

PRACTICE STANDARD

Registered Psychiatric Nurses: Acting under Client-specific Orders

Introduction

The *Registered Psychiatric Nurses: Acting under Client-specific Orders* practice standards, limits, and conditions set the expectations that registered psychiatric nurses¹ must meet when they are performing activities that they are competent and allowed to perform under **client-specific orders**.

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**.

For the **restricted activities** listed in sections 51 and 52 of the *Nurses and Midwives Regulation*, a registered psychiatric nurse may perform the activity only if acting under a client-specific order given by a physician, nurse practitioner, dentist, midwife, naturopathic physician, podiatrist, pharmacist, certified registered nurse, or certified registered psychiatric nurse.²

Depending on organizational or employer policies and processes, certain health professionals not named in the *Nurses and Midwives Regulation* may still give client-specific orders for activities already within the nurse's autonomous scope of practice. These orders are not legally required since the activity is already authorized within the nurse's scope, but the specialized expertise and competence of the other health professionals can help determine the best care for the client and strengthen team-based assessment and care planning.

Standards

1. Registered psychiatric nurses require a client-specific order from a health professional before performing any **activity** that is not within the registered psychiatric nurse's autonomous scope of practice.
2. Registered psychiatric nurses acting under a client-specific order ensure the ordered activity is:
 - a. Either one of the restricted activities identified in section 51 or 52 of the *Nurses and Midwives Regulation* that registered psychiatric nurses may perform when acting under an order or an activity within the registered psychiatric nurse's autonomous scope of practice,

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

² 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 psychiatric nurse's certification and their individual competence.

- b. Consistent with BCCM'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 under a client-specific order ensure that they have the competence to:
 - a. Perform the activity safely and ethically,
 - b. Identify potential risks of the activity to the client and how to minimize those risks,
 - c. Recognize and manage the intended and unintended outcomes of the activity.
4. Before performing an activity under a client-specific order, 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** under a client-specific order 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 under 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 written/electronic signature, and
 - d. Contains enough information for the nurse to carry it out safely.
7. Registered psychiatric nurses accept a verbal or telephone client-specific order only when there is no reasonable³ alternative, according to organizational/employer policies and processes, and when doing so is in the best interest of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.
8. Registered psychiatric nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting under a client-specific order.
9. Registered psychiatric nurses may not change or cancel a client-specific order when the activity is outside of the registered psychiatric nurse's autonomous scope of practice or the registered psychiatric nurse's individual competence.
10. Registered psychiatric nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
 - a. The ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g., to 'hold' the order),
 - b. They are not able to carry out a client-specific order,
 - c. The client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,

³ "Reasonable" refers to the common understanding that licensees of BCCNM would have as to what is appropriate in the situation.

- d. The client-specific order does not appear to reflect current evidence or be in the best interest of the client,
 - e. They change or cancel a client-specific order for activities that are within their autonomous scope of practice, or
 - f. The safeguards and resources are not available to manage the outcomes of performing the activity, including reasonably foreseeable unintended outcomes.
11. Registered psychiatric nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.
 12. Registered psychiatric nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
 13. Registered psychiatric nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
 - a. It is required by organizational/employer policies, processes, or restrictions,
 - b. There are insufficient organizational/employer supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
 - c. The registered psychiatric nurse is competent to perform the activity or provide the care of services but 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 activity.
 14. Registered psychiatric nurses **ONLY** act under a client-specific order from a health professional who is not identified in the *Nurses and Midwives Regulation* as allowed to give a client-specific order to authorize a registered psychiatric nurse to perform a restricted activity when:
 - a. The activity is within the registered psychiatric nurse's autonomous scope of practice,
 - b. The registered psychiatric nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
 - c. The activity is within the registered psychiatric nurse's individual competence, and
 - d. Organizational/employer policies, and processes exist that:
 - i. clarify the accountability and responsibility of the nurse and the non-listed health professional, and
 - ii. 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.

BCCNM limits and conditions for registered psychiatric nurses: Acting under client-specific orders

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
1. Use of restraint and seclusion interventions	a. When using restraint or seclusion ⁴ interventions, registered psychiatric nurses must follow applicable legislation ⁵ specific to their practice setting. b. When using mechanical restraint ⁶ 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. Procedures on tissue <ul style="list-style-type: none"> • Perform wound care <ul style="list-style-type: none"> ○ Suturing skin lacerations ○ Conservative sharp wound debridement ○ Negative pressure wound therapy ○ Biological debridement therapy ○ Compression therapy 	a. Registered psychiatric nurses must successfully complete additional education before carrying out: <ol style="list-style-type: none"> i. Suturing of skin lacerations ii. Conservative sharp wound debridement iii. Negative pressure wound therapy iv. Biological debridement therapy v. Compression therapy
3. Procedures on tissue Administer a substance by irrigation <ul style="list-style-type: none"> • Peritoneal dialysis 	a. Registered psychiatric nurses must successfully complete additional education to carry out peritoneal dialysis.
4. Administer a substance by inhalation <ul style="list-style-type: none"> • Do not administer nitrous oxide 	a. Registered psychiatric nurses must not administer nitrous oxide.
5. Administer a substance by mechanical ventilation <ul style="list-style-type: none"> • Clients on mechanical ventilation 	a. Registered psychiatric nurses must successfully complete additional education to care for clients on mechanical ventilation

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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6. Administer a substance by irrigation <ul style="list-style-type: none"> • Irrigate a bladder 	a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder.
7. Venipuncture Administer a substance by parenteral instillation <ul style="list-style-type: none"> • Perform venipuncture • Establish intravenous access • Collect a blood sample • Do not collect blood for donation • Blood and blood products 	a. Registered psychiatric nurses must successfully complete additional education to carry out venipuncture and to establish intravenous access. b. Registered psychiatric nurses are limited to using short peripheral venous devices to establish intravenous access. c. Registered psychiatric nurses are limited to taking blood with short devices or from existing peripheral venous access devices. d. Registered psychiatric nurses <i>must not</i> take blood for the purpose of donation e. Registered psychiatric nurses are limited to administering blood and blood products to clients with stable and predictable physiological health. f. Registered psychiatric nurses must successfully complete additional education to administer blood or blood products.
8. Administer a substance by parenteral instillation <ul style="list-style-type: none"> • Central venous access devices (CVAD)⁷ 	a. Registered psychiatric nurses must successfully complete additional education to administer a substance via central venous access devices.
9. Administer a substance <ul style="list-style-type: none"> • Do not administer substances by these routes 	a. Registered psychiatric nurses <i>must not</i> administer substances via: <ol style="list-style-type: none"> i. Intrathecal spaces, ii. Epidural spaces, iii. Perineural spaces.
10. Administer a substance by parenteral instillation <ul style="list-style-type: none"> • Do not administer radiopaque dyes by parenteral instillation 	a. Registered psychiatric nurses <i>must not</i> administer radiopaque dyes via parenteral instillation
11. Administer a substance by parenteral instillation Administer a schedule I, IA, II drug <ul style="list-style-type: none"> • Care of clients on hemodialysis 	a. Registered psychiatric nurses must successfully complete additional education to carry out hemodialysis.

⁷ This may also be referred to as a central venous device (CVD) or central venous catheter (CVC).

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
12. Insertion beyond the point in the nasal passages where they narrow <ul style="list-style-type: none"> • Insert nasogastric tubes (NG) 	a. Registered psychiatric nurses are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube) within their autonomous scope of practice (without an order). b. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube.
13. Put Insertion beyond the pharynx <ul style="list-style-type: none"> • Do not perform endotracheal intubation 	a. Registered psychiatric nurses do not carry out endotracheal intubation.
14. Insertion beyond the labia majora <ul style="list-style-type: none"> • Pelvic exams • Cervical cancer screening 	a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must: <ol style="list-style-type: none"> i. Successfully complete additional education, and ii. Possess competencies established by Provincial Health Services Authority (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 equivalent approved by their employer.
15. Hazardous energy <ul style="list-style-type: none"> • Do not apply electricity for the purpose of affecting activity of the nervous system except transcutaneous electrical nerve stimulation (TENS) 	a. Registered psychiatric nurses must not apply electricity for the purpose of affecting activity of the nervous system other than TENS (Transcutaneous electrical nerve stimulation).
16. Hazardous energy <ul style="list-style-type: none"> • Do not perform manual defibrillation 	a. Registered psychiatric nurses must not apply electricity using a manual defibrillator
17. Administer a Schedule I, IA or II drug <ul style="list-style-type: none"> • Do not administer medications by these routes 	a. Registered psychiatric nurses must not administer medication via: <ol style="list-style-type: none"> i. Intrathecal route, ii. Epidural route, iii. intraosseous route, iv. perineural route.
18. Administer a Schedule I, IA or II drug <ul style="list-style-type: none"> • Central venous access devices (CVAD) 	a. Registered psychiatric nurses must successfully complete additional education to administer medication via central venous access devices.

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
19. Administer a Schedule I, IA or II drug Administer a substance by inhalation <ul style="list-style-type: none"> • Do not induce general anesthesia or maintain general anesthetic agents • Procedural sedation (<i>Drug Schedules Regulation</i>)	a. Registered psychiatric nurses must not induce general anesthesia or maintain general anesthetic agents. b. Registered psychiatric nurses may induce procedural sedation under a client-specific order.
20. Administer experimental medications	a. Registered psychiatric nurses may administer experimental medications not yet listed in any drug schedule as part of a formal research program.
21. Compound, dispense, or administer a Schedule I drug <ul style="list-style-type: none"> • Do not compound, dispense, or administer Schedule I drugs for the purpose of medical assistance in dying (MAiD) 	a. Registered psychiatric nurses must not compound, dispense or administer schedule I drugs for the purpose of medical assistance in dying.
22. Compound, dispense, or administer a Schedule II drug <ul style="list-style-type: none"> • Treat a disease or disorder • Central venous access devices (<i>Drug Schedules Regulation</i>)	a. Registered psychiatric nurses act under a client-specific order to compound, dispense or administer Schedule II medications to treat a disease or disorder . b. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either: <ol style="list-style-type: none"> i. Follow an employer approved decision support tool OR <ol style="list-style-type: none"> ii. Act under a client-specific order. c. Registered psychiatric nurses who administer medication via central venous access devices must: <ol style="list-style-type: none"> i. Act under a client-specific order and ii. Successfully complete additional education to administer medication via central venous access devices.
23. Medical aesthetics ⁸	a. Registered psychiatric nurses successfully complete additional education before providing medical aesthetic procedures. b. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: <ol style="list-style-type: none"> 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.

⁸ "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

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-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

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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