Scope of Practice for Registered Psychiatric Nurses:

Standards, Limits and Conditions

Effective March 3, 2018
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1. PURPOSE OF DOCUMENT

On December 3, 2015, the new Nurses (Registered Psychiatric) Regulation came into effect. Throughout this document the new regulation is referred to as the “Regulation.” Any change to scope of practice permitted by this version of the document is effective February 28, 2017.

The purpose of this document is to:

- Explain the Regulation and those parts of the Health Professions Act that affect scope of practice for Registered Psychiatric Nurses (“RPNs”).
- Set out CRPNBC standards, limits and conditions related to scope of practice.
- Explain restricted activities for RPNs.
- Explain delegation as it applies under the Health Professions Act and pursuant to CRPNBC practice standards.

The scope of practice for RPNs is set out in the Regulation under the Health Professions Act. Scope of practice is further clarified in this document (including limits and conditions) and the following CRPNBC documents, which can be found at www.crpnbc.ca:

- Professional Standards for Psychiatric Nursing.
- Specific practice standards.

As CRPNBC policy is revised or legislation is amended, CRPNBC registrants will be notified of changes to this document.
2. THE BASIS FOR SCOPE OF PRACTICE

2.1 What the Nurses (Registered Psychiatric) Regulation covers

The *Regulation* sets out, among other things:

- Reserved titles that CRPNBC registrants can use.
- A definition of psychiatric nursing.
- Restricted activities for RPNs.

2.1.1 Reserved Titles

CRPNBC registrants (except Employed Student Registrants) can use the following reserved titles, subject to registration requirements in CRPNBC Bylaws:

- Registered Psychiatric Nurse (RPN).
- Psychiatric Nurse.
- Nurse.

Licensed Practical Nurses and Registered Nurses are also authorized to use the title of Nurse.

More information can be found in the CRPNBC practice standard *Appropriate Use of Title*.

2.1.2 Scope of Practice

Scope of practice refers to activities that a group of professionals are educated and authorized to perform rather than what any individual professional can do. Hence, *RPN scope of practice* refers to activities RPNs are educated and authorized by the *Regulation* and CRPNBC to perform. These activities are established through the definition of psychiatric nursing in the *Regulation* and are complemented by standards, limits and conditions set by CRPNBC.

The *Regulation* states that CRPNBC registrants may practise psychiatric nursing. **Psychiatric nursing** is defined as the health profession in which a person provides the following services:

- Health care for the promotion, maintenance and restoration of health, with a focus on psychosocial, mental or emotional health.
- Prevention, treatment and palliation of illness and injury, with a focus on psychosocial, mental or emotional disorders and conditions and associated or comorbid physiological conditions, primarily by assessing health status, planning, implementing and evaluating interventions and coordinating health services.

The *Regulation* does not refer to education, administration and research in the scope of practice statement for nurses. However, these are all considered part of the practice of RPNs.
Psychiatric nursing can be carried out in a variety of settings. While RPNs often practise in mental health and addictions settings, they also practise psychiatric nursing in other settings with mixed populations. Examples of such settings are corrections services, palliative care, occupational health, residential care, and complex care. Such practice is within RPN scope of practice.

Frequently used terms

The following are defined terms related to RPN scope of practice that are used throughout this document. For a full description of these terms please see the scope of practice standard in Part 3: Autonomous Scope of Practice and Client-specific Orders.

- **Autonomous scope of practice** includes the restricted activities [see part 2.1.3 for definition] listed in section 6 of the 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, as described below.

  Autonomous scope of practice includes any activity, care or services:
  
  - Listed under section 7 in the 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, or
    - any applicable organizational policy, procedures or restrictions.

- **A listed health professional** is a health professional,¹ who is regulated, and authorized by the Regulation to give orders for the performance of activities listed in section 7 of the Regulation. Listed health professionals for RPNs 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 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, RPNs, registered nurses (who are not certified practice registered nurses or nurse practitioners) and psychologists.

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¹ A listed health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia.
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 (see Part 3 for a complete description including what is not included in a client-specific order). 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).
- Include a unique identifier such as a written signature or an electronically generated identifier.

**Exceptions**

RPNs must provide care only within RPN scope of practice. There are two exceptions to this rule:

1. **In a situation involving an imminent risk of death or serious harm, arising unexpectedly and requiring urgent action:** RPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence.²

2. **Where a formal delegation process is in place:** At this time, no activities have been approved for delegation by another regulated health professional to RPNs (see Part 7 for further information about delegation).

**2.1.3 Restricted Activities**

Restricted activities are clinical activities that present a significant risk of harm to the public and, therefore, may be carried out only by specified health professions. The Regulation assigns specific restricted activities to Registered Psychiatric Nurses. Under the Health Professions Act the same restricted activities may also be assigned to other health professional(s). While entry-level RPNs have the education to carry out a variety of restricted activities, RPNs with additional education can carry out more restricted activities.

Part 5 of this document discusses those restricted activities that are within RPN scope of practice.

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² “Individual competence” means the integration and application of current knowledge, skills, attitudes and judgment required to perform safely, ethically and appropriately within an individual’s nursing practice.
2.2 Controls on Nursing Practice

There are four levels of controls on RPN practice:

1. *Health Professions Act* and *Nurses (Registered Psychiatric) Regulation*, which set out the broad scope of practice (this applies to all RPNs).
2. **CRPNBC standards, limits and conditions**, which complement and further define and limit the scope of practice set out in the *Regulation* (this applies to all RPNs).
3. **Employer/Organization policies**, which may further restrict what activities an RPN may do in the workplace (this applies only to RPNs at that workplace).
4. **Individual RPN competence** to carry out a particular activity, which reflects an RPN’s level of education, knowledge, skills, experience and currency (this applies to an individual RPN).

The government, CRPNBC, employers and RPNs work together to ensure that members of the public receive safe, competent and ethical care. The diagram on the next page illustrates the levels of control on RPN practice and how each builds on the other.

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3 RPNs in independent practice assume the responsibilities of employers.
2.3 Types of Activities

Within the Regulation, practice activities are grouped as:

**Activities that are not restricted**

- Most activities that RPNs carry out are not restricted. The Regulation covers these activities in the broad definition of psychiatric nursing. They are fundamental to RPN practice, and many of these activities are complex. Examples of these activities and CRPNBC limits and conditions can be found in Part 4. RPNs are required to follow the scope of practice standard *Autonomous Scope of Practice and Client-specific Orders* (see Part 3) and other standards, limits and conditions set by CRPNBC (see Part 5.1).

**Restricted activities that do not require an order**

- Section 6 of the Regulation lists restricted activities that do not require an order from a listed health professional. RPNs are required to follow CRPNBC’s scope of practice standard *Acting within Autonomous Scope of Practice* (Part 3.1) and adhere to other standards, limits and conditions set by CRPNBC (Part 5.1).

**Restricted activities that require an order**

- Section 7 of the Regulation lists restricted activities that require an order from a listed health professional. The identified list of health professionals can be found in the definition of *listed health professional* in Part 3.2. RPNs are required to follow CRPNBC’s scope of practice standard *Acting with Client-specific Orders* (Part 3) and adhere to other standards, limits and conditions set by CRPNBC (see Part 5.2).

**Delegated activities** (Part 7 of this document)

- Under the *Health Professions Act*, “delegation” means delegating to a non-registrant the provision or performance of an aspect of practice. Delegation to a regulated health professional occurs when an activity is within the scope of the delegating profession and outside the scope of the other profession. Delegation must be authorized within the bylaws of both regulatory bodies. It does not refer to giving client-specific orders, direction, supervision or assignment. At this time, no activities have been approved for delegation to RPNs.

The diagram on the next page illustrates that CRPNBC standards, limits and conditions apply to all psychiatric nursing activities.
CRPNBC establishes standards, limits and conditions that apply to psychiatric nursing activities, all of which limit what activities are within the scope of practice of psychiatric nursing.

2.4 Standards, Limits and Conditions

CRPNBC has the authority, under the Health Professions Act, to establish, monitor and enforce standards, limits and conditions for RPN practice. Standards, limits and conditions increase the public’s level of protection. These concepts are defined below:

**Standard:** A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

The scope of practice standard Autonomous Scope of Practice and Client-specific Orders outlines the requirements for RPNs when they are providing psychiatric nursing care. The scope of practice standard Autonomous Scope of Practice and Client-specific Orders consists of three standards:

- **Acting within Autonomous Scope of Practice.**
- **Acting with Client-specific Orders.**
- **Giving Client-specific Orders.**

The scope of practice standards are discussed in Part 3.

**Limit:** Specifies what RPNs are not permitted to do. For example, when acting within autonomous scope of practice, RPNs must not immunize children under the age of four.
**Condition:** The circumstances under which RPNs may carry out an activity. There are three types of conditions in this context: education, competencies and decision support tools.

- **Education:** RPNs must successfully complete post-basic education before being able to carry out some nursing activities. There are two types of post-basic education:
  1. **Additional education:** Structured education (e.g., workshop, course, program of study) designed for nurses to attain the competencies required to carry out a specific activity as part of psychiatric nursing practice. Additional education must:
     - build on the entry-level competencies of RPNs,
     - identify the competencies expected on completion of the education,
     - include both theory and application to practise, and
     - include an objective, independent evaluation of competencies on completion of the education.
  2. **Education through a named agency:** Education through a provincial expert group or school of nursing that develops a curriculum and/or delivers the required education (e.g., British Columbia Centre for Disease Control [BCCDC]). These courses provide consistency across the province.

- **Competencies:** RPNs must have the competencies identified by a particular agency to carry out a restricted activity (e.g., BCCDC identifies competencies related to immunizations).

- **Decision support tools:** When required, RPNs must follow established decision support tools (DSTs). Decision support tools are systems that provide evidence-based information to support clinical judgment. DSTs come in various forms and are created by organizations or specialists in a specific area of health care. They are not the same as practice standards provided by CRPNBC.

CRPNBC strongly recommends that registrants keep a permanent record of information showing that they have met any conditions associated with an activity, such as evidence of successful completion of education.

Registrants who are unsure whether an activity is considered within RPN scope of practice should contact CRPNBC. RPNs are required to follow the standards, limits and conditions set out by CRPNBC.
KEY POINTS

❖ RPNs are responsible and accountable for determining if an activity is within scope of practice for RPNs.
❖ All four levels of controls on practice must permit the activity: Health Professions Act and the Regulation; CRPNBC standards, limits and conditions; employer/organization policies; and the RPN’s own competence.
❖ Having the regulatory authority to carry out a psychiatric nursing activity is not necessarily reason to do so.

2.5 Putting It All Together

As an RPN, to determine if the controls on practice permit the activity, you follow the four steps below:

1. You must check if the activity is within RPN scope of practice as defined in the Regulation and whether an order is required by a listed health professional.
2. You must check and apply all CRPNBC standards, limits and conditions related to the psychiatric nursing activity.
3. You must check organizational policies, procedures and restrictions that apply to you as an RPN in your workplace setting.
4. You must assess your individual competence to carry out the activity.

These first two steps determine the scope of practice for all RPNs and steps three and four are specific to you as an individual RPN.

The following example, using the restricted activity of venipuncture, demonstrates how RPN scope of practice and controls on practice fit together.

The Health Professions Act and the Regulation states that an RPN does not require an order to carry out venipuncture for the purpose of collecting a blood sample, or for the purpose of establishing intravenous access, maintaining patency or managing hypovolemia. However, having the activity described in the Regulation as an activity that does not require an order is not enough. RPNs must determine if the activity is within scope of practice for RPNs and assess further controls on practice to determine if they should carry out this activity.
The following CRPNBC standards, limits and conditions apply to this activity:

- **Standards:** An RPN must follow either scope of practice standard *Acting within Autonomous Scope of Practice* or *Acting with a Client-specific Order* (see Part 3), whichever applies to the situation.
- **Limits:** RPNs are limited to using short peripheral venous access devices to take blood or to establish intravenous access. RPNs cannot take blood for the purpose of donation.
- **Conditions:** Venipuncture is not included in basic RPN education. Therefore, a condition for carrying out this activity is that the RPN must successfully complete additional education that meets certain requirements (see Part 5).

Consequently, venipuncture is restricted to RPNs who meet all the standards, limits and conditions.

Further, employer/organization policies will state if venipuncture can be carried out in a particular work setting, who can carry out venipuncture in that setting, and whether a client-specific order is required. These policies may limit an RPN from carrying out venipuncture in a certain setting. For example, an organizational policy may establish that the practice in that work setting is for blood to be drawn by a lab technician and that an RPN may not draw blood.

**RPN individual competence** is the final control on practice. The preceding controls may indicate that an RPN can carry out venipuncture in the work setting. However, the RPN must also assess their own competence. Education, knowledge, skills, experience and currency all contribute to individual RPN competence. Perhaps the RPN has completed additional education a number of years ago and has not carried out venipuncture since then. Or perhaps the RPN has recently completed additional education but has not had the opportunity to consolidate the skill. Or perhaps the RPN feels competent with the technical skill, but not with the ability to manage unintended outcomes in this particular setting. Only if an RPN determines they are competent to carry out venipuncture should they do so.
3. AUTONOMOUS SCOPE OF PRACTICE AND CLIENT-SPECIFIC ORDERS

The scope of practice standard, *Autonomous Scope of Practice and Client-specific Orders*, establishes the standards, limits and conditions for Registered Psychiatric Nurses’ practice. This scope of practice standard links to other standards, policies and bylaws of CRPNBC and all legislation relevant to nursing practice.

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 *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 *Regulation*.
- Acting with a client-specific order from a listed health professional for a restricted activity that is within section 7 of the *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.

The diagram on the next page illustrates that at least one of the three scope of practice standards apply to all psychiatric nursing activities.
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).
- 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.

### 3.1 Acting within Autonomous Scope of Practice

**What is autonomous scope of practice?**

For RPNs, autonomous scope of practice includes the restricted activities listed in section 6 of the 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, as described below.

**What is excluded from autonomous scope of practice?**

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

- Listed under section 7 in the 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, 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.
The scope of practice standard *Acting within Autonomous Scope of Practice* applies to the psychiatric nursing activities outlined in red in the diagram above.

**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 order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order 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 an 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 an 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 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.

3.2 Acting with Client-specific Orders

A nurse may act on 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 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.

The standards for Acting with a Client-specific Order require RPNs to act with a client-specific order from a listed health professional when carrying out section 7 restricted activities outlined in red in the diagram above.

A non-listed health professional is a regulated health professional that is not listed within the 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, RPNs, 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.

The standards for Acting with a Client-specific Order permit RPNs to act with a client-specific order from a non-listed health professional when carrying out psychiatric nursing activities outlined in red in the diagram above.

**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 Regulation (to the extent the care provided is not within the activities listed in section 6).

2. RPNs acting with a client-specific order ensure the ordered activity is:
   a. Within the scope of practice as set out in the 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:
      ▪ Clarify the accountability and responsibility of the nurse and the non-listed health professional.
      ▪ 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 standard 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 reasonable 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.

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 Regulation some restricted activities are listed under both section 6 and also under section 7.

---

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

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 seven 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.
3.3 Giving Client-specific Orders

The standards for giving client-specific orders apply to the psychiatric nursing activities outlined in red in the diagram below.

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:
Scope of Practice for Registered Psychiatric Nurses  
Standards, Limits and Conditions

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 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 reasonable
   alternatives and it is in the best interest of the client. In these situations, RPNs:
   a. 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.
   b. Ask for the client-specific order to be read back to confirm it is accurate.
   c. 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.

______________________________

5 Reasonable refers to the common understanding that registrants of the psychiatric nursing profession would have as to
what is appropriate in the situation.
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 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 client-specific 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.
3.4 Prescribe and Giving Client-specific Orders Related to Medication

Because it is new practice for RPNs to authorize or instruct a pharmacist to dispense medications, until further notice CRPNBC is placing limits and conditions on RPNs’ authority to prescribe and give client-specific orders to administer, compound and dispense Schedule II and select Schedule I drugs.

3.4.1 Limits and Conditions on Prescribe and Giving Client-specific Orders for Schedule I and II Drugs (this table is on pages 28 and 29).

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RPNs who work in settings where the employer did not permit RPNs to give a client-specific order to administer, compound or dispense Schedule II or select Schedule I drugs before December 3, 2015 must not prescribe.</td>
</tr>
<tr>
<td>2. RPNs who work in settings where the employer did not permit RPNs to give a client-specific order to administer, compound or dispense Schedule II or select Schedule I drugs before December 3, 2015 must not give a client-specific order to administer, compound or dispense Schedule I or II drugs.</td>
</tr>
<tr>
<td>3. RPNs who work in settings where the employer permitted RPNs to give a client-specific order to administer, compound or dispense select Schedule I or II drugs before December 3, 2015 are limited to prescribing only those select Schedule I or II drugs in that setting.</td>
</tr>
<tr>
<td>4. RPNs who work in settings where the employer permitted RPNs to give a client-specific order to administer, compound or dispense Schedule II or select Schedule I drugs before December 3, 2015 must not give a client-specific order to administer, compound or dispense Schedule I or II drugs.</td>
</tr>
</tbody>
</table>
3.4.1 Limits and Conditions on Prescribe and Giving Client-specific Orders for Schedule I and II Drugs (this table is on pages 28 and 29).

administer, compound or dispense select Schedule I or II drugs before December 3, 2015 are limited to giving a client-specific order to administer, compound or dispense only those select Schedule I or II drugs in that setting.

See Part 5.1.11 for specific limits and conditions on prescribing related to Schedule II drugs and select Schedule I drugs.

Further direction related to medication can be found in two CRPNBC practice standards: Medication Administration and Dispensing Medications.

Further direction related to prescribe and giving orders for medication can be found in Part 3.4.

Dispense has the same meaning as in the Pharmacy Operations and Drug Schedule Act (PODSA). It includes the preparation of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use. This includes receipt of payment on behalf of a registrant’s employer for a drug dispensed or administered by the registrant, if the registrant’s employer lawfully requires payment for that drug from a person in respect of the individual for or to whom it is dispensed or administered.

Prescribe means to issue a prescription as defined in the Pharmacy Operations and Drug Schedule Act (PODSA): an authorization from a practitioner to dispense a specific drug or device for use by a designated individual.


Further information about prescribing and giving client-specific orders for medication

Does the legislation, including the Regulation, authorize RPNs to prescribe?

Yes, RPNs are permitted to prescribe Schedule II drugs and select Schedule I drugs listed in s. 6(n)(i) and 6(o)(i) of the Regulation.

Explanation: In addition to changes in the RPN Regulation, RPNs have been added to the Health Professions Act’s Prescribed Health Care Professions Regulation as a “practitioner” authorized to “prescribe.” These changes authorize pharmacists to dispense medication that RPNs are permitted to prescribe.
Does the legislation, including the Regulation, permit RPNs to give client-specific orders to administer, compound and dispense medication?

Yes, RPNs can give client-specific orders for section 6 restricted activities (that do not require an order) including administering, compounding, and dispensing Schedule II drugs and a limited number of Schedule I drugs (those listed in section 6(n)(i) and 6(o)(i) of the Regulation).

RPNs may also give client-specific orders to administer, compound and dispense medications that are not restricted (e.g., Schedule III drugs).

Which health professionals may follow a client-specific order given by an RPN?

LPNs are authorized by the LPN Regulation to act with a client-specific order given by RPNs. Other health professionals (e.g., other nurses) may also act with a client-specific order given by an RPN if it is within the health professional's scope of practice.

Explanation: RPNs are included in the definition of health professional in the LPN Regulation, which permits LPNs to act with a client-specific order given by an RPN. When RPNs give a client-specific order, they are not accountable or responsible for ensuring that the health professionals carrying out the client-specific order are working within their scope of practice or competent to perform the activity (see scope of practice standard: Acting with Client-specific Orders).

RPNs were given the authority to prescribe in the December 3, 2015 Regulation; how does the authority to prescribe change or impact RPN practice?

Because of CRPNBC limits and conditions (see part 3.4.1),

- Most RPNs are not authorized to prescribe or give client-specific orders for Schedule II and select Schedule I drugs.
- A limited number of RPNs in specific work settings may prescribe and continue to give client-specific orders for select Schedule I and II drugs.
- Those RPNs who prescribe and give client-specific orders for any medication must follow the applicable CRPNBC standards including Acting within Autonomous Scope of Practice, Giving Client-specific Orders, Dispensing Medication, and Medication Administration.

Explanation: Prior to the Regulation, some employers in some practice settings permitted RPNs to give client-specific orders to administer, compound or dispense select Schedule I and II drugs that RPNs can carry out within autonomous scope of practice (e.g., epinephrine for anaphylaxis). However, because RPNs were not defined as “practitioners” authorized to “prescribe,” a pharmacist was not authorized to dispense a medication ordered by an RPN. Some RPNs may have given a client-specific order for medications that were accessible without a pharmacist dispensing the drug for a specific client (e.g., ward stock, emergency
The intention of the CRPNBC limits and conditions is to permit this practice to continue in those work settings only, subject to CRPNBC scope of practice standard *Giving client-specific orders* and other relevant standards, limits and conditions (e.g., *Medication Administration* and *Dispensing Medication* practice standards).

### 3.4.2 Standards for Prescribe and Giving Client-specific Orders for Medication

Until further notice, RPNs who prescribe and give a client-specific order for any medication (subject to CRPNBC limits and conditions, see Part 3.4.1) must:

- Follow the scope of practice standards *Acting within Autonomous Scope of Practice* and *Giving Client-specific Orders* (see Parts 3.1 and 3.3).
- Follow the *Medication Administration* and *Dispensing Medication* practice standards.

CRPNBC continues policy work related to prescribing and giving a client-specific order for medication to help support RPNs in this practice. More information will be available at a later date.

Contact CRPNBC if you have questions about prescribing or giving client-specific orders to administer, compound or dispense medications.
4. ACTIVITIES THAT ARE NOT RESTRICTED

4.1 Explanation of Activities That Are Not Restricted

Most activities that RPNs carry out are not defined as restricted activities within the Regulation (see the section outlined in red in the diagram above). The Regulation includes these activities in the broad scope of practice statement. They are fundamental to RPN practice, and many of these activities are complex.

Remember that the scope of practice standard: Autonomously Scope of Practice and Client-specific Orders also apply to activities that are not restricted. The scope of practice standards and related definitions of client-specific order, listed health professional and non-listed health professional can be found in Part 3. Some of the following CRPNBC limits and conditions require an RPN to act with a client-specific order from a listed health professional.

Examples of activities that are not restricted are:

- Applying and managing physical restraints and seclusion.
- Assisting with activities of daily living.
- Completing a mental status examination.
- Collecting, storing and transporting specimens.
- Counselling clients.
- Providing crisis intervention.
Dispensing and administering some medications (e.g., Schedule III drugs).
- Administering and dispensing unscheduled naloxone.
- Educating students and colleagues on psychiatric nursing concepts.
- Planning, implementing and evaluating health promotion, prevention and maintenance strategies.
- Pronouncing death.
- Conducting risk assessments.
- Ensuring timely and accurate documentation.
- Using evidence-based resources to interpret clinical observations and to support decisions.
- Using and engaging in psychiatric nursing research.

Keep in mind that, before an RPN carries out an activity that is not restricted, the four controls on practice (Health Professions Act and the Regulation; CRPNBC standards, limits and conditions; employer/organization policies; and individual RPN competence) must permit the activity. There are also many nursing activities that RPNs do not carry out because they do not fall within the scope of psychiatric nursing – such as carrying out cardiac stress tests.

Registrants who are unsure whether an activity is considered within RPN scope of practice should contact CRPNBC.

**REMEMBER THE DEFINITION OF PSYCHIATRIC NURSING**

Psychiatric nursing is the health profession in which a person provides the following services:

- Health care for the promotion, maintenance and restoration of health, with a focus on psychosocial, mental or emotional health.
- Prevention, treatment and palliation of illness and injury, with a focus on psychosocial, mental or emotional disorders and conditions and associated or comorbid physiological conditions, primarily by assessing health status, planning, implementing and evaluating interventions, and coordinating health services.

Registrants who have questions about RPN scope of practice should contact CRPNBC.
4.2 Limits and Conditions on Activities That Are Not Restricted

CRPNBC limits and conditions apply to the following activities that are not restricted:

- Restraint and seclusion.
- Pronouncement of death.

### 4.2.1 Restraint and Seclusion

**CRPNBC Limits and Conditions**

1. When using restraint or seclusion\(^1\) interventions, RPNs must follow applicable legislation\(^2\) specific to their practice setting.

2. When using mechanical restraint\(^3\) or seclusion interventions with clients certified under the Mental Health Act, RPNs must act with a client-specific order\(^4\) from a listed health professional, except in an emergency situation.

The use of restraint and seclusion is not a restricted activity and is within RPN scope of practice. RPNs may apply physical\(^5\) and mechanical restraint\(^3\) and seclusion\(^1\) interventions.

\(^1\) Seclusion is a physical intervention that involves containing a client in a room from which free exit is denied (Government of BC, Ministry of Health, 2012, Secure rooms and seclusion standards and guidelines: A literature and evidence review).

\(^2\) If restraint and seclusion is not done with legislative authority, the act may be an assault. Some examples of provincial and federal legislation which may be applicable to the use of restraint and seclusion are the Residential Care Regulation, Community Care and Assisted Living Act, Mental Health Act, Corrections Act, Criminal Code of Canada and Corrections and Conditional Release Act.

\(^3\) Mechanical restraint involves the use of devices to partially or totally restrict the client’s movements.

\(^4\) See the scope of practice standard Acting with Client-specific Orders in Part 3.2.

\(^5\) Physical restraint involves direct physical contact that partially or totally restricts the client’s movements.

### 4.2.2 Pronouncement of Death (this table is on pages 34 and 35)

**CRPNBC Limits and Conditions**

1. RPNs must follow a decision support tool approved by their employer when pronouncing unexpected death.
2. RPNs must not pronounce death related to medical assistance in dying (MAiD).

Pronouncement of death is not a restricted activity and CRPNBC has no limits or conditions on the pronouncement of death when it is expected/anticipated except when death is related to medical assistance in dying. A pronouncement of death is the process of gathering information about a client's health status, analyzing that data and making a clinical judgment that life has ceased by observing and noting the absence of cardiac and respiratory function.

<table>
<thead>
<tr>
<th>4.2.3 Financial Incapability Assessment – Part 2.1 of the Adult Guardianship Act</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRPNBC Limits and Conditions</strong></td>
</tr>
<tr>
<td>1. RPNs must successfully complete the educational program titled “A Guide to the Certificate of Incapability Process under the Adult Guardianship Act,” provided by the Ministry of Health.</td>
</tr>
</tbody>
</table>

Financial incapability assessment is not a restricted activity. RPNs can conduct the functional component of the assessment to determine incapability for managing financial affairs.
5. RESTRICTED ACTIVITIES

Restricted activities for Registered Psychiatric Nurses may be carried out only in the course of practising psychiatric nursing. These activities are set out in sections 6 and 7 of the Regulation. Section 6 activities do not require an order, but section 7 activities do require an order from a listed health professional. See the section outlined in red in the diagram above illustrating where restricted activities are within the RPN scope of practice model.

REMEMBER THE DEFINITION OF PSYCHIATRIC NURSING

Psychiatric nursing is the health profession in which a person provides the following services:

- Health care for the promotion, maintenance and restoration of health, with a focus on psychosocial, mental or emotional health.
- Prevention, treatment and palliation of illness and injury, with a focus on psychosocial, mental or emotional disorders and conditions and associated or comorbid physiological conditions, primarily by assessing health status, planning, implementing and evaluating interventions, and coordinating health services.

Registrants who have questions about RPN scope of practice should contact CRPNBC.
5.1 Limits and Conditions on Restricted Activities That Do Not Require an Order

Section 6 of the Regulation lists restricted activities that do not require an order from a listed health professional. RPNs adhere to CRPNBC standards, limits and conditions including following the scope of practice standard Autonomous Scope of Practice and Client-specific Orders. The scope of practice standards and related definitions of client-specific order, listed health professional and non-listed health professional can be found in Part 3. Some of the following CRPNBC limits and conditions require an RPN to act with a client-specific order from a listed health professional.

### 5.1.1 Nursing Diagnosis

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(a)</th>
<th>A registrant in the course of practising psychiatric nursing may make a nursing diagnosis identifying a condition as the cause of the signs or symptoms of an individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
</tbody>
</table>

Definition from the Regulation:

*Nursing diagnosis* means a clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the registrant [as authorized under the Act] to achieve outcomes for which the registrant is accountable.

The Regulation sets out the type of diagnosis RPNs can make. Specifically, RPNs make a nursing diagnosis that identifies a condition – not a disease or disorder – as the cause of a client’s signs or symptoms. A nursing diagnosis is a clinical judgment of a client's mental or physical condition. It is made to determine whether the condition can be improved or resolved by the RPN intervening appropriately to achieve a result for which the RPN is accountable.

RPNs diagnose and treat a variety of conditions, including those that are resolved with nursing treatment and others that require another health professional to diagnose and treat the underlying disease. Some conditions result from a known disease or treatment of that disease (e.g., disturbed sensory perception, impaired mobility related to medication, hypoglycemia). Others require stabilization until another health professional can diagnose and treat the underlying disease (e.g., severe bleeding, acute confusion). Other examples of conditions that are diagnosed and treated by RPNs include anaphylaxis, panic, constipation related to diet and some wounds.

Before treating a condition, RPNs must first collect information using their assessment and critical thinking skills to formulate a nursing diagnosis.
5.1.1 Nursing Diagnosis (this table is on pages 37 and 38)

In some practice settings and roles, RPNs may provide diagnostic impressions (previously this may have been referred to as a provisional diagnosis) of diseases and disorders if they have the competence to do so. A diagnostic impression:

- Is based on a nursing assessment.
- May be temporary with the intent that it will be replaced with a diagnosis from a member of a health profession whose scope of practice permits diagnosing a disease or disorder.
- May be used for triage or entry into service which allows RPNs to initiate care/services until, where possible, the client can be assessed by a member of a health profession whose scope of practice permits diagnosing a disease or disorder.

In some health authorities, RPNs may be required to complete a field in a fillable electronic record that contains a term other than diagnostic impression such as “provisional diagnosis.” The RPN may complete this form with the understanding they are providing a diagnostic impression.

5.1.2 Wound Care (this table is on pages 38 and 39)

Nurses (Registered Psychiatric) Regulation, section 6(b)  A registrant in the course of practising psychiatric nursing may, for the purpose of wound care, other than suturing of skin lacerations, perform a procedure on tissue below the dermis or below the surface of a mucous membrane.

CRPNBC Limits and Conditions

1. RPNs must successfully complete additional education before carrying out:
   - Conservative sharp wound debridement
   - Negative pressure wound therapy
   - Biological debridement therapy
   - Compression therapy

2. RPNs must follow an employer approved decision support tool in carrying out:
   - Conservative sharp wound debridement
   - Negative pressure wound therapy
   - Biological debridement therapy
   - Compression therapy
5.1.2 **Wound Care** (this table is on pages 38 and 39)

The *Regulation* states that RPNs do not require an order to carry out wound care. This includes cleansing, irrigating, probing, debriding, packing and dressing.

The British Columbia Provincial Nursing Skin and Wound Committee has produced a range of decision support tools for skin and wound care found at: [https://www.clwk.ca/cop/skin-wound-care/clinical-dsts](https://www.clwk.ca/cop/skin-wound-care/clinical-dsts)

<table>
<thead>
<tr>
<th><strong>Nurses (Registered Psychiatric) Regulation, section 6(c)</strong></th>
<th>A registrant in the course of practising psychiatric nursing may, for the purpose of collecting a blood sample, perform venipuncture.</th>
</tr>
</thead>
</table>
| **CRPNBC Limits and Conditions** | 1. RPNs are limited to using short peripheral venous access devices to take blood.  
2. RPNs must successfully complete additional education to perform venipuncture.  
3. RPNs must not take blood for purposes of donation. |

| **Nurses (Registered Psychiatric) Regulation, section 6(d)** | A registrant in the course of practising psychiatric nursing may, for the purposes of establishing intravenous access, maintaining patency or managing hypovolemia  
(i) perform venipuncture, or  
(ii) administer a solution by parenteral instillation. |
|---|---|
| **CRPNBC Limits and Conditions** | 1. RPNs are limited to using short peripheral venous devices to establish intravenous access.  
2. RPNs must successfully complete additional education to perform venipuncture or establish intravenous access. |

**Definition from the Regulation:**

*Parenteral instillation* means instillation directly into the blood stream.
### 5.1.4 Inhalation

**Scope of Practice for Registered Psychiatric Nurses**

**Standards, Limits and Conditions**

#### 5.1.4 Inhalation

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(e)(i)</th>
<th>A registrant in the course of practising psychiatric nursing may administer oxygen, or humidified air, by inhalation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
</tbody>
</table>

### 5.1.5 Instillation

**Scope of Practice for Registered Psychiatric Nurses**

**Standards, Limits and Conditions**

#### 5.1.5 Instillation

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(e)(ii)</th>
<th>A registrant in the course of practising psychiatric nursing may administer nutrition by enteral instillation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>1. RPNs are limited to administering enteral feeds to clients with stable and predictable physiological health and an established diet.</td>
</tr>
</tbody>
</table>

**Stable and predictable physiological health** means the degree to which a client’s condition is likely to change.

### 5.1.6 Tuberculosis Screening (this table is on pages 40 and 41)

**Scope of Practice for Registered Psychiatric Nurses**

**Standards, Limits and Conditions**

#### 5.1.6 Tuberculosis Screening

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(e)(iii)</th>
<th>A registrant in the course of practising psychiatric nursing may administer purified protein derivate by injection, for the purpose of tuberculosis screening.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>1. RPNs who administer purified protein derivate must possess the competencies outlined in Registered Nursing Competencies for Tuberculosis Screening(^1) established by the British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.</td>
</tr>
<tr>
<td></td>
<td>2. RPNs who administer purified protein derivate must follow the BCCDC Non-certified Practice Tuberculosis Screening Decision Support Tool(^2) for Registered Nurses or equivalent approved by their employer.</td>
</tr>
</tbody>
</table>

\(^1\) Registered Nursing Competencies for Tuberculosis Screening. [http://www.bccdc.ca/NR/rdonlyres/5A9B01AD-2BD3-46B1-9878-EE7D69A35CA0/0/TB_RN_competencies_20140715.pdf](http://www.bccdc.ca/NR/rdonlyres/5A9B01AD-2BD3-46B1-9878-EE7D69A35CA0/0/TB_RN_competencies_20140715.pdf)
5.1.6 Tuberculosis Screening (this table is on pages 40 and 41)

2 BCCDC Non-certified Practice Decision Support Tool Tuberculosis Screening.

5.1.7 Assessing Clients and Treating Conditions

The Regulation sets out a number of activities that do not require an order if those activities are to:

- Assess a client.
- Improve or resolve a condition based on a nursing diagnosis.

The Regulation does not refer to RPNs preventing conditions; however, preventing conditions is a routine part of practice for RPNs.

The restricted activities associated with assessing and treating conditions may involve inserting devices, fingers, hands or solutions into the body. Examples of psychiatric nursing activities involving the restricted activities listed below are:

- Taking a rectal temperature (assessing).
- Performing digital rectal exams or stimulation, or giving an enema (assessing, treating a condition).
- Catheterizing a client with urinary retention caused by medication (treating a condition).
- Performing a pelvic exam (assessing).
- Suctioning a client with an established tracheostomy (treating a condition).
- Checking patency of ear drum using an otoscope (assessing).
- Removing wax from the external ear canal using water and a bulb syringe (treating a condition).
- Flushing a nasogastric tube or enteral tube following a feed (preventing a condition).

5.1.7(1) Assessing and Treating: Irrigation or Enteral Instillation (this table is on pages 41 and 42)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(f)</th>
<th>A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, administer a solution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i) by irrigation, or</td>
</tr>
<tr>
<td></td>
<td>(ii) by enteral instillation</td>
</tr>
</tbody>
</table>
5.1.7(1) Assessing and Treating: Irrigation or Enteral Instillation (this table is on pages 41 and 42)

CRPNBC Limits and Conditions
1. RPNs must act with a client-specific order from a listed health professional to irrigate a bladder.
2. RPNs are limited to administering a solution through enteral instillation to clients with stable and predictable physiological health.

*Stable and predictable physiological health* means the degree to which a client’s condition is likely to change.

5.1.7(2) Assessing and Treating: Inserting Instrument, Hand or Finger (this table is on pages 42, 43 and 44)

Nurses (Registered Psychiatric) Regulation, section 6(g)
A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put an instrument or a device, hand or finger
(i) into the external ear canal, up to the eardrum

CRPNBC Limits and Conditions
None. But see section 6(i)(i) and (ii) “External Ear Canal” for limits and condition related to syringing an ear with air and water.

Nurses (Registered Psychiatric) Regulation, section 6(g)
(ii) ...beyond the point in the nasal passages where they normally narrow

CRPNBC Limits and Conditions
1. RPNs must follow a decision support tool approved by their employer when carrying out nasopharyngeal suctioning.
2. RPNs are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube). Initial insertion of a nasogastric tube requires a client-specific order from a listed health professional.
### 5.1.7(2) Assessing and Treating: Inserting Instrument, Hand or Finger

<table>
<thead>
<tr>
<th><strong>Nurses (Registered Psychiatric) Regulation, section 6(g)</strong></th>
<th>(iii) ...beyond the pharynx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRPNBC Limits and Conditions</strong></td>
<td>1. RPNs must not carry out endotracheal intubation.</td>
</tr>
<tr>
<td><strong>Nurses (Registered Psychiatric) Regulation, section 6(g)</strong></td>
<td>(iv) ...beyond the opening of the urethra</td>
</tr>
<tr>
<td><strong>CRPNBC Limits and Conditions</strong></td>
<td>1. RPNs must follow a decision support tool approved by their employer when inserting or flushing a catheter.</td>
</tr>
<tr>
<td><strong>Nurses (Registered Psychiatric) Regulation, section 6(g)</strong></td>
<td>(v) ...beyond the labia majora</td>
</tr>
<tr>
<td><strong>CRPNBC Limits and Conditions</strong></td>
<td>1. RPNs who carry out pelvic exams or cervical cancer screening must</td>
</tr>
<tr>
<td></td>
<td>▪ successfully complete additional education and</td>
</tr>
<tr>
<td></td>
<td>▪ possess competencies outlined in Core Nursing Practice Competencies for Pelvic Exams¹ (for Registered Nurses) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer.</td>
</tr>
<tr>
<td></td>
<td>2. RPNs who carry out pelvic exams or cervical cancer screening must follow the Decision Support Tool for Registered Nurses: Pelvic Exam² established by PHSA or an equivalent approved by their employer.</td>
</tr>
<tr>
<td><strong>Nurses (Registered Psychiatric) Regulation, section 6(g)</strong></td>
<td>(vi) ...beyond the anal verge</td>
</tr>
<tr>
<td><strong>CRPNBC Limits and Conditions</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Nurses (Registered Psychiatric) Regulation, section 6(g)</strong></td>
<td>(vii) ...into an artificial opening into the body</td>
</tr>
</tbody>
</table>
### 5.1.7(2) Assessing and Treating: Inserting Instrument, Hand or Finger

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>1. RPNs are limited to inserting suprapubic and gastrostomy tubes in clients with stable and predictable physiological health.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. RPNs are limited to carrying out ostomy care for clients with stable and predictable physiological health.</td>
</tr>
<tr>
<td></td>
<td>3. RPNs are limited to carrying out tracheostomy care for clients with stable and predictable physiological health.</td>
</tr>
</tbody>
</table>

**Stable and predictable physiological health** means the degree to which a client’s condition is likely to change.

1 Competencies for Pelvic Exam. [http://www.bccdc.ca/NR/rdonlyres/8E00B87C-00F0-4BCA-9FA2-9034B901C796/0/STI_PHSA_Competencies_pelvic_exam_20111114.pdf](http://www.bccdc.ca/NR/rdonlyres/8E00B87C-00F0-4BCA-9FA2-9034B901C796/0/STI_PHSA_Competencies_pelvic_exam_20111114.pdf)


### 5.1.7(3) Assessing and Treating: External Ear Canal

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric Regulation, section 6(h))</th>
<th>A registrant in the course of practising psychiatric nursing may put a wearable hearing instrument, or a part or accessory of it, into the external ear canal, up to the eardrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
</tbody>
</table>
| Nurses (Registered Psychiatric Regulation, section 6(i)) | A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum,  

(i) air that is under pressure no greater than that created by the use of an otoscope, or  

(ii) water that is under pressure no greater than that created by the use of an ear syringe/bulb. |
5.1.7(3) Assessing and Treating: External Ear Canal (this table is on pages 44 and 45)

**CRPNBC Limits and Conditions**

1. RPNs must not syringe an ear with any device that creates greater pressure than an ear bulb.

2. RPNs must successfully complete additional education to syringe ears with a syringe/bulb.

The **Regulation** makes a distinction between syringing ears using pressure no greater than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure.

5.1.8(1) Hazardous Forms of Energy: Ultrasound

5.1.8(2) Hazardous Forms of Energy: Automatic External Defibrillator

**Nurses (Registered Psychiatric) Regulation, section 6(j)**  
A registrant in the course of practising psychiatric nursing may apply ultrasound for the purpose of bladder volume measurement or blood flow monitoring.

**CRPNBC Limits and Conditions**

1. RPNs must successfully complete additional education to carry out an Ankle-Brachial Index test.

**Nurses (Registered Psychiatric) Regulation, section 6(k)**  
A registrant in the course of practising psychiatric nursing may apply electricity using an automatic external defibrillator in the course of emergency cardiac care.

**CRPNBC Limits and Conditions**

1. RPNs must not apply electricity using a manual defibrillator.

2. RPNs must successfully complete, and maintain currency in, a cardiopulmonary resuscitation and Automated External Defibrillation Health Provider Course (CPR/AED HCP) to apply electricity using an automatic external defibrillator.
### 5.1.9 Transcutaneous Electrical Nerve Stimulation

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(l)</th>
<th>A registrant in the course of practising psychiatric nursing may apply electricity for the purpose of providing transcutaneous electrical nerve stimulation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
</tbody>
</table>

### 5.1.10 Issue an Instruction or Authorization for the Application of Energy

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(m)</th>
<th>A registrant in the course of practising psychiatric nursing may, for the purposes of tuberculosis screening, issue an instruction or authorization for another person to apply X-rays to a named individual, other than X-rays for computerized axial tomography.</th>
</tr>
</thead>
</table>
| CRPNBC Limits and Conditions                           | 1. RPNs who issue an instruction or authorization for a chest X-ray for the purpose of tuberculosis screening must possess the competencies outlined in Registered Nursing Competencies for Tuberculosis Screening\(^1\) established by the British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.  

2. RPNs who issue an instruction or authorization for a chest X-ray for the purpose of tuberculosis screening must follow the BCCDC Non-certified Practice Tuberculosis Screening Decision Support Tool\(^2\) (for Registered Nurses) or equivalent approved by their employer. |

---

\(^1\) Registered Nursing Competencies for Tuberculosis Screening. [http://www.bccdc.ca/NR/rdonlyres/5A9B01AD-2BD3-46B1-9B78-EE7D69A35CA0/0/TB_RN_competencies_20140715.pdf](http://www.bccdc.ca/NR/rdonlyres/5A9B01AD-2BD3-46B1-9B78-EE7D69A35CA0/0/TB_RN_competencies_20140715.pdf)

5.1.11 Medications

Definitions from the Regulation:

**Compound** in section 6(o) means to mix two or more ingredients, and in any other case to mix a drug with one or more other ingredients.

**Dispense** has the same meaning as in the Pharmacy Operations and Drug Schedule Act (PODSA). It includes the preparation of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use. This includes receipt of payment on behalf of a registrant’s employer for a drug dispensed or administered by the registrant, if the registrant’s employer lawfully requires payment for that drug from a person in respect of the individual for or to whom it is dispensed or administered.

**Prescribe** means to issue a prescription as defined in the Pharmacy Operations and Drug Schedule Act (PODSA): an authorization from a practitioner to dispense a specific drug or device for use by a designated individual.

### 5.1.11(1) Medications: Schedule I Drugs (Anaphylaxis) (this table is on pages 47 and 48)

| Nurses (Registered Psychiatric) Regulation, section 6(n) | A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the Drug Schedules Regulation,¹  
  (i) prescribe the drug  
  (ii) compound the drug  
  (iii) dispense the drug  
  (iv) administer the drug by any method  
  for the purpose of  
  (v) treating  
  (A) anaphylaxis. |
|---|---|
| CRPNBC Limits and Conditions | 1. RPNs are limited to prescribing and administering epinephrine to treat anaphylaxis.  
2. RPNs must not prescribe epinephrine to treat anaphylaxis unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for epinephrine to treat anaphylaxis.  
3. RPNs who prescribe or administer epinephrine to treat anaphylaxis must follow decision support tools in the Communicable Disease Immunization Program Section V - |
### 5.1.11(1) Medications: Schedule I Drugs (Anaphylaxis) (this table is on pages 47 and 48)

<table>
<thead>
<tr>
<th>Management of Anaphylaxis in a Non-hospital Setting²</th>
<th>established by British Columbia Centre for Disease Control (BCCDC)² or equivalent approved by their employer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. RPNs who prescribe or administer epinephrine must successfully complete additional education.</td>
<td></td>
</tr>
</tbody>
</table>

Further direction related to medication can be found in two CRPNBC practice standards: 
*Medication Administration* and *Dispensing Medications*.

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4.

¹ Drug Schedules Regulation of the Pharmacy Operations and Drug Scheduling Act of British Columbia.  

² Communicable Disease Immunization Program. Section V - Management of Anaphylaxis in a Non-Hospital Setting.  

### 5.1.11(2) Medications: Schedule I Drugs (Opiate Overdose) (this table is on pages 48 and 49)

<table>
<thead>
<tr>
<th><em>Nurses (Registered Psychiatric) Regulation</em>, section 6(n)</th>
<th>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the <em>Drug Schedules Regulation</em>,¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) prescribe the drug</td>
<td></td>
</tr>
<tr>
<td>(ii) compound the drug</td>
<td></td>
</tr>
<tr>
<td>(iii) dispense the drug</td>
<td></td>
</tr>
<tr>
<td>(iv) administer the drug by any method</td>
<td></td>
</tr>
<tr>
<td>(v) treating</td>
<td></td>
</tr>
<tr>
<td>(B) opiate overdose.</td>
<td></td>
</tr>
</tbody>
</table>

**CRPNBC Limits and Conditions**

1. RPNs must not prescribe, administer, compound or dispense a Schedule I drug to treat a suspected opiate overdose.
### 5.1.11(2) Medications: Schedule I Drugs (Opiate Overdose) (this table is on pages 48 and 49)

<table>
<thead>
<tr>
<th>Schedule I Drugs (Opiate Overdose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(this table is on pages 48 and 49)</td>
</tr>
</tbody>
</table>

There are no limits or conditions on administering and dispensing unscheduled naloxone.

More information on naloxone can be found on the CRPNBC website.


### 5.1.11(3) Medications: Schedule I Drugs (Respiratory Distress) (this table is on pages 49 and 50)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the Drug Schedules Regulation,¹</td>
</tr>
<tr>
<td>(i) prescribe the drug</td>
</tr>
<tr>
<td>(ii) compound the drug</td>
</tr>
<tr>
<td>(iii) dispense the drug</td>
</tr>
<tr>
<td>(iv) administer the drug by any method</td>
</tr>
<tr>
<td>for the purpose of</td>
</tr>
<tr>
<td>(v) treating</td>
</tr>
<tr>
<td>(C) respiratory distress in a known asthmatic.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RPNs are limited to prescribing and administering salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.</td>
</tr>
<tr>
<td>2. RPNs must not prescribe salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.</td>
</tr>
<tr>
<td>3. RPNs who prescribe or administer salbutamol or ipratropium bromide to treat respiratory distress in a known asthmatic must follow a decision support tool approved by their employer.</td>
</tr>
</tbody>
</table>
5.111(3) Medications: Schedule I Drugs (Respiratory Distress) (this table is on pages 49 and 50)

4. RPNs who prescribe or administer salbutamol or ipratropium bromide must successfully complete additional education.

Further direction related to medication can be found in two CRPNBC practice standards: Medication Administration and Dispensing Medications.

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document.


5.111(4) Medications: Schedule I Drugs (Hypoglycemia) (this table is on pages 50 and 51)

Nurses (Registered Psychiatric) Regulation, section 6(n) A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the Drug Schedules Regulation¹

(i) prescribe the drug
(ii) compound the drug
(iii) dispense the drug
(iv) administer the drug by any method

for the purpose of

(v) treating

(D) hypoglycemia.

CRPNBC Limits and Conditions

1. RPNs are limited to prescribing and administering D50W to treat hypoglycemia.

2. RPNs must not prescribe D50W to treat hypoglycemia unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for D50W to treat hypoglycemia.

3. RPNs who prescribe or administer D50W to treat hypoglycemia must follow a decision support tool approved by their employer.
5.1.11(4) Medications: Schedule I Drugs (Hypoglycemia) (this table is on pages 50 and 51)

4. RPNs who prescribe or administer D50W must successfully complete additional education.

Further direction related to medication can be found in two CRPNBC practice standards: Medication Administration and Dispensing Medications.

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document.


5.1.11(5) Medications: Schedule I Drugs (Influenza-like Illness) (this table is on pages 51 and 52)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(n)</th>
<th>CRPNBC Limits and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the Drug Schedules Regulation,¹</td>
<td>1. RPNs must not prescribe antiviral medication to treat symptoms of influenza-like illness unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for antiviral medication to treat symptoms of influenza-like illness.</td>
</tr>
<tr>
<td>(i) prescribe the drug</td>
<td>2. RPNs who prescribe, compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must successfully complete additional education.</td>
</tr>
<tr>
<td>(ii) compound the drug</td>
<td></td>
</tr>
<tr>
<td>(iii) dispense the drug</td>
<td></td>
</tr>
<tr>
<td>(iv) administer the drug by any method</td>
<td></td>
</tr>
<tr>
<td>for the purpose of</td>
<td></td>
</tr>
<tr>
<td>(v) treating</td>
<td></td>
</tr>
<tr>
<td>(E) conditions that are symptomatic of influenza-like illness.</td>
<td></td>
</tr>
</tbody>
</table>
5.1.11(5) Medications: Schedule I Drugs (Influenza-like Illness) (this table is on pages 51 and 52)

3. RPNs who prescribe, compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must follow the RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner¹ established by the provincial government, or equivalent approved by their employer.

4. RPNs must not prescribe, compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness for children under the age of 4.

Further direction related to medication can be found in two CRPNBC practice standards: Medication Administration and Dispensing Medications.

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document.


² RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner. https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza

5.1.11(6) Medications: Immunizations and Post-exposure Chemoprophylactic Agents Schedule I and II Drugs (this table is on pages 52, 53 and 54)

Nurses (Registered Psychiatric) Regulation, section 6(n)

A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the Drug Schedules Regulation,¹

(i) prescribe the drug
(ii) compound the drug
(iii) dispense the drug
(iv) administer the drug by any method

### 5.1.11(6) Medications: Immunizations and Post-exposure Chemoprophylactic Agents

**Schedule I and II Drugs** (this table is on pages 52, 53 and 54)

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>1. RPNs must not prescribe immunoprophylactic or chemoprophylactic agents to prevent disease unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for immunoprophylactic or chemoprophylactic agents to prevent disease.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. RPNs must successfully complete additional education to prescribe, compound, dispense or administer influenza and pneumococcal vaccines.</td>
<td></td>
</tr>
<tr>
<td>3. RPNs must successfully complete the BCCDC Immunization Competency Course(^2) to prescribe, compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by BCCDC, except influenza and pneumococcal vaccines.</td>
<td></td>
</tr>
<tr>
<td>4. RPNs who prescribe, compound, dispense or administer immunoprophylactic or chemoprophylactic agents must possess the competencies outlined in <em>Immunization Competencies for BC Health Professionals</em>(^3) established by BCCDC.</td>
<td></td>
</tr>
<tr>
<td>5. RPN who prescribe, compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BCCDC must follow decision support tools in the <em>Communicable Disease Control</em> manual(^4) established by BCCDC.</td>
<td></td>
</tr>
<tr>
<td>6. RPNs who prescribe, compound, dispense or administer post-exposure chemoprophylactic agents for sexual assault purposes must:</td>
<td></td>
</tr>
<tr>
<td>▪ possess the BC Women's Sexual Assault Service Competencies for RN SANES(^5) (BCWSAS), and</td>
<td></td>
</tr>
</tbody>
</table>
5.1.11(6) Medications: Immunizations and Post-exposure Chemoprophylactic Agents

Schedule I and II Drugs (this table is on pages 52, 53 and 54)

- follow Decision Support Tools for Sexual Assault Nurse Examiner® (for Registered Nurses) established by BCWSAS.

7. RPNs must not prescribe, compound, dispense or administer immunoprophylactic or post-exposure chemoprophylactic agents for the purpose of preventing disease in travelers (also known as travel health).

8. RPNs must not prescribe, compound, dispense or administer immunoprophylactic agents or post-exposure chemoprophylactic agents for children under the age of 4 years old.

9. RPNs must not prescribe, compound or administer experimental vaccines for research purposes.

See pages 56-57 for additional limits and conditions related to Schedule II drugs.

Further direction related to medication can be found in two CRPNBC practice standards:

- Medication Administration
- Dispensing Medications

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document.


2 BCCDC Communicable Disease Control Immunization Program. http://www.crpnbc.ca/education/immunization-competency-course/


5 BC Women’s Sexual Assault Service Competencies for RN SANES Dispensing Prophylactic Medications to Protect against STI and HIV after Sexual Assault. http://www.bcwomens.ca/Professional-Resources-site/Documents/COMPETENCIESFORDISPENSINGPROPHYLAXISINSEXUALASSAUL.pdf

### 5.1.11(7) Medications: Schedule II Drugs

**Nurses (Registered Psychiatric) Regulation, section 6(o)**

A registrant in the course of practising psychiatric nursing may, in respect of drugs specified in Schedule II of the *Drug Schedules Regulation*¹

1. **(i)** prescribe the drug
2. **(ii)** compound the drug
3. **(iii)** dispense the drug, or
4. **(iv)** administer the drug by any method

**CRPNBC Limits and Conditions**

1. RPNs who work in settings where the employer did not permit RPNs to give a client-specific order to administer, compound or dispense Schedule II drugs before December 3, 2015 must not prescribe.

2. RPNs who work in settings where the employer permitted RPNs to give a client-specific order to administer, compound or dispense Schedule II drugs before December 3, 2015 are limited to prescribing only those select Schedule II drugs in that setting.

3. RPNs must not prescribe Schedule II medications to treat a disease or disorder.

4. RPNs require a client-specific order from a listed health professional to compound, dispense or administer Schedule II medications to treat a disease or disorder. For example, nurses would not administer insulin (Schedule II) without knowing that a physician had diagnosed diabetes and ordered insulin therapy.

5. RPNs may only prescribe, compound, dispense or administer Schedule II medications to treat a condition following an assessment and nursing diagnosis. Vaccines do not require the identification of a condition.

6. RPNs must not carry out Insulin dose adjustment.

7. RPNs who prescribe Schedule II drugs intravenously via a peripheral venous access device must follow an employer approved decision support tool.

8. RPNs who administer Schedule II drugs intravenously via a peripheral venous access device must either:
### 5.1.11(7) Medications: Schedule II Drugs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>follow an employer approved decision support tool or</td>
</tr>
<tr>
<td></td>
<td>act with a client-specific order from listed health professional.</td>
</tr>
</tbody>
</table>

9. RPNs must not prescribe medication for administration via central venous access devices.

10. RPNs who administer medication via central venous access devices must:
    - act with a client-specific order from an listed health professional, and
    - successfully complete additional education to administer medication via central venous access devices.

11. RPNs must not prescribe medication for administration via intrathecal, epidural, intraosseous or perineural routes.

12. RPNs must not administer medication via intrathecal, epidural, intraosseous or perineural routes because it is not within RPN scope of practice.

Further direction related to medication can be found in two CRPNBC practice standards: *Medication Administration* and *Dispensing Medications*.

Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document. Schedule II medication includes drugs such as:

- Glucagon.
- Activated charcoal.
- Sublingual nitroglycerin.
- Gentian violet.
- Some pediculicides.
- Some analgesics and decongestants.
- Some vitamins.

Schedule II medications also include the following vaccines:

- Influenza.
- Pneumococcal.
- Vaccines that are part of a routine immunization program.
5.1.11(7) Medications: Schedule II Drugs (this table is on pages 55, 56, and 57)

- Vaccines that require special enhanced public access due to disease outbreaks. The BC Centre for Disease Control (BCCDC) sets direction for clinical practice related to routine immunizations and for chemoprophylaxis in contacts of clients with communicable disease.

¹ Drug Schedules Regulation of the Pharmacy operations and Drug Scheduling Act of British Columbia.

5.1.12 Therapeutic Diets

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 6(p)</th>
<th>A registrant in the course of practising psychiatric nursing may, if nutrition is administered by enteral instillation, compound or dispense a therapeutic diet.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
</tbody>
</table>

RPNs are not authorized to select the ingredients for a therapeutic enteral diet; this restricted activity is carried out by other health professionals such as dieticians.

RPNs are encouraged to collaborate with a dietician or pharmacist when compounding or dispensing enteral diets.

5.2 Limits and Conditions on Restricted Activities That Require an Order

Section 7 of the Regulation lists restricted activities that may be carried out in the course of psychiatric nursing practice but require an order from a listed health professional. Listed health professionals are authorized in the Regulation to issue an order for restricted activities in section 7 of the Regulation. RPNs must not act with a client-specific order from a non-listed health professional for section 7 restricted activities. The definitions of client-specific order, listed health professional and non-listed health professional can be found in Part 3.

RPNs are required to follow CRPNBC scope of practice standard Acting with Client-specific Orders (see Part 3.2) and adhere to other standards, limits and conditions set by CRPNBC.

Registered Psychiatric Nurses must be sure that the restricted activity is considered to be psychiatric nursing practice – even if they have a client-specific order from a listed health professional to carry it out. RPNs who are not sure if a specific activity is considered within RPN
Scope of Practice for Registered Psychiatric Nurses
Standards, Limits and Conditions

The scope of practice should contact CRPNBC.

### 5.2.1 Procedures Below the Body Surface

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(a)</th>
<th>A registrant in the course of practising psychiatric nursing may perform a procedure on tissue below the dermis or below the surface of a mucous membrane.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>1. RPNs must successfully complete additional education before carrying out:</td>
</tr>
<tr>
<td></td>
<td>- Suturing of skin lacerations</td>
</tr>
<tr>
<td></td>
<td>- Conservative sharp wound debridement</td>
</tr>
<tr>
<td></td>
<td>- Negative pressure wound therapy</td>
</tr>
<tr>
<td></td>
<td>- Biological debridement therapy</td>
</tr>
<tr>
<td></td>
<td>- Compression therapy</td>
</tr>
<tr>
<td></td>
<td>2. RPNs must successfully complete additional education to carry out peritoneal dialysis.</td>
</tr>
<tr>
<td></td>
<td>3. RPNs are limited to taking blood with short devices or from existing peripheral venous access devices.</td>
</tr>
<tr>
<td></td>
<td>4. RPNs are limited to using short peripheral venous devices to establish intravenous access.</td>
</tr>
<tr>
<td></td>
<td>5. RPNs must successfully complete additional education to carry out venipuncture and to establish intravenous access.</td>
</tr>
<tr>
<td></td>
<td>6. At this time RPNs must not take blood for the purpose of donation.</td>
</tr>
</tbody>
</table>

### 5.2.2 Administering a Substance (this table is on pages 59 and 60)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</th>
<th>A registrant in the course of practising psychiatric nursing may administer a substance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i) by injection</td>
</tr>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>1. RPNs must not administer substances via intrathecal, epidural and perineural spaces.</td>
</tr>
</tbody>
</table>
### 5.2.2 Administering a Substance

(this table is on pages 59 and 60)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</th>
<th>CRPNBC Limits and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) ...by inhalation</td>
<td>1. RPNs must not induce general anesthesia or maintain general anesthetic agents.</td>
</tr>
<tr>
<td></td>
<td>2. RPNs must not administer nitrous oxide.</td>
</tr>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</td>
<td>CRPNBC Limits and Conditions</td>
</tr>
<tr>
<td>(iii) ...by mechanical ventilation</td>
<td>1. RPNs must successfully complete additional education to care for clients on mechanical ventilation.</td>
</tr>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</td>
<td>CRPNBC Limits and Conditions</td>
</tr>
<tr>
<td>(iv) ...by irrigation</td>
<td>1. RPNs must successfully complete additional education to carry out peritoneal dialysis.</td>
</tr>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</td>
<td>CRPNBC Limits and Conditions</td>
</tr>
<tr>
<td>(v) ...by enteral instillation or parenteral instillation</td>
<td>1. RPNs must successfully complete additional education to carry out hemodialysis.</td>
</tr>
<tr>
<td></td>
<td>2. RPNs must successfully complete additional education to carry out venipuncture and to establish intravenous access.</td>
</tr>
<tr>
<td></td>
<td>3. RPNs must successfully complete additional education to administer a substance via central venous access devices.</td>
</tr>
<tr>
<td></td>
<td>4. RPNs are limited to administering blood and blood products to clients with stable and predictable physiological health.</td>
</tr>
<tr>
<td></td>
<td>5. RPNs must successfully complete additional education to administer blood or blood products.</td>
</tr>
<tr>
<td></td>
<td>6. RPNs must not administer radiopaque dyes via parenteral instillation.</td>
</tr>
</tbody>
</table>
### 5.2.2 Administering a Substance (this table is on pages 59 and 60)

**Stable and predictable physiological health** means the degree to which a client’s condition is likely to change.

Definitions from the Regulation:

**Substance** includes air and water but excludes a drug specified in Schedule I, IA, II, or IV of the Drug Schedules Regulation.

**Enteral instillation** means instillation directly into the gastrointestinal tract.

**Parenteral instillation** means instillation directly into the blood stream.

RPNs may administer substances by injection, inhalation, ventilation, irrigation and instillation. These substances include air and water.

Some of the nursing activities under this restricted activity could be done to assess or treat a condition within autonomous scope of practice and would, therefore, not require a client-specific order from a listed health professional (see Part 5.1.7 Assessing Clients and Treating Conditions).

### 5.2.3 Putting Items into Body Openings (this table is on pages 60, 61 and 62)

<table>
<thead>
<tr>
<th><strong>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</strong></th>
<th><strong>CRPNBC Limits and Conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A registrant in the course of practising psychiatric nursing may put an instrument or a device, hand or finger (i) into the external ear canal, up to the eardrum</td>
<td>1. RPNs may syringe an ear with any device that creates greater pressure than an ear bulb. 2. RPNs must complete additional education to: ▪ syringe an ear with a syringe/bulb. ▪ syringe an ear using a device that creates greater pressure than an ear syringe/bulb.</td>
</tr>
</tbody>
</table>

*CRPNBC Limits and Conditions*  
1. None

**Nurses (Registered Psychiatric) Regulation, section 7(1)(c)** (ii) ...beyond the point in the nasal passages where they normally narrow

**Nurses (Registered Psychiatric) Regulation, section 7(1)(c)** (iii) ...beyond the pharynx
### 5.2.3 Putting Items into Body Openings (this table is on pages 60, 61 and 62)

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>1. RPNs must not carry out endotracheal intubation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</td>
<td>(iv) ...beyond the opening of the urethra</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</td>
<td>(v) ...beyond the labia majora</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>1. RPNs who carry out pelvic exams or cervical cancer screening must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ successfully complete additional education, and</td>
</tr>
<tr>
<td></td>
<td>▪ possess competencies outlined in Core Nursing Practice Competencies for Pelvic Exams¹ (for Registered Nurses) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</th>
<th>(vi) ...beyond the anal verge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPNBC Limits and Conditions</td>
<td>None</td>
</tr>
<tr>
<td>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</td>
<td>(vii) ...into an artificial opening into the body</td>
</tr>
</tbody>
</table>

| CRPNBC Limits and Conditions | None |

The Regulation makes a distinction between syringing ears using pressure no greater than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure.

Some of the nursing activities under this restricted activity could be done to assess or treat a condition within autonomous scope of practice and would, therefore, not require a client-specific order from a listed health professional (see part 5.1.7 Assessing Clients and Treating Conditions).

¹ Core Nursing Practice Competencies for Pelvic Exam. [http://www.bccdc.ca/NR/rdonlyres/8E00B87C-00FD-4BCA-9FA2-90348901C796/0/STIPHSACoerpentencies_pelvic_exam_20111114.pdf](http://www.bccdc.ca/NR/rdonlyres/8E00B87C-00FD-4BCA-9FA2-90348901C796/0/STIPHSACoerpentencies_pelvic_exam_20111114.pdf)
5.2.4 Putting Substances into Ears

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(d)</th>
<th>A registrant in the course of practising psychiatric nursing may put into the external ear canal, up to the eardrum, a substance that is under pressure.</th>
</tr>
</thead>
</table>
| CRPNBC Limits and Conditions | 1. RPNs may syringe an ear with any device that creates greater pressure than an ear bulb.  
   2. RPNs must complete additional education to:  
      ▪ syringe an ear with a syringe/bulb, or  
      ▪ syringe an ear using a device that creates greater pressure than an ear syringe/bulb. |

Definition from the Regulation:  
**Substance** includes air and water but excludes a drug specified in Schedules I, IA, II, or IV of the Drug Schedules Regulation.

The Regulation makes a distinction between syringing ears using pressure no greater than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure.

5.2.5 Hazardous Forms of Energy (this table is on pages 62 and 63)

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(e)</th>
<th>A registrant in the course of practising psychiatric nursing may apply electricity for the purpose of affecting activity of the nervous system.</th>
</tr>
</thead>
</table>
| CRPNBC Limits and Conditions | 1. RPNs must not apply electricity for the purpose of affecting activity of the nervous system other than TENS (Transcutaneous electrical nerve stimulation).  
   2. RPNs must not apply electricity using a manual defibrillator. |
5.2.6 Medications

Definitions from the Regulation:

**Compound** in section 6(o) means to *mix two or more ingredients, and in any other case to mix a drug with one or more other ingredients.*

**Dispense** which has the same meaning as in the *Pharmacy Operations and Drug Schedule Act (PODSA)*, includes the preparation of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use. This includes receipt of payment on behalf of a registrant’s employer for a drug dispensed or administered by the registrant, if the registrant’s employer lawfully requires payment for that drug from a person in respect of the individual for or to whom it is dispensed or administered.

**Prescribe**, which has the same definition as prescription in the *Pharmacy Operations and Drug Schedule Act (PODSA)*, means an authorization from a practitioner to dispense a specific drug or device for use by a designated individual.

### 5.2.6(1) Medications: Schedule I Drugs

<table>
<thead>
<tr>
<th>Nurses (Registered Psychiatric) Regulation, section 7(1)(f)</th>
<th>A registrant in the course of practising psychiatric nursing may, in respect of drugs specified in Schedule I or IA of the Drug Schedules Regulation¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) compound the drug</td>
<td></td>
</tr>
<tr>
<td>(ii) dispense the drug, or</td>
<td></td>
</tr>
<tr>
<td>(iii) administer the drug by any method.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>1. RPNs must not administer medication via intrathecal, epidural, intraosseous or perineural routes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. RPNs must not induce general anesthesia or maintain general anesthetic agents. However, RPNs may induce procedural sedation with a client-specific order from a listed health professional.</td>
</tr>
<tr>
<td></td>
<td>3. RPNs must successfully complete additional education to administer medication via central venous access devices.</td>
</tr>
</tbody>
</table>
5.2.6(1) Medications: Schedule I Drugs (this table is on pages 63 and 64)

4. RPNs may administer experimental medications not yet listed in any drug schedule as part of a formal research program.

5. RPNs must not compound, dispense or administer schedule I drugs for the purpose of medical assistance in dying.

In the course of practising psychiatric nursing, RPNs may, with a client-specific order from a listed health professional, compound, dispense and administer drugs that are listed in Schedule I or IA of the provincial drug schedules. Schedule I drugs are those requiring a prescription (e.g., antipsychotics). Schedule IA drugs are controlled drugs in the Controlled Prescription Program (e.g., methadone, morphine).

RPNs occasionally administer, with a client-specific order from a listed health professional, “non-marketed drugs” when needed for clients with serious or life threatening diseases. These drugs are available through Health Canada’s Special Access Program and are used when conventional therapies have failed, are unsuitable or are unavailable.

Further direction related to medication can be found in two CRPNBC practice standards: Medication Administration and Dispensing Medications.

¹ Drug Schedule Regulation of the Pharmacy operations and Drug Scheduling Act of British Columbia. 
6. MEDICAL ASSISTANCE IN DYING (MAiD)

The Criminal Code of Canada allows a person to request and receive, under limited circumstances, a substance intended to end their life. Only two forms of medical assistance in dying (MAiD) are permitted under the Criminal Code of Canada:

- the administering by a medical practitioner or a nurse practitioner of a substance to a person at their request
- the prescribing or providing by a medical practitioner or a nurse practitioner of a substance to a person at their request, for their self-administration

There are three roles related to MAiD:

- determining eligibility for MAiD
- providing MAiD
- aiding in the provision of MAiD

The role of the RPN is limited to aiding a physician or nurse practitioner in the provision of medical assistance in dying.

The Duty to Provide Care Practice Standard provides additional direction for RPNs with a conscientious objection to aiding in the provision of MAiD. For RPNs who wish to aid in the provision of MAiD, keep in mind that the four controls on practice (Health Professions Act and the Nurses (Registered Psychiatric) Regulation; CRPNBC standards, limits and conditions; employer/organization policies; and individual RPN competence) must permit all nursing activities related to MAiD.

### 6.1 Standards, Limits and Conditions on Medical Assistance in Dying (MAiD) (this table is on pages 65, 66 and 67)

<table>
<thead>
<tr>
<th>CRPNBC Standards</th>
<th>1. RPNs respond with empathy, in a professional and non-judgmental way, when approached by a client with a request about medical assistance in dying.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. RPNs listen carefully and explore the client’s reason for requesting medical assistance in dying.</td>
</tr>
<tr>
<td></td>
<td>3. RPNs ensure that a client has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying or other end-of-life options such as palliative care.</td>
</tr>
</tbody>
</table>
**6.1 Standards, Limits and Conditions on Medical Assistance in Dying (MAiD) (this table is on pages 65, 66 and 67)**

<table>
<thead>
<tr>
<th>CRPNBC Standards</th>
<th>CRPNBC Limits and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. RPNs assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person’s needs could be met within the context of the care delivery.</td>
<td>1. RPNs may only aid in the provision of medical assistance in dying and must not prescribe, compound, dispense or administer substances specifically intended for the purpose of providing medical assistance in dying.</td>
</tr>
<tr>
<td>5. RPNs work with their organizations and other members of the health care team to ensure that the person requesting medical assistance in dying receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client’s care to another health care provider.</td>
<td>2. RPNs must not direct or counsel clients to end their lives.</td>
</tr>
<tr>
<td>1. RPNs may only aid in the provision of medical assistance in dying and must not prescribe, compound, dispense or administer substances specifically intended for the purpose of providing medical assistance in dying.</td>
<td>3. RPNs may aid a person requesting medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures.</td>
</tr>
<tr>
<td>2. RPNs must not direct or counsel clients to end their lives.</td>
<td>4. RPNs may aid a health professional authorized to provide a person with medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures.</td>
</tr>
<tr>
<td>3. RPNs may aid a person requesting medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures.</td>
<td>5. RPNs who aid in the provision of medical assistance in dying must successfully complete additional education.</td>
</tr>
</tbody>
</table>
### 6.1 Standards, Limits and Conditions on Medical Assistance in Dying (MAiD) (this table is on pages 65, 66 and 67)

<table>
<thead>
<tr>
<th>CRPNBC Limits and Conditions</th>
<th>6. RPNs who aid in the provision of medical assistance in dying must follow an employer approved decision support tool.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7. RPNs must not aid in the provision of medical assistance in dying for a family member.</td>
</tr>
<tr>
<td></td>
<td>8. RPNs must not pronounce death related to medical assistance in dying.</td>
</tr>
</tbody>
</table>


Registrants who have questions about MAiD should contact CRPNBC.
### 7. DELEGATION

**MODEL REFLECTING RPN SCOPE OF PRACTICE**

<table>
<thead>
<tr>
<th>WITHIN SCOPE</th>
<th>OUT OF SCOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOT RESTRICTED ACTIVITIES</strong></td>
<td><strong>RESTRICTED ACTIVITIES</strong></td>
</tr>
<tr>
<td>Psychiatric nursing practice activities that are not restricted</td>
<td>SECTION 6 Restricted activities that do not require an order</td>
</tr>
<tr>
<td></td>
<td>SECTION 7 Restricted activities that require an order</td>
</tr>
<tr>
<td></td>
<td>DELEGATION Restricted activities delegated from another professional</td>
</tr>
</tbody>
</table>

Under the *Health Professions Act*, “delegation” means delegating to a non-registrant the provision or performance of an aspect of practice. Delegation to a regulated health professional occurs when an activity is within the scope of the delegating profession and outside the scope of the other profession. Delegation must be authorized within the bylaws of both regulatory bodies. It does not refer to giving client-specific orders, direction, supervision or assignment.

**At this time, no activities have been approved for delegation by another regulated health professional to RPNs.**

Registrants who have questions about delegation should contact CRPNBC.