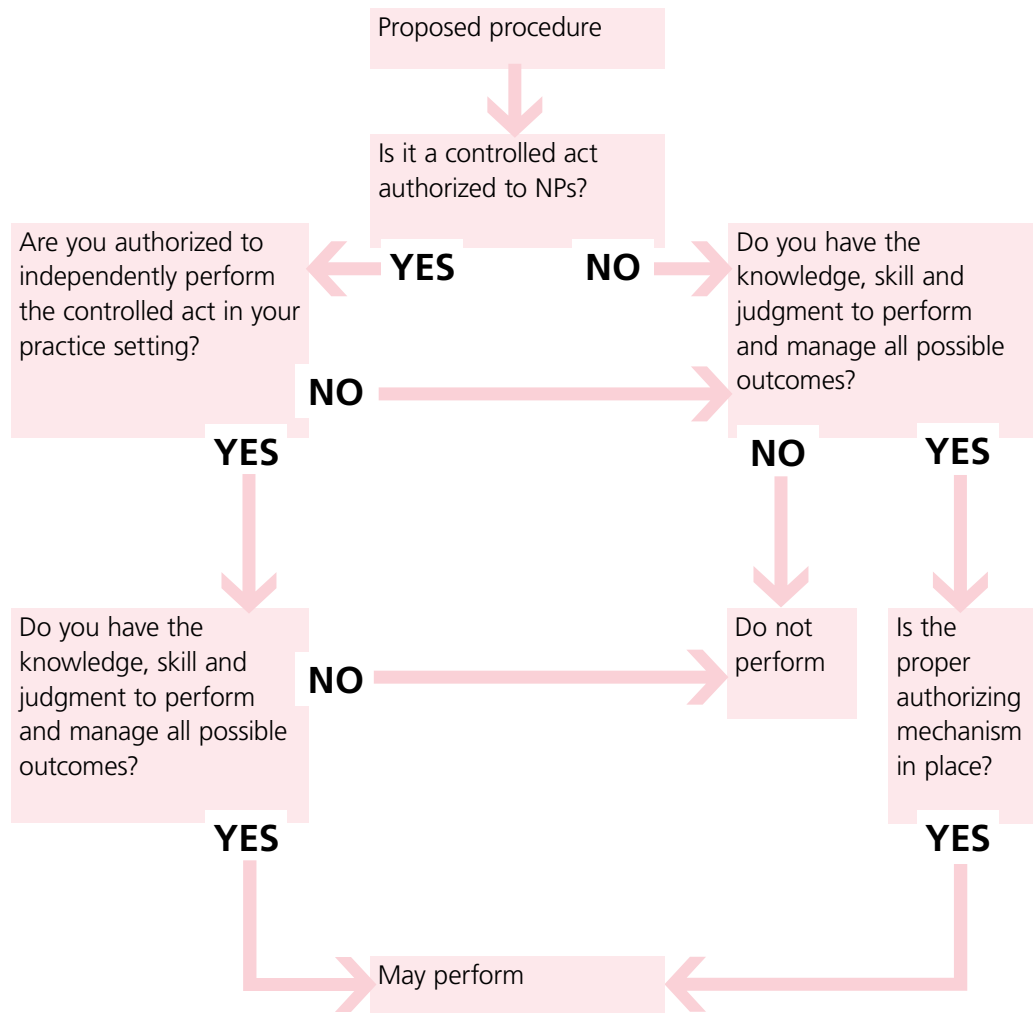
Practice standard. A College document that informs nurses of their accountabilities and contributes to public protection by informing the public of what to expect of nurses.

Self-regulating. The nursing profession governs itself through the College, and in the sense that individual members are responsible for practising in accordance with the standards of the profession, and keeping current and competent throughout their nursing careers.

Specialty certificate. A certificate identifying the specialty in which the Extended Class registrant can practise. The four specialties are NP-Adult, NP-Anaesthesia, NP-Paediatrics and NP-Primary Health Care.

Therapeutic nurse-client relationship. Established and maintained by the nurse and the foundation for providing nursing services, this professional relationship is based on trust, respect, empathy, intimacy and the appropriate use of the nurse's inherent power.

Decision Tree for NPs: Deciding to Perform a Controlled Act



References

- Canadian Health Services Research Foundation. (2006, June). *Teamwork in healthcare: Promoting effective teamwork in healthcare in Canada*. Retrieved January 15, 2008, from http://www.chsrf.ca/research_themes/pdf/teamwork-synthesis-report_e.pdf
- Canadian Nurses Association. (2005, January). *Canadian nurse practitioner core competency framework*. Ottawa, ON: Author. Retrieved May 12, 2009, from http://www.cno.org/for/rnec/pdf/CompetencyFramework_en.pdf



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

101 Davenport Rd.
Toronto, ON
M5R 3P1
www.cno.org
Tel.: 416 928-0900
Toll-free in Ontario: 1 800 387-5526
Fax: 416 928-6507
E-mail: cno@cnomail.org