

Scope of practice standards establish the standards, limits and conditions for Registered Psychiatric Nurses' practice. These scope of practice standards link to other [standards](#), policies and [bylaws of CRPNBC](#) and all legislation relevant to nursing practice.

For the purposes of these scope of practice standards, the “RPN Regulation” refers to the [Nurses \(Registered Psychiatric\) Regulation](#) which applies to Registered Psychiatric Nurses in British Columbia.

Organizations establish processes, supports and resources such as policies, procedures and decision support tools to ensure that RPNs meet the standards of practice set out by CRPNBC.

INTRODUCTION

These scope of practice standards outline the requirements for RPNs when they are providing client care in the following ways:

- Acting within autonomous scope of practice.
- Acting with client-specific orders.
- Giving client-specific orders.

Depending on the [controls on practice](#), including the [RPN Regulation](#), [Autonomous Scope of Practice](#), organizational policies and restrictions, and the RPN's individual competence, RPNs may provide care to clients by:

- Acting within [Autonomous Scope of Practice](#) and the RPN's individual competence when carrying out
 - Non-restricted activities, and
 - Restricted activities within section 6 of the [RPN Regulation](#).
- Acting with a client-specific order from a [listed health professional](#) for a [restricted activity](#) that is within section 7 of the [RPN Regulation](#) (to the extent the care provided is not within autonomous scope of practice under section 6).
- Acting with a client-specific order from another regulated health professional for an activity that is within autonomous scope of practice and the RPN's individual competence.
- Giving a client-specific order for an activity within autonomous scope of practice and the RPN's individual competence.

What is a client-specific order?

A “client-specific order” is any instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes any restricted activity.

Client-specific orders can include instructions that set out the usual care for a particular client group or client problem and are made client-specific by the ordering regulated health professional.

The client-specific order must:

- Be documented in the client’s permanent record by the regulated health professional.
- Include all the information needed for the ordered activity to be carried out safely (e.g., time, frequency, dosage, etc.).
- Include a unique identifier such as a written signature or an electronically generated identifier.

Once given, client-specific orders may be transcribed in other documents such as a client care plan.

What is not a client-specific order?

- An instruction that is recorded in any type of communication tool, for example a kardex, that is not signed or recorded in the client’s permanent record, is NOT an order.
- A consultation, referral or recommendation is NOT an order.

ACTING WITHIN AUTONOMOUS SCOPE OF PRACTICE

What is autonomous scope of practice?

For Registered Psychiatric Nurses, **autonomous scope of practice** includes the restricted activities listed in section 6 of the [RPN Regulation](#), and the provision of other care or services that do not involve restricted activities, except for any activities, care or services that are **excluded** from autonomous scope of practice under the [Scope of Practice for Registered Psychiatric Nurses: Standards, Limits and Conditions](#).

What is excluded from autonomous scope of practice?

Autonomous scope of practice **excludes** any activity, care or services:

- Listed under section 7 in the RPN Regulation (to the extent the care provided is not within the activities listed in section 6.
- Prohibited by:
 - Any standards, limits or conditions established by CRPNBC, including the *CRPNBC Scope of Practice for Registered Psychiatric Nurses: Standards, Limits and Conditions*, or
 - Any applicable organizational policy, procedures or restrictions.

RPN's individual competence

RPNs only perform activities and provide care or services that the nurse has the **individual competence** to carry out.

Standards for Acting within Autonomous Scope of Practice

1. RPNs assume sole accountability and responsibility when they act within autonomous scope of practice.
2. RPNs acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's status.
 - b. Make a nursing diagnosis of a client condition that can be improved or resolved through nursing activities.
 - c. Determine the activity to be carried out.
 - d. Carry out an activity to treat, prevent or palliate an injury or illness, and/or improve or resolve a condition.
 - e. Change or cancel a client-specific order for activities within autonomous scope of practice.
 - f. Give a client-specific order.
 - g. Manage the intended and unintended consequences of carrying out the activity.
 - h. Manage and evaluate the outcomes of the activity.
3. RPNs clarify their role and responsibilities within their organization for acting within autonomous scope of practice.

4. RPNs collaborate and communicate with the client and the health team members about the nursing diagnosis, decisions and actions.
5. RPNs communicate and collaborate with the health professional who gave the client-specific order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific for activities that are within autonomous scope of practice and the RPN's individual competence.
6. When acting within autonomous scope of practice, RPNs only perform those activities for which they have the individual competence to:
 - a. Determine whether the client would benefit from the activity.
 - b. Carry out the activity safely and ethically.
 - c. Manage the intended and unintended outcomes of the activity.
7. RPNs interpret and use current evidence from credible sources when carrying out activities within autonomous scope of practice.
8. RPNs follow legal and ethical obligations regarding client consent.

Applying the Standards for Acting within Autonomous Scope of Practice

- a. When you are planning care for a client, it is important to keep the client at the forefront and to include the health care team in decision-making. This may include consulting others before arriving at a nursing diagnosis, finalizing a plan of care, or determining the most appropriate nursing intervention for a client.
- b. When you are determining whether a client would benefit from an activity, consider:
 - The known risks and benefits to the client.
 - The possible outcomes of performing the activity.
 - Any other factors relevant to the specific situation.
- c. Determine the safeguards and resources needed to manage the outcomes before you carry out an activity, considering both the intended and any possible unintended outcomes that can be reasonably anticipated.
- d. Based on a change in the client's condition or wishes, it may be appropriate to change or cancel a client-specific order for performance of an activity that is within autonomous scope of practice and your individual competence. For example, you might cancel an ordered diet based on your assessment of the client's ability to swallow. If you change a client-specific order, it is important that you know and work within the boundaries of the controls on practice, and that you consult appropriately with the professional who gave the client-specific order (or their delegate) and other members of the health care team.
- e. Credible information sources to help you with decision-making and planning care for a client include your organization's decision support tools and clinical practice documents, current literature and research, and information from other health professionals.

ACTING WITH CLIENT-SPECIFIC ORDERS

A nurse may act with a [client-specific order](#) given by listed or non-listed regulated health professionals.

A “**listed health professional**” is a health professional, who is regulated, and authorized by the [RPN Regulation](#) to give orders for the performance of activities listed in section 7. Listed health professionals are dentists, midwives, naturopaths, physicians, podiatrists, pharmacists, certified practice registered nurses and nurse practitioners.

A “**non-listed health professional**” is a regulated health professional that is not listed within the RPN Regulation. Non-listed health professionals have specialized competence within their health profession’s autonomous scope of practice and within their own individual competence that allows them to assess a client and to design or recommend care appropriate for the client’s condition. Examples of non-listed health professionals include physiotherapists, dietitians, occupational therapists, wound care nurse-clinicians, Registered Psychiatric Nurses, registered nurses (who are not certified practice registered nurses or nurse practitioners) and psychologists. Some examples of client-specific orders given by non-listed health professionals include client-specific orders for enteral feeds, mobilization plans, group therapy approaches or wound management.

Standards for Acting with Client-specific Orders

1. RPNs require a client-specific order from a listed health professional to perform any restricted activity listed in section 7 of the [RPN Regulation](#) (to the extent the care provided is not within the activities listed in section 6).
2. RPNs acting with client-specific orders ensure the ordered activity is:
 - a. Within their scope of practice as set out in the RPN Regulation.
 - b. Consistent with any standards, limits and conditions established by CRPNBC.
 - c. Consistent with organizational policy, procedures and restrictions.
3. RPNs acting with a client-specific order ensure that they have the competence to:
 - a. Carry out the activity safely and ethically.
 - b. Manage the intended outcomes of the activity.
 - c. Recognize unintended outcomes of the activity and implement the plan for dealing with these unintended outcomes.

4. RPNs obtain a client-specific order to perform an activity or provide care or service that is within autonomous scope of practice when:
 - a. There are insufficient organizational supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet CRPNBC's regulatory requirements.
 - b. The nurse does not have the individual competence to make a nursing diagnosis or carry out an assessment to determine whether the client would benefit from the activity, care or service, but is competent to carry out the procedure (e.g., complex wound care).
5. RPNs only act with a client-specific order from a non-listed health professional when:
 - a. The activity is within [autonomous scope of practice](#).
 - b. The activity is within the RPN's individual competence.
 - c. Organizational supports, processes and resources, including policies and procedures, exist that:
 - o Clarify the accountability and responsibility of the nurse and the non-listed health professional.
 - o Outline the requirements for the non-listed health professional to complete an assessment and to ensure that the ordered activity is in the best interest of the client.

If an organization does not have supports, processes and resources related to client-specific orders by non-listed health professionals, RPNs follow the scope of practice standards for [acting within autonomous scope of practice](#).
6. RPNs acting with a client-specific order ensure that the order:
 - a. Is client-specific.
 - b. Is clear and complete.
 - c. Is documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier.
 - d. Contains enough information for the nurse to carry it out safely.
7. RPNs accept verbal or telephone client-specific orders only when there is no reasonable¹ alternative, and when doing so is in the best interest of the client. RPNs repeat the client-specific order back to the ordering health professional to confirm that it is accurate. RPNs promptly document any verbal or telephone client-specific orders.
8. RPNs carry out appropriate assessments to ensure that the client's condition continues to warrant the activity before acting with a client-specific order.

¹ Reasonable refers to the common understanding that registrants of the psychiatric nursing profession would have as to what is appropriate in the situation.

9. RPNs follow organizational policy, procedures and restrictions and take appropriate action, including communicating and collaborating with the health professional who gave the client-specific order, or their delegate, and the health care team when:
 - a. They are not able to carry out a client-specific order (e.g., hold an order).
 - b. The client-specific order does not seem to be evidence-based.
 - c. The client-specific order does not appear to consider a client's individual characteristics or wishes.
 - d. The ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed.
 - e. They change or cancel a client-specific order for activities that are within autonomous scope of practice.
 - f. The safeguards and resources are not available to manage the outcomes of performing the activity including possible unintended outcomes that are reasonably foreseeable.
10. RPNs follow the standards for [Acting within Autonomous Scope of Practice](#) and/or [Giving Client-specific Orders](#) when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.
11. RPNs may not change or cancel a client-specific order given by a listed health professional when the activity is outside of autonomous scope of practice or the RPN's individual competence.
12. RPNs follow legal and ethical obligations regarding client consent.

Applying the Standards for Acting with Client-specific Orders

- a. Under the *Health Professions Act* and the *RPN Regulation* some restricted activities are listed under both section 6 and also under section 7.
 - For example, “perform a procedure on tissue below the dermis” is in sections 6 and 7 and includes some of the same wound care activities (e.g., negative pressure wound therapy) which may be done within autonomous scope of practice or with a client-specific order (depending on the controls on practice). Suturing skin lacerations is another “procedure on the tissue below the dermis” but it is only a section 7 activity that requires a client-specific order from a listed health professional.
 - The [Scope of Practice for Registered Psychiatric Nurses: Standards, Limits and Conditions](#) provides additional detail about restricted activities.
- b. If you have questions about a client-specific order or the order does not contain the required information for you to carry it out safely, seek further clarification from the person who gave the client-specific order or from others on the health care team or your team leader.

- c. If you have reason to believe that the ordered activity may be outside of the scope of practice or individual competence of the health professional who gave the client-specific order (for example, a podiatrist ordering a medication to treat congestive heart failure), it is important that you follow up and clarify before acting with the client-specific order.
- d. When determining whether a client-specific order has enough information for you to act on it, consider elements such as:
 - The duration if there are time limits to the ordered activity (e.g. for 7 days).
 - The frequency of care – how often the care needs to take place.
 - The conditions that need to exist to carry out the client-specific order (e.g., client condition, lab result).
- e. Except in an emergency, such as a cardiac arrest, avoid verbal client-specific orders when you are working in the same location of care as the health professional giving the client-specific order.
- f. In some cases the best option for the client is for a client-specific order to be given by telehealth. In this case, increase client safety by following organizational policy, procedures and restrictions.

GIVING CLIENT-SPECIFIC ORDERS

RPNs giving client-specific orders also follow the [Acting within Autonomous Scope of Practice](#) standards in addition to the standards outlined below.

Standards for Giving Client-specific Orders

1. RPNs accept sole accountability and responsibility for the client-specific orders they give.
2. RPNs give client-specific orders for activities that are:
 - a. Within [autonomous scope of practice](#).
 - b. Within the RPN's individual competence.
 - c. Consistent with any relevant standards, limits and conditions established by CRPNBC.
 - d. Consistent with organizational policy, procedures and restrictions.
3. RPNs only give client-specific orders when organizational supports, processes and resources, including policies and procedures, exist that:
 - a. Outline the accountability and responsibility of the nurse.
 - b. Ensure continuity of care for the client including the requirements and procedures for responding to questions about client-specific orders, amending client-specific orders and evaluating client outcomes.
4. RPNs carry out assessments and make an appropriate nursing diagnosis to ensure that the client's condition can be improved or resolved by the ordered activity before giving a client-specific order.
5. RPNs give client-specific orders that consider the unique characteristics, needs and wishes of the client, contain enough information for the client-specific order to be carried out safely and are:
 - a. Based on evidence.
 - b. Clear, and complete.
 - c. Documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier.
6. RPNs give verbal or telephone client-specific orders only when there are no reasonable² alternatives and it is in the best interest of the client. In these situations, RPNs:

² Reasonable refers to the common understanding that registrants of the psychiatric nursing profession would have as to what is appropriate in the situation.

- d. Ensure that they have the necessary information to conduct the assessment required to give the client-specific order, which may include gathering information from another health care provider when the nurse is not able to directly observe the client.
 - e. Ask for the client-specific order to be read back to confirm it is accurate.
 - f. Follow up to ensure that the client-specific order is documented in the client record.
7. RPNs using documents that set out the usual care for a particular client group or client (e.g., pre-printed orders or order sets) make the information client-specific by adding the name of the individual client, making any necessary changes, dating their client-specific orders and signing with their unique identifier.
 8. RPNs identify the specific document (e.g., a decision support tool) in the client's record, including the name and the date of publication, when they reference that document in a client-specific order.
 9. RPNs follow the standards for [*Acting within Autonomous Scope of Practice*](#) and/or [*Giving Client-specific Orders*](#) when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.
 10. RPNs communicate and collaborate with the professional who gave the client-specific order, the client and other members of the health care team when changing, or cancelling a client-specific order.
 11. RPNs follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

Applying the Standards for Giving Client-specific Orders

- a. When you are giving a client-specific order, you may incorporate information from other health professionals as part of your assessment. For example, if another health care professional provides information about the client's vital signs, you may use that information to inform your assessment.
- b. When you give a client-specific order, you are not accountable or responsible for ensuring that the health professional(s) carrying out the client-specific order are:
 - Working within their scope of practice.
 - Competent to perform the activity.
- c. Before giving a client-specific order consider the elements that would make the client-specific order specific, clear and complete such as:
 - The duration if there are time limits to the ordered activity (e.g., for 7 days).
 - The frequency of care – how often the care needs to take place.

- The conditions (e.g., client condition, lab result) that need to exist to carry out the order.
- d. When you are giving a client-specific order, improve client safety by following your organization's policy on the use of abbreviations.
- e. Before giving a client-specific order, ensure that policies, procedures and communication methods are in place to maintain continuity of care, answer questions about the client-specific orders when you are not available and evaluate the client's response to the care. For example, this may include communicating to a colleague at shift change about any revisions to client-specific orders and communicating to other health professionals who can respond to questions about the client-specific order in your absence.
- f. Except in an emergency, such as a cardiac arrest, avoid verbal client-specific orders when you are working in the same location of care as the health professional receiving the client-specific order.
- g. In some cases the best option for the client is for a client-specific order to be given by telehealth. In this case, increase client safety by following organizational policy, procedures and restrictions.

Related Standards of Practice

- *Scope of Practice Standards, Limits and Conditions for Registered Psychiatric Nurses*
- *Consent Practice Standard*
- *Documentation Practice Standard*
- *Privacy and Confidentiality Practice Standard*

Other CRPNBC Resources

- [Legislation Relevant to Nurses' Practice](#)

For more information on this or any other practice issue, contact CRPNBC's Practice Consultant by email at crpnbc@crpnbc.ca or call 604.931.5200 or 1.800.565.2505.

© Copyright College of Registered Psychiatric Nurses of British Columbia 2017.