PRACTICE STANDARD

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Nurse Practitioner

Revised 2018

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College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

VISION
Leading in regulatory excellence

MISSION
Regulating nursing in the public interest

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Introduction

The College of Nurses of Ontario's (the College's) standards inform nurses of their accountabilities and the public about what to expect of nurses. These expectations contribute to public protection and are the benchmark for how a competent nurse should perform.

This Nurse Practitioner practice standard describes the accountabilities specific to Nurse Practitioners (NPs) in Ontario (also known as Registered Nurses in the Extended Class). NPs are also accountable for complying with relevant laws and other College standards and guidelines[1] as applicable.

NPs are Registered Nurses who have met additional nursing education, experience and exam requirements set by the College. Only those registered with the College in the Extended Class can call themselves "Nurse Practitioner" or "NP".

NPs are authorized to diagnose, order and interpret diagnostic tests, and prescribe medications and other treatments for clients. NP practice includes health promotion with the aim of optimizing the health of people, families, communities and populations. This enables NPs to practice with diverse client populations in a variety of contexts and practice settings such as acute care, primary care, rehabilitative care, curative and supportive care, and palliative/end-of-life care.

The College registers NPs with one or more of the following specialty certificates:

- Nurse Practitioner – Primary Health Care (NP-PHC)
- Nurse Practitioner – Pediatrics (NP-Pediatrics)
- Nurse Practitioner – Adult (NP-Adult).

Each specialty certificate refers to a specific client population and not a clinical area or a practice sector. The College does not restrict the clinical areas or sectors in which NPs work.

Scope of practice

The *Regulated Health Professions Act, 1991* (RHPA) and Nursing Act, 1991 set the legal framework for the practice of nursing. This includes a scope of practice statement and a number of controlled acts NPs are authorized to perform.

Nursing scope of practice statement

The following statement applies to all nurses:
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, 1991).

Controlled acts

Under the *Nursing Act*, NPs are authorized to perform the following controlled acts:[2]

1. Communicating to a client, or a client's representative, a diagnosis made by the NP.
2. Performing a procedure below the dermis or a mucous membrane.
3. Putting an instrument, hand or finger:
   i. beyond the external ear canal;
   ii. beyond the point where the nasal passages 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 of the body.
4. Applying and ordering the application of a prescribed form of energy.
5. Setting or casting a bone fracture or joint dislocation.
6. Administering a substance by injection or inhalation.
7. Prescribing, dispensing, selling or compounding a medication.
8. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought,

[1] All standards and guidelines are available at: www.cno.org/standards

[2] See pages 12-19 for legal requirements and restrictions that apply to some controlled acts.

cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Other authorized activities

NPs have the authority to order and apply specified tests. For the most up-to-date list, please visit our website at **www.cno.org/np**.

Standards

This section describes standards for NP practice.

NPs:

- practise according to College standards, guidelines, and relevant laws.
- use the protected title "Nurse Practitioner" (NP) or "Registered Nurse Extended Class" (RN(EC)), and may add their specialty certificate(s) to their title.
- maintain competence in clinical NP practice. This clinical practice must include the use of advanced nursing knowledge and decision-making skill in health assessment, diagnosis and therapeutics when treating clients appropriate for the NP's specialty certificate.
- demonstrate the NP competencies applicable to their practice.
- limit their practice to clients appropriate for their specialty certificate.

Health Assessment

NPs integrate an evidence-informed knowledge base with advanced assessment skills to obtain the information necessary for identifying client diagnoses, strengths and needs.

NPs:

- conduct a comprehensive or focused health assessment as appropriate to the individual client's presentation.
- obtain and consider the necessary information for the health assessment.
- identify urgent, emergent and life-threatening situations.

Diagnosis

NPs are engaged in the diagnostic process and develop differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

NPs:

- consider the differential diagnoses and establish the probable diagnoses.
- order appropriate tests.
- arrange appropriate follow-up of test results; implement reliable systems for test results to be received and communicated in a timely manner, and work with organizations in which they practice to implement such systems.
- communicate clinically significant results, and their implications, to the client and other health professionals as appropriate.
- communicate diagnoses to the client, including discussing relevant clinical information, treatment plans and the expected outcomes and prognoses.
- verify that the client understands information related to relevant findings and their diagnoses.

Therapeutic Management

NPs, on the basis of assessment and diagnosis, formulate the most appropriate plan of care for the client and implement evidence-informed therapeutic interventions in partnership with the client to optimize health.

NPs:

- formulate and document a plan of care based on assessment findings, diagnosis and evidence-informed practice.
- select the appropriate treatments or interventions in collaboration with the client.
- intervene to stabilize the client in urgent, emergent and life-threatening situations.
- provide pharmacological interventions, treatment, or therapy by:
  - reviewing the best possible medication history for the client
  - Selecting pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference
  - counselling the client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions, as well as reasons to adhere to the prescribed

regimen and required monitoring and follow-up
  - completing accurate prescription(s) in accordance with applicable laws
  - establishing a plan to monitor the client's response to medication therapy, and continue, adjust or discontinue a medication based on assessment of the client's response
  - applying strategies to reduce risk of harm involving controlled substances, including medication misuse, addiction, and diversion
- develop and implement an appropriate follow-up and monitoring plan in collaboration with the client.

Controlled Substances

In addition to the standards for therapeutic management listed above, NPs have other accountabilities when prescribing and dispensing controlled substances.

Controlled substances are medications that are restricted by the *Controlled Drugs and Substances Act* because they present a high risk of misuse, addiction and diversion.

When prescribing controlled substances, NPs:
- consider the available treatment options (pharmacological and non-pharmacological) based on available evidence and client circumstances before using a controlled substance in a treatment plan.
- incorporate evidence-informed strategies for assessing, managing and monitoring the risks of misuse, addiction and diversion.
- prescribe a quantity of controlled substances to be dispensed that balances the need to reassess and monitor the client with the risk of harm that may result if the client runs out of medication. NPs providing episodic care should prescribe the minimum amount necessary until the client can be assessed by their regular provider.
- monitor the client's response to the prescribed controlled substances after the initial trial and on a regular basis.
- inform clients of the unique risks associated with medication misuse, addiction and diversion, and provide clients with education and strategies for mitigating risk.
- advise the client on safe use, storage and disposal of controlled substances.

When dispensing controlled substances, NPs:
- consider the unique risks associated with medication misuse, addiction and diversion,
- implement strategies to mitigate these risks, and
- provide clients with education and strategies for minimizing risk.

Medical marijuana is a controlled substance that differs from conventional medications in that it is available in a variety of strains that vary in potency and chemical composition. Therefore, NPs should exercise caution if they are considering the use of medical marijuana in their client's treatment plan.

NPs who complete a medical document authorizing a client to access fresh or dried marijuana or cannabis oil are expected to use evidence to inform this treatment decision.

NPs are also expected to inform clients about unique risks associated with medical marijuana as a result of the variability in composition and potency.

Collaboration, Consultation, and Referral

NPs identify when collaboration, consultation and referral are necessary for safe, competent and comprehensive client care.

NPs:
- establish collaborative relationships with health care providers and community-based services
- work with other health care professionals and service providers to develop a common understanding of the plan of care, communication strategies and individual accountabilities.
- consult other health care professionals when encountering client care needs beyond the legal scope of NP practice, their individual competence, or when the client would benefit from the expertise of the other health care professional(s).
- review consultation and/or referral recommendations from other health care providers with the client and integrate these recommendations into the plan of care as appropriate.
- provide consultation, respond to questions, and clarify orders and the plan of care to other care providers.
- provide verbal orders only when they are not able to

immediately document the order themselves, and sign the verbal orders as soon as possible.

Conflict of Interest

NPs recognize and ethically manage actual, potential and perceived conflicts of interest.

NPs:

- do not use their professional designation to endorse or promote one treatment option over another.
- must not obtain any personal benefit,[3] which conflicts with their ethical duty to clients, as a result of their NP practice.
- develop strategies to mitigate the risk that their interactions with industry[4] may interfere with evidence-informed decision-making.
- do not prescribe medication to themselves.
- only provide professional services to family members, partners, friends or acquaintances when there are no other providers available in circumstances outlined in the *Therapeutic Nurse-Client Relationship* practice standard.
- only prescribe a controlled substance to a family member, partner, friend or acquaintance to intervene in an emergency situation **and** only when there is no other prescriber immediately available.

Discontinuing the NP-client relationship

An NP's primary obligation is to provide safe and ethical nursing services to clients. Under provincial law,[5] nurses may only discontinue necessary professional services if:

- the client requests discontinuation
- alternative or replacement services are arranged, or
- the client is given reasonable opportunity to arrange alternative or replacement services.

NPs may be required to discontinue their professional relationship with clients when the nurse-client relationship is eroded to the point where NPs can no longer meet their professional obligations toward the client.

Discontinuing the professional relationship when the client still requires service and has not requested discontinuation should be a last resort.

NPs:

- advocate for employer policies about accepting, treating and discharging clients, that are fair, transparent and driven by client interest and safety.
- discuss with the client any issues, as they arise, that impact the NP-client relationship.
- work with the client to develop and implement strategies for resolving issues impacting the NP-client relationship wherever feasible.
- discuss concerns and seek assistance from their employer and other members of the health care team to assist in addressing issues.
- communicate to the client the decision to discontinue care, and discuss with the client the reason for this decision whenever feasible.
- identify an appropriate alternate provider for the client or allow the client a reasonable amount of time to find an alternate provider.
- continue to provide essential health care services, whenever feasible, until another provider has been identified.
- document the reason for the decision to discontinue services, including a description of actions taken to resolve issues prior to the decision.

Legal requirements and restrictions

The remainder of this document describes legal restrictions and requirements with which NPs must comply.

Delegation[6]

NPs are not authorized to delegate the following controlled acts:

[3] Includes financial and non-financial benefit, whether direct or indirect.

[4] Includes pharmaceutical, medical device and technology companies.

[5] O.Reg 799/93, Professional Misconduct, s. 1, p. 5.

[6] O. Reg 275/94, s. 36.

- prescribing, dispensing, selling or compounding medication
- ordering the application of a form of energy, or
- setting a fracture or joint dislocation.

NPs can authorize directives. Information about delegation and directives can be found in the *Authorizing Mechanisms* and *Directives* practice guidelines.

Medical Assistance in Dying[7]

Federal law allows NPs to provide medical assistance in dying. NPs who participate in medical assistance in dying must comply with the legal requirements outlined in the College's document: *Guidance on Nurses' Roles in Medical Assistance in Dying*.

Medication Practices[8]

NPs:

- prescribe, dispense, compound, or sell medication, and administer substances by injection or inhalation, only for therapeutic purposes when there is a professional relationship with the client.
- are not authorized to sell or compound controlled substances.
- must not obtain any personal benefit,[9] which conflicts with their ethical duty to clients, as a result of prescribing, dispensing, compounding or selling medication.
- only dispense, compound, or sell medication when they have reason to believe the medication was obtained and stored in accordance with applicable laws.
- only dispense, compound, or sell medication after checking that the medication will not expire before the client is expected to finish it.
- must not advertise that they dispense or sell medication, unless they also communicate the specific circumstances in which they are authorized to do so.[10]
- must comply with the legal restrictions and requirements specific to the controlled acts of prescribing, dispensing, compounding and selling medications outlined in Table 1.

Controlled Substances

NPs who have successfully completed College-approved education[11] are authorized to prescribe controlled substances.

Under federal law,[12] NPs are not authorized to prescribe the following controlled substances:

- diacetylmorphine (heroin)
- opium
- coca leaves, and
- anabolic steroids **except** testosterone (NPs are authorized to prescribe testosterone.)

NPs are only authorized to prescribe methadone if they have an exemption under section 56 of the *Controlled Drugs and Substances Act*. Information relating to the section 56 exemption can be found on **www.cno.org/np**

NPs must not authorize directives for controlled substances.

NPs who complete a medical document authorizing a client to access fresh or dried marijuana or cannabis oil must comply with the requirements under the *Controlled Drugs and Substances Act*, including the *Access to Cannabis for Medical Purposes Regulation*.

[7] Criminal Code, s. 241.1.

[8] O. Reg 275/94, s. 16-20.

[9] Includes financial and non-financial benefit, whether direct or indirect.

[10] The specific circumstances are listed in Table 1.

[11] O. Reg 275/94 Part III.

[12] *New Classes of Practitioners regulations under the Controlled Drugs and Substances Act.*

Table 1: Medication Practices: Legal Requirements and Restrictions[13]

Prescribing	Dispensing	Compounding	Selling
NPs must include the following information on a prescription and in the client's health record: ▪ client's name and address ▪ the date ▪ name of the medication ▪ strength (if applicable) of the medication ▪ directions for use, including the dose, route of administration, frequency and, if applicable, the duration of therapy ▪ quantity of the medication ▪ number of refills, if applicable, and ▪ the NP's name, business address, telephone number, protected title, College registration number and signature (includes electronic signature). NPs prescribing monitored medications must include a client identification number from an acceptable form of	NPs may only dispense medication they've prescribed or medication prescribed by a colleague in their team. NPs may only dispense a reasonable quantity of medication necessary to fulfill a client's needs in the following 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 obtain the medication if it is not dispensed by the NP, or ▪ the medication is dispensed to test the client's therapeutic response to the medication. NPs must: ▪ document the circumstance under which the medication	NPs may only compound two or more non-sterile creams or ointments for topical use only. NPs are **not** authorized to compound any substances that contain a controlled substance. NPs may only compound in the following circumstances: ▪ the client does not have reasonable or timely access to a pharmacy ▪ the client would not otherwise receive the medication, or ▪ the client does not have the financial resources to obtain the medication if it is not compounded by the NP NPs must: ▪ document the circumstance under which the medication is compounded ▪ dispense the compounded	NPs may only sell medication that they administer or dispense to the client (or client's representative). NPs are **not** authorized to sell controlled substances NPs may only sell medication in the following 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 obtain the medication if it is not sold by the NP, or ▪ the medication is sold part of a health promotion initiative. NPs must: ▪ document the circumstance under which the medication is sold, and the price charged.

[13] O. Reg 275/94, s. 16-20.

Prescribing	Dispensing	Compounding	Selling
identification as defined by the Ontario government.[14] NPs prescribing fentanyl patches must[15]: ▪ notify the pharmacy about the prescription by telephone or by faxing a copy of the prescription, and ▪ write the following information on the prescription: ▪ the name and location of the pharmacy at which the client, or their authorized representative, intends to fill the prescription; and "first prescription" if the NP has not previously prescribed a fentanyl patch for the client and the NP is reasonably satisfied that the client has not previously obtained a fentanyl prescription from another prescriber.	is dispensed ▪ provide the medication directly to the client (or the client's representative), and ▪ include the following on the label of the medication dispensed and in the client's health record: ▪ identification number, if applicable ▪ client's name ▪ the date ▪ name of the medication ▪ strength (if applicable) and manufacturer (if available) of the medication ▪ directions for use including the dose, route of administration, frequency and, if applicable, the duration of therapy ▪ quantity of medication dispensed ▪ expiry date (if applicable), and ▪ the NP's name, protected title, business address and telephone number. NPs dispensing fentanyl patches must meet the requirements for dispensers in the *Safeguarding our Communities Act, 2015*[15]	medication to the client or their representative, or apply it directly to the client, and ▪ include the following information on the medication container and in the client's health record: ▪ identification number if applicable ▪ client's name ▪ the date the medication was compounded ▪ the date the medication was dispensed (if different from above) ▪ name of each substance used in the compound ▪ strength (if applicable) and manufacturer of each substance used in the compound ▪ percentage of each substance used in the compound ▪ quantity of compounded cream or ointment in the container ▪ directions for use ▪ expiry date, and ▪ the NP's name, protected title, business address and telephone number.	NPs must not: ▪ charge the client more than the actual cost of the medication.

[14] Monitored medications include, but are not limited to, controlled substances. For further information about the Narcotics Monitoring System, including monitored medications and acceptable forms of client identification, refer to: http://www.health.gov.on.ca/en/pro/programs/drugs/ons/ and the *Narcotics Safety and Awareness Act, 2010*.

[15] *Safeguarding our Communities Act (Patch for Patch return Policy), 2015*: https://www.ontario.ca/laws/statute/15s33

Glossary

Advertise. To make known to the general public. It does not include an NP communicating directly to an existing client about professional services.

Benefit. Any incentive (financial or non-financial), whether direct or indirect, that conflicts with the nurse's professional or ethical duty to a client.

Client. A client may be an individual, family, group or community.

Compounding. The act of combining two or more elements to create a distinct pharmaceutical product.

Conflict of interest. A conflict of interest exists when a nurse's personal interests (financial or non-financial) could improperly influence their professional judgment or interfere with their duty to act in the best interest of clients. It is professional misconduct for a nurse to practise while in a conflict of interest.

Controlled act. A restricted activity under the Regulated Health Professions Act, 1991 that is considered potentially harmful if performed by an unqualified person.

Controlled substance. Any medication or substance included in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act*, and includes: narcotics, benzodiazepines and targeted substances, and controlled drugs (part I, II and III).

Delegate. A formal process by which a regulated health care professional who has the legal authority and competence to perform a procedure under one of the controlled acts transfers that authority to others, under certain conditions.

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.

Dispensing. Involves the selection, preparation and transfer of one or more prescribed medication doses to a client, or his or her representative, for use at a later time.

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

Medication. A drug as defined by the Drugs and Pharmacies Regulation Act.

Monitored medication. Any medication tracked by the Ontario Ministry of Health and Long-Term Care's Narcotics Monitoring System. Broader than narcotics, monitored medications include all controlled substances and any additional medications that the Ministry specifies. The list of monitored medication is available at: http://www.health.gov.on.ca/en/pro/programs/drugs/ons/monitored_drugs.aspx.

Order. An authorization or instruction for a procedure, treatment, medication or intervention to be provided to, or performed for, a client.

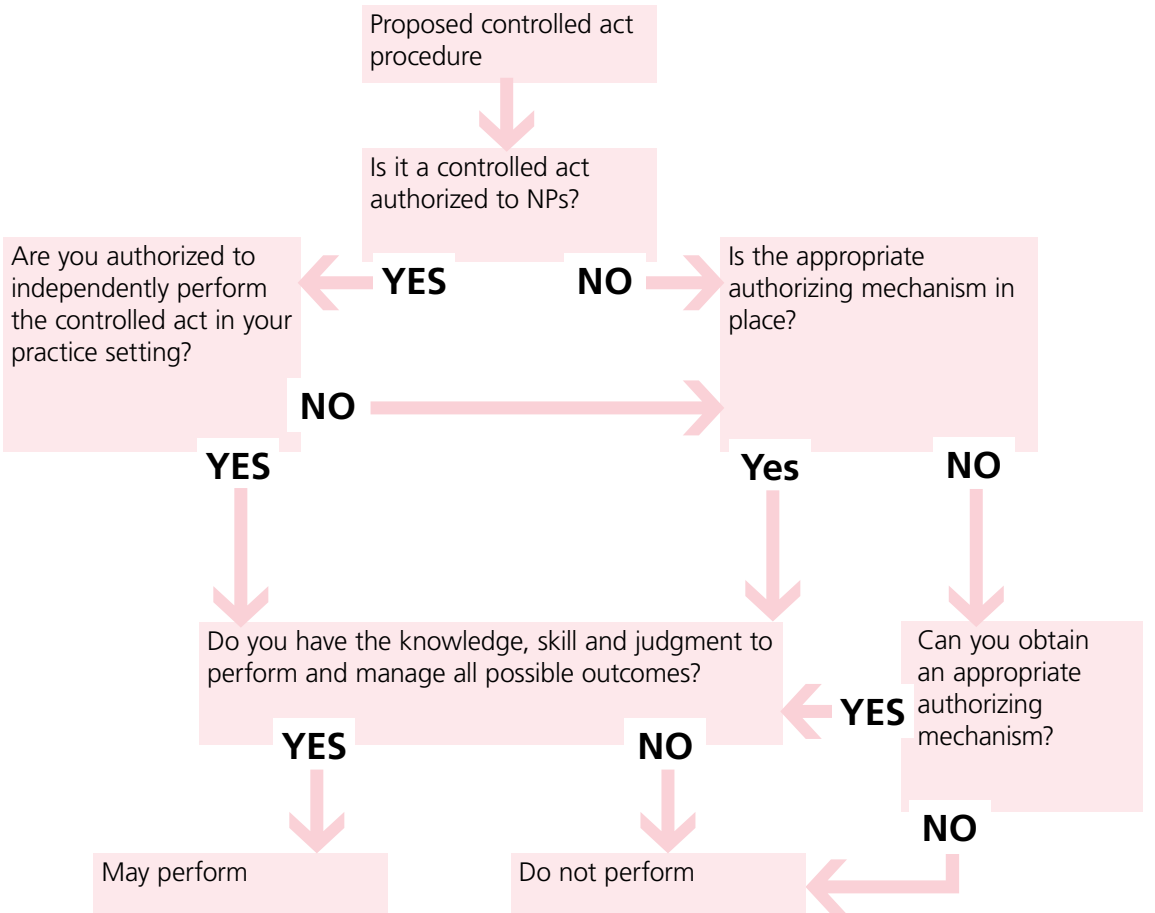
Protected title. A regulatory tool available to health regulatory colleges under the *Regulated Health Professions Act, 1991*, which is used to limit the use of a professional title in the public interest. The titles: RN, RPN, NP, RN(EC) and "nurse" are legally protected.

Specialty certificate. A College document issued to an NP that designates the client population for whom the NP is qualified to provide care. It is not meant to indicate an NP's clinical focus. The College currently registers three specialty certificates: NP-Adult, NP-Pediatrics and NP-Primary Health Care.

Professional relationship. A broad term that refers to an association, in some way, of a nurse to a client. This relationship is established and maintained by the nurse and is the foundation for providing nursing services. The relationship is based on trust, respect, empathy, intimacy and the appropriate

use of the nurse's inherent power. The relationship can be direct or indirect (e.g., when authorizing a directive.)

Decision Tree for NPs: Deciding to Perform a Controlled Act



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