

PRACTICE STANDARD

Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice

Introduction

The *Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice* standards, limits, and conditions set the expectations that registered psychiatric nurses¹ must meet when performing **activities** within their autonomous scope of practice (that do not require an order), and also apply to certified registered psychiatric nurses when performing activities within their autonomous scope of practice that are not included in their certification.

Registered psychiatric nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring **clients'** physical and mental health with a focus on mental, psychosocial and emotional conditions, and associated or comorbid physiological conditions.

Acting within autonomous scope of practice refers to registered psychiatric nurses:

- Assuming accountability and responsibility for making decisions about client care, and
- Performing activities that they are competent and allowed to perform without a **client-specific order**.

Registered nurses' autonomous scope of practice includes:

- making a **nursing diagnosis** of the mental or physical condition of a client (as authorized by section 42 of the *Nurses and Midwives Regulation*);²

¹ References to registered psychiatric nurses include registered psychiatric nurses and certified registered nurses.

² Certified registered psychiatric nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the certified registered psychiatric nurse's certification and their individual competence.

- performing the **restricted activities** outlined in sections 43 to 50 of the *Nurses and Midwives Regulation* that do not require registered nurses to act under a client-specific order issued by another regulated health professional;³ and
- providing other care or services that do not involve the performance of any restricted activities listed in section 4 of the Schedule of Restricted Activities in the *Regulated Health Practitioners Regulation*.

Registered psychiatric nurses follow the *Registered Psychiatric Nurse: Acting under Client-specific Orders* standards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

Standards

1. Registered psychiatric nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Registered psychiatric nurses acting within autonomous scope of practice ensure that the activity they will perform is:
 - a. Within the scope of practice for registered psychiatric nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
 - b. Consistent with BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
 - c. Consistent with organizational/employer policies, processes, and restrictions, and
 - d. Within their individual **competence**.
3. Registered psychiatric nurses acting within autonomous scope of practice ensure they have the competence to:
 - a. Make decisions about whether the client would benefit from the activity, having considered:
 - i. Potential risks to the client and know how to minimize those risks,
 - ii. The benefits to the client,
 - iii. The predictability of outcomes of performing the activity, and
 - iv. Other relevant factors specific to the client or situation,
 - b. Carry out the activity safely and ethically, and

³ Certified registered psychiatric nurses do not require an order for a restricted activity listed in sections 51 and 53 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

- c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, registered psychiatric nurses consider applicable employer/organizational policies, processes, restrictions and resources, and other relevant human and system factors that may impact their ability to:
 - a. Perform the activity competently and safely within their practice setting, and
 - b. To manage intended and unintended outcomes of the activity.
5. Registered psychiatric nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Registered psychiatric nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Registered psychiatric nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Registered psychiatric nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's health status,
 - b. Make a nursing diagnosis of a client's physical or mental condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
 - c. Determine a plan of care,
 - d. Determine an activity to be performed,
 - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
 - f. Monitor, provide, and coordinate care to clients,
 - g. Advise on physical and mental health,
 - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
 - i. Give a client-specific order,
 - j. Manage the intended and unintended consequences of carrying out the activity,
 - k. Manage and evaluate the outcomes of the activity.
9. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the client (or the **client's representative**) about nursing diagnoses, decisions,

actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.

10. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
11. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care 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 the nurse's autonomous scope of practice and individual competence.
12. Registered psychiatric nurses acting within autonomous scope of practice consult with, or refer clients to, other health care professionals when:
 - a. The needs of the client exceed their scope of practice or individual competence,
 - b. Required by organizational/employer policies or processes, or
 - c. Client care would benefit from the expertise of other health care professionals.

BCCNM limits and conditions for registered psychiatric nurse: Acting within autonomous scope of practice

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
1. Use of restraint and seclusion interventions	<ol style="list-style-type: none"> a. When using restraint or seclusion⁴ interventions, registered psychiatric nurses must follow applicable legislation⁵ specific to their practice setting. b. When using mechanical restraint⁶ or seclusion interventions with clients certified under the <i>Mental Health Act</i>, registered psychiatric nurses must act under a client-specific order, except in an emergency situation.
2. Pronounce death	<ol style="list-style-type: none"> a. Registered psychiatric nurses must follow a decision support tool approved by their employer when pronouncing unexpected death.

⁴ 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).

⁵ 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*, the *Criminal Code of Canada* and *Corrections and Conditional Release Act*.

⁶ Mechanical restraint involves the use of devices to partially or totally restrict the client's movements

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	<p>b. Registered psychiatric nurses must not pronounce death related to medical assistance in dying (MAiD).</p>
<p>3. Financial incapability assessment</p>	<p>a. Registered psychiatric nurses must successfully complete the educational program titled <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i>, provided by the Ministry of Health (Certificate of Incapability process for healthcare professionals Public Guardian and Trustee of British Columbia)</p> <p>b. Registered psychiatric nurses must follow the guidelines contained in the document <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> prepared by the Ministry of Health and the Public Guardian and Trustee of British Columbia (Certificate of Incapability process for healthcare professionals Public Guardian and Trustee of British Columbia)</p>
<p>4. Incapability assessment for care facility admission</p>	<p>a. Registered psychiatric nurses must successfully complete the Ministry of Health "Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors" (LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors)</p> <p>b. Registered psychiatric nurses must follow the Ministry of Health guidelines, "Practice Guidelines for Seeking Consent to Care Facility Admission" (Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission)</p>
<p>5. Procedures on tissue</p> <ul style="list-style-type: none"> • Perform wound care <ul style="list-style-type: none"> ○ Conservative sharp wound debridement ○ Negative pressure wound therapy ○ Maggot debridement therapy ○ Compression therapy 	<p>a. Registered psychiatric nurses must successfully complete additional education before carrying out:</p> <ol style="list-style-type: none"> i. Conservative sharp wound debridement ii. Negative pressure wound therapy iii. Biological debridement therapy iv. Compression therapy <p>b. Registered psychiatric nurses must follow an employer approved decision support tool in carrying out:</p> <ol style="list-style-type: none"> i. Conservative sharp wound debridement ii. Negative pressure wound therapy iii. Biological debridement therapy iv. Compression therapy
<p>6. Venipuncture</p> <ul style="list-style-type: none"> • Perform venipuncture 	<p>a. Registered psychiatric nurses must successfully complete additional education to perform venipuncture or establish intravenous access.</p>

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<ul style="list-style-type: none"> • Establish intravenous (IV) access • Collect a blood sample • Do not take blood for donation 	<p>b. Registered psychiatric nurses are limited to using short peripheral venous access devices to take blood or to establish intravenous access.</p> <p>c. Registered psychiatric nurses must not take blood for the purpose of donation.</p>
<p>7. Administer a substance by injection</p> <ul style="list-style-type: none"> • Administer purified protein derivative by injection for tuberculosis (TB) screening 	<p>a. Registered psychiatric nurses who administer purified protein derivative must possess the competencies outlined in <i>Competencies for Tuberculosis Screening Competencies</i> established by the British Columbia Centre for Disease Control (BCCDC) (TB screening competencies.pdf) or equivalent approved by their employer.</p> <p>b. Registered psychiatric nurses who administer purified protein derivative must follow the <i>BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</i> (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) or equivalent approved by their employer.</p>
<p>8. Administer a substance by irrigation</p> <ul style="list-style-type: none"> • Irrigate bladder 	<p>a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder.</p>
<p>9. Administer a substance by enteral instillation</p>	<p>a. Registered psychiatric nurses are limited to administering a solution through enteral instillation to clients with stable and predictable physiological health.</p>
<p>10. Insertion beyond the point in the nasal passages where they normally narrow</p> <ul style="list-style-type: none"> • Nasopharyngeal suctioning • Insert nasogastric tubes 	<p>a. Registered psychiatric nurses must follow a decision support tool approved by their employer when carrying out nasopharyngeal suctioning.</p> <p>b. Registered psychiatric nurses are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube) within their autonomous scope of practice.</p> <p>c. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube.</p>
<p>11. Insertion beyond the pharynx:</p> <ul style="list-style-type: none"> • Do not perform endotracheal intubation 	<p>a. Registered psychiatric nurses do not carry out endotracheal intubation.</p>
<p>12. Insertion beyond the opening of the urethra</p> <ul style="list-style-type: none"> • Insert or flush urinary catheter 	<p>a. Registered psychiatric nurses must follow a decision support tool approved by their employer when inserting or flushing a urinary catheter.</p>

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<p>13. Insertion beyond the labia majora</p> <ul style="list-style-type: none"> • Pelvic exams • Cervical cancer screening 	<p>a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must</p> <ol style="list-style-type: none"> i. successfully complete additional education and ii. possess the competencies (BCCDC: Competencies for Pelvic Examination) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer. <p>b. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must follow the competencies established by PHSA and follow decision support tool established by PHSA (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool & Competencies (Appendix C)) or an equivalent approved by their employer.</p>
<p>14. Insertion into an artificial opening into the body</p> <ul style="list-style-type: none"> • Insert suprapubic and gastrostomy tubes • Ostomy care • Tracheostomy care 	<p>a. Registered psychiatric nurses are limited to inserting suprapubic and gastrostomy tubes in clients with stable and predictable physiological health.</p> <p>b. Registered psychiatric nurses are limited to carrying out ostomy care for clients with stable and predictable physiological health.</p> <p>c. Registered psychiatric nurses are limited to carrying out tracheostomy care for clients with stable and predictable physiological health.</p>
<p>15. Hazardous energy</p> <ul style="list-style-type: none"> • Do not use a manual defibrillator • Use an automated external defibrillator (AED) 	<p>a. Registered psychiatric nurses must not apply electricity using a manual defibrillator.</p> <p>b. Registered psychiatric nurses must successfully complete, and maintain currency in, a course on cardiopulmonary resuscitation and automated external defibrillator (AED) use for health care professionals in order to apply electricity using an AED.</p>
<p>16. Authorizations</p> <ul style="list-style-type: none"> • X-rays for tuberculosis screening except computed tomography scan (CT scan) 	<p>a. Registered psychiatric nurses who issue an authorization⁷ for a chest X-ray for the purpose of tuberculosis screening must:</p> <ol style="list-style-type: none"> i. Possess the competencies outlined in <i>Tuberculosis Screening Competencies</i> established by the British Columbia Centre for Disease Control (BCCDC) (BCCDC: TB Screening Competencies) or equivalent approved by their employer. ii. Follow the <i>BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</i> (BCCDC

⁷ This may also be referred to as *giving a client-specific order*.

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	<p>Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) or equivalent approved by their employer.</p>
<p>17. Prescribe a Schedule I, IA, or II drug</p> <p>(Drug Schedules Regulation)</p>	<p>a. Registered psychiatric nurses only prescribe medications⁸ when they:</p> <ol style="list-style-type: none"> i. Have a current certification; AND ii. Meet the requirements for certified registered psychiatric nurses to prescribe for the treatment of opioid use disorder. <p><i>This restriction against a non-certified RPN prescribing does not prevent them from issuing a client-specific order to be acted on by another nurse to compound, dispense or administer a medication for a specific client that is within the ordering RPN's autonomous scope of practice.</i></p>
<p>18. Compound, dispense or administer a Schedule I drug</p> <ul style="list-style-type: none"> • Treat anaphylaxis 	<p>a. Registered psychiatric nurses are limited to administering epinephrine to treat anaphylaxis.</p> <p>b. Registered psychiatric nurses who administer epinephrine to treat anaphylaxis must follow decision support tools (BCCDC: Communicable Disease Control Manual Chapter 2: Immunization Part 3 - Management of Anaphylaxis in a Non-Hospital Setting) in the Communicable Disease Immunization Program Section V - Management of Anaphylaxis in a Non-hospital Setting² established by British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.</p> <p>c. Registered psychiatric nurses who administer epinephrine must successfully complete additional education.</p>
<p>19. Compound, dispense or administer a Schedule I drug</p> <ul style="list-style-type: none"> • Treat respiratory distress (clients with known asthma) 	<p>a. Registered psychiatric nurses are limited to administering salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.</p> <p>b. Registered psychiatric nurses who administer salbutamol or ipratropium bromide to treat respiratory distress in a known asthmatic must follow a decision support tool approved by their employer.</p> <p>c. Registered psychiatric nurses who administer salbutamol or ipratropium bromide must successfully complete additional education.</p>

⁸ In these standards, the term "prescribing" is used to describe the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

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<p>20. Compound, dispense or administer a Schedule I drug</p> <ul style="list-style-type: none"> • Treat hypoglycemia 	<ol style="list-style-type: none"> a. Registered psychiatric nurses are limited to administering D50W to treat hypoglycemia. b. Registered psychiatric nurses who administer D50W to treat hypoglycemia must follow a decision support tool approved by their employer. c. Registered psychiatric nurses who administer D50W must successfully complete additional education.
<p>21. Compound, dispense or administer a Schedule I drug</p> <ul style="list-style-type: none"> • Treat symptoms of influenza-like illness 	<ol style="list-style-type: none"> a. Registered psychiatric nurses who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must successfully complete additional education. b. Registered psychiatric nurses who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must follow, the decision support tool established by the Provincial Government: <i>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</i>. (BC Government: 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) or equivalent approved by their employer c. Registered psychiatric nurses must not compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness for children under the age of 4.
<p>22. Compound, dispense or administer a Schedule I drug</p> <ul style="list-style-type: none"> • Prevent disease: <ul style="list-style-type: none"> ○ Immunoprophylactic agents and post-exposure chemoprophylactic agents 	<ol style="list-style-type: none"> a. Registered psychiatric nurses who, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must: <ol style="list-style-type: none"> i. possess the competencies established by BCCDC (BCCDC: Immunization Competencies for BC Health Professionals). ii. follow decision support tools established by BCCDC. b. Registered psychiatric nurses who compound, dispense or administer post-exposure chemoprophylactic agents for sexual assault purposes must: <ol style="list-style-type: none"> i. possess the BC Women’s Sexual Assault Service (BCWSAS) Competencies for (registered nurse) sexual assault nurse examiners (Sexual Assault Service Resources for Health Professionals), and

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	<ul style="list-style-type: none"> ii. follow <i>Decision Support Tools (DST) for Sexual Assault Nurse Examiners (SANES)</i> for (registered nurse) sexual assault nurse examiners (Sexual Assault Service Resources for Health Professionals) established by BC Women's Sexual Assault Service (BCWSAS). c. Registered psychiatric nurses must not compound, dispense or administer immunoprophylactic or post-exposure chemoprophylactic agents for the purpose of preventing disease in travellers (also known as travel health). d. Registered psychiatric nurses must not, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic agents or post-exposure chemoprophylactic agents for children under the age of 4 years old.
<p>23. Do not compound or administer experimental vaccines for research purposes</p>	<ul style="list-style-type: none"> a. Registered psychiatric nurses must not compound or administer experimental vaccines for research purposes.
<p>24. Compound, dispense, or administer Schedule II drugs <i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> a. Registered psychiatric nurses require a client-specific order from an authorized health professional to compound, dispense or administer Schedule II medications to treat a disease or disorder. <i>For example, nurses would not administer insulin without knowing that a physician had diagnosed diabetes and ordered insulin therapy.</i> b. Registered psychiatric nurses may only 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. c. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either: <ul style="list-style-type: none"> i. follow an employer approved decision support tool or ii. act with a client-specific order from an authorized health professional. d. Registered psychiatric nurses who administer medication via central venous access devices must: <ul style="list-style-type: none"> i. act with a client-specific order from an authorized health professional, and ii. successfully complete additional education to administer medication via central venous access devices.

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<p>25. Compound, dispense, or administer Schedule II drugs</p> <ul style="list-style-type: none"> Do not perform insulin dose adjustment 	<p>a. Registered psychiatric nurses must not carry out Insulin dose adjustment.</p>
<p>26. Compound, dispense, or administer Schedule II drugs</p> <ul style="list-style-type: none"> Do not administer medication by these routes) 	<p>b. Registered psychiatric nurses must not administer medication via intrathecal, epidural, intraosseous or perineural routes because it is not within RPN scope of practice</p>
<p>27. Therapeutic diets</p> <ul style="list-style-type: none"> Administer a therapeutic diet by enteral instillation 	<p>a. Registered psychiatric nurses are limited to administering enteral feeds to clients with stable and predictable physiological health and an established diet.</p>
<p>28. Medical aesthetics⁹</p>	<p>a. Registered psychiatric nurses successfully complete additional education before providing medical aesthetic procedures.</p> <p>b. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:</p> <ol style="list-style-type: none"> Under a client-specific order and when the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation. <p>c. Registered psychiatric nurses do not prescribe dermal fillers.</p>

[Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice - pages 12-13 omitted]

⁹ "Medical aesthetics" refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person's appearance