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PRACTICE STANDARD

Registered Nurses: Acting Within Autonomous Scope of Practice

Introduction

The Registered Nurses: Acting within Autonomous Scope of Practice standards, limits, and conditions set the expectations that registered nurses[1] must meet when performing **activities** within their autonomous scope of practice (that do not require an order), and also apply to certified registered nurses when performing activities within their autonomous scope of practice that are not included in their certification.

Registered 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.

Acting within autonomous scope of practice refers to registered 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 11 of the *Nurses and Midwives Regulation);*[2]
- Performing the **restricted activities** outlined in sections 12 to 20 of the *Nurses and Midwives Regulation* that do not require a client-specific order;[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 nurses follow the *Registered Nurse: Acting under Client-specific Orders* standards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

[1] References to registered nurses include registered nurses, licensed graduate nurses and certified registered nurses.
[2] Certified registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the certified registered nurse's certification and their individual competence.
[3] Certified registered nurses do not require an order for a restricted activity listed in sections 21 and 23 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

Standards

1. Registered 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 nurses acting within autonomous scope of practice ensure that the activity they will perform is:
    a. Within the scope of practice for registered 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 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
    c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, registered 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 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 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 nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Registered 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, or

k. Manage and evaluate the outcomes of the activity.

9. Registered 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 nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.

11. Registered 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 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 restrictions, or

    c. Client care would benefit from the expertise of other health care professionals.

BCCNM limits and conditions for registered nurses: Acting within autonomous scope of practice (without an order)

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
1. Financial incapability assessment	a. Registered nurses may act as qualified health care providers under Part 2.1 of the Adult Guardianship Act for the purpose of conducting the functional component of a financial incapability assessment in accordance with Part 3 of the Statutory Property Guardianship Regulation under that Act, if they successfully complete the Ministry of Health course *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act* (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals). b. Registered nurses acting as qualified health care providers under Part 2.1 of the Adult Guardianship Act must also follow the Ministry of Health and Public Guardian and Trustee's procedural guide, *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act* (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals).
2. Incapability assessment for care facility admission	a. Registered nurses acting as prescribed health care providers under Part 3 of the Health Care (Consent) and Care Facility (Admission) Act for the purpose of conducting an assessment to determine whether an adult is incapable of giving or refusing consent to admission to, or continued residence, in a care facility, must: i. Have successfully completed the Ministry of Health course, *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) and ii. 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).
3. Procedures on tissue • Perform wound care: o *Conservative sharp wound debridement* o *Negative pressure wound therapy* o *Maggot debridement therapy* o *Compression therapy*	a. Giving a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy: i. May be given only by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent): o Nurse Specializing in Wound Ostomy Continence Education Program NSWOCC-EP o International Interdisciplinary Wound Care Course o University of Toronto Master of Science in Community Health: Wound Prevention and Care

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○ *Suture uncomplicated skin lacerations*	○ University of Western Ontario Master of Clinical Science: Wound Healing ○ Wound Ostomy Continence Nursing Education Program. b. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy i. May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in a(i). (above). ii. *All other* registered nurses must: ○ act under a client-specific order, and ○ successfully complete additional education. c. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane i. May be done by registered nurses who have successfully completed the education requirements in a(i) (above). ii. *All other* registered nurses must: ○ follow an established decision support tool, and ○ successfully complete additional education. d. *All* registered nurses, including those who have successfully completed the education requirements in a(i) (above): i. May *only* suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Committee decision support tool (British Columbia Provincial Nursing Skin and Wound Committee Guideline: Treating Minor Uncomplicated Lacerations in Adults), ii. Must follow this decision support tool when suturing such lacerations, and iii. Must successfully complete additional education.
4. Venipuncture • Insert a central venous catheter (CVC)[4]	a. Registered nurses act under a client-specific order to insert a central venous catheter.
5. Administer a substance by inhalation • Mixture of oxygen and nitrous oxide administered for the purpose of pain management during labour	a. Registered nurses who administer a mixture of oxygen and nitrous oxide must follow decision support tools established by Perinatal Services BC (PSBC) (PSBC: Core Competencies for Management of Labour).

[4] This may also be referred to as a central venous access device (CVAD) or central venous device (CVD).

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6. Administer a substance by injection • Administer purified protein derivative by injection for tuberculosis (TB) screening	a. Registered nurses administering purified protein derivative must possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (BCCDC Clinical Prevention Services Decision Support Tool: Non- - Tuberculosis Screening).
7. Insertion beyond the pharynx • Do not perform endotracheal Intubation	a. Registered nurses *do not* carry out endotracheal intubation.
8. Insertion beyond the labia majora • Pelvic exams • Cervical cancer screening • Fit a pessary • Apply fetal scalp electrodes	a. Registered 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)). b. Registered nurses act under client-specific order to fit a pessary. c. Registered nurses act under a client-specific order to apply fetal scalp electrodes.
9. Manage labour	a. Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour).
10. Hazardous energy • Manual defibrillation	a. Registered nurses who, in the course of providing emergency cardiac care, apply electricity using a manual defibrillator must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care (Providence Health Care: Clinical tools & resources).
11. Authorizations • Ultrasound or X-rays for diagnostic or imaging purposes except computed tomography scan (CT scan)	a. Registered nurses issue an authorization[5] for X-ray or ultrasound only under the following circumstances: i. Registered nurses who issue an authorization for X-ray or ultrasound must follow established decision support tools. ii. Registered nurses who issue an authorization for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education. iii. Registered nurses issue an authorization for X-ray or ultrasound for the purpose of routine management only when organizational processes are in place to direct test results to the appropriate health professional for follow-up. iv. Registered nurses who issue an authorization for chest X-ray for the purpose of tuberculosis screening must

[5] Issuing an authorization may also refer to *giving a client-specific order*

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	possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) established by BCCDC.
12. Prescribe a Schedule I, IA, or II drug (*Drug Schedules Regulation*)	a. Registered nurses only prescribe medications[6] when they: i. Have a current BCCNM certification; and ii. Meet the requirements for certified registered nurses to prescribe. *This restriction against a non-certified RN 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 RN's autonomous scope of practice.*
13. Compound, dispense or administer a Schedule I drug • Treat anaphylaxis • Treat cardiac dysrhythmia • Treat respiratory distress (clients with known asthma) • Treat hypoglycemia • Treat post-partum hemorrhage (*Drug Schedules Regulation*	a. Registered nurses may compound or administer: i. Epinephrine to treat anaphylaxis ii. Epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia iii. Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics iv. Oral corticosteroids to treat respiratory distress in known asthmatics in emergency care settings v. D50W to treat hypoglycemia vi. Oxytocin to treat post-partum hemorrhage b. Registered nurses who administer epinephrine to treat anaphylaxis must follow an established decision support tool. c. Registered nurses who administer epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care (Providence Health Care: Clinical tools & resources). d. Registered nurses who administer salbutamol, ipratropium bromide, *or* oral corticosteroids must successfully complete additional education and must follow an established decision support tool. e. Registered nurses who administer D50W must follow an established decision support tool. f. Registered nurses who administer oxytocin must possess the competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour).

[6] 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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14. Compound, dispense or administer a Schedule I drug • Treat conditions symptomatic of influenza-like illness (*Drug Schedules Regulation*)	a. Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the decision support tool established by the Provincial Government – https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/decision_support_tool-rn_rpn-)pandemic_influenza_like_illness_clinical_care_guidelines.pdf*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*.
15. Compound, dispense or administer a Schedule I drug • Prevent disease: o *Immunoprophylactic agents or post-exposure chemoprophylactic agents* (*Drug Schedules Regulation*)	a. Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances: i. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the competencies (BCCDC: Immunization Competencies for BC Health Professionals) established by BCCDC and follow decision support tools established by BCCDC (BCCDC: Communicable Disease Control). ii. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC's basic immunization course (BCCDC: Immunization Competency Course) and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide in conjunction with the Canada Communicable Disease Reports (Government of Canada: Canada Communicable Disease Report (CCDR)). They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber. iii. Registered nurses may compound and administer experimental vaccines as part of a formal research program involving a physician. These registered nurses must successfully complete BCCDC's basic immunization course (BCCDC: Immunization Competency Course) as well as additional education related to the specific experimental vaccine. They must follow established decision support tools. iv. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision

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	support tool (BCCDC Decision Support Tool Dispensing Prophylactic Medications Post-sexual Assault b. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the competencies established by the Provincial Health Services Authority and follow decision support tools established by the Provincial Health Services Authority. • Palivizumab (PVZ) for immunoprophylaxis of infant RSV infection (PDF) ○ RSV vaccines for adults
16. Compound, dispense, or administer Schedule II drugs (*Drug Schedules Regulation*)	a. Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a *condition* following an assessment and nursing diagnosis. b. Registered nurses act under a client-specific order to compound, dispense, or administer Schedule II medications to treat a *disease or disorder*.
17. Compound, dispense or administer Schedule II drugs • Insulin dose adjustment	a. Registered nurses who carry out insulin dose adjustment must possess the competencies and follow the decision support tools set out by Fraser Health Authority (Fraser Health Authority: Diabetes - Insulin dose adjustment).
18. Therapeutic diets • Compound, dispense, administer a therapeutic diet by enteral installation	a. Within autonomous scope of practice, registered nurses administer enteral feeds *only* to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients. b. Within autonomous scope of practice, registered nurses compound and dispense a therapeutic diet administered through enteral instillation *only* to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients.
19. Medical aesthetics[7]	a. Registered nurses successfully complete additional education before providing medical aesthetic procedures. b. Registered nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: i. Under a client-specific order and ii. 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.

[7] "Medical aesthetics" refers to elective non-surgical clinical procedures that include the performance of a restricted activity intended to alter or restore a person's appearance.

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	c. Registered nurses *do not* prescribe dermal fillers.

Glossary

Activities: Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

Additional education: Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

Advanced activities: Activities that are within a nurse's scope of practice but require additional education, training, and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

Client: Person receiving health services.

Client's Representative: A person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate

a. a "committee of the patient" under the *Patients Property Act*,
b. the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
c. a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
d. a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
e. a substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Client-specific order: An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

Competence: The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

Competencies: The knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

Decision support tools (DSTs): Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

Nursing diagnosis: A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

Restricted Activity: An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication
1.1	n/a	As above	Updated BCCDC DST and competencies June 25, 2026

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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