

REGISTERED NURSES

Scope of Practice

Standards, Limits, Conditions



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Scope of Practice for Registered Nurses

This document contains information for registered nurses (includes licensed graduate nurses) and nurse practitioners in British Columbia about scope of practice* that is established by the BC College of Nurses and Midwives (BCCNM).

The scope of practice for registered nurses and nurse practitioners in British Columbia is set out in the **Nurses (Registered) and Nurse Practitioners Regulation** under the **Health Professions Act**. Additional scope of practice information is included in BCCNM's Bylaws and Standards of Practice.

The purpose of this document is to:

- Explain the Regulation and those parts of the *Health Professions Act* that have an impact on scope of practice for registered nurses
- Set out BCCNM standards, limits and conditions related to scope of practice
- Explain the restricted activities for registered nurses that are outlined in the Regulation
- Explain delegation as it applies under the Health Professions Act and BCCNM Standards of Practice.

Information in this document is subject to change as BCCNM policy is revised or legislation is amended. BCCNM registrants will be notified of changes.

* Terms defined in the Glossary (Appendix 1) are highlighted in bold type in this document the first time they appear.

BCCNM Standards of Practice

BCCNM is responsible under the Health Professions Act for setting standards of practice for its registrants. BCCNM Standards include:

- Professional Standards
- Practice Standards
- Scope of Practice Standards, Limits and Conditions

These can be found on the BCCNM website www.bccnm.ca

Revision Log

Revision Date	Revisions Made
September 2020	Published by BCCNM (new college)
Oct. 26, 2020	Revised <i>Acting within Autonomous Scope of Practice</i> and <i>Acting with a Client-Specific Orders</i>
March 1, 2021	New limits and conditions for prescribing for opioid use disorder
April 6, 2021	Revisions to bring MAiD standards, limits and conditions in line with changes to the Criminal Code
August 27, 2021	Revised definition of Insulin Dose Adjustment
September 23, 2021	Revision related to making a prescribing decision during a virtual care encounter when a visual assessment is not possible
June 30, 2022	Updated MAiD standards, limits, and conditions related to returning unused substances to pharmacy; removed COVID-19 temporary exemption
June 30, 2022	Added new standards, limits and conditions for the provision of medical aesthetics
October 4, 2022	Removed references and links to rescinded joint statements
October 4, 2022	Revisions to standards, limits and conditions related to prescribing; new limits and conditions for RN Certified Practice
October 4, 2022	Moved limits and conditions for medical aesthetics
November 24, 2022	Updated scope of practice and requirements for Remote Practice certified practice (removal of Reproductive Health requirements and scope of practice) including updated table of certified practice education programs required and approved by BCCNM and updated table of diseases, disorders, conditions diagnosed and treated by certified practice RNs
February 7, 2023	Removed Limits & Conditions from Appendices

Revision Date	Revisions Made
September 21, 2023	<p>Added new standards, limits and conditions to create a new designation of certified practice for opioid use disorder for RNs and RPNs.</p> <p>Amendments to standards, limits, and conditions to align with the transition from a provincial Public Health Officer (PHO) order to the new RN and RPN certified practice in opioid use disorder.</p> <p>Amendments to the standards related to prescribing medications to address gaps identified by engagement with key informants and audiences.</p>
April 15, 2024	Updated practice limits and conditions for certified practice when prescribing medications; added certified practice prescribing education programs.

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Part 1: The Basis for Scope of Practice

WHAT THE REGULATION COVERS

The Nurses (Registered) and Nurse Practitioners Regulation sets out, among other things:

1. Reserved titles for nurses
2. A scope of practice statement
3. Restricted activities for registered nurses and nurse practitioners

Reserved Titles

BCCNM registrants can use the following reserved titles:

- Registered nurse
- Licensed graduate nurse
- Nurse

"Nurse practitioner" is also a reserved title under the Regulation. Only registered nurses who are registered with BCCNM in the nurse practitioner category can use the title "nurse practitioner" or "registered nurse practitioner." More information about reserved titles can be found in the BCCNM Bylaws and the Practice Standard *Use of Title* available at www.bccnm.ca.

Scope of Practice

Scope of practice refers to the activities that registered nurses are educated and authorized to perform. These activities are established through the legislated definition of nursing practice and are complemented by standards, limits and conditions set by BCCNM.

The Regulation states that registrants of BCCNM may practise nursing. Nursing is defined as the health profession in which a person provides the following services:

- a. health care for the promotion, maintenance and restoration of health;
- b. prevention, treatment and palliation of illness and injury, primarily by
 - i. assessing health status,
 - ii. planning, implementing and evaluating interventions, and
 - iii. coordinating health services;
- c. medical assistance in dying;

The Regulation does not refer to education, administration and research in the scope of practice statement for nurses or any other health professionals in B.C. However, BCCNM's Professional

Standards make it clear that clinical practice, education, administration and research are all considered part of the practice of registered nursing.

Exceptions

Registered nurses provide care only within the scope of practice. There are two exceptions to this rule:

1. In situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action. Registered nurses are ethically obligated to provide the best care they can, given the circumstances and their individual **competence**.¹
2. Where a formal delegation process is in place. See Part 5.

Restricted Activities

Restricted activities are clinical activities that present a significant risk of harm to the public and are therefore reserved for specified health professions only.² The Regulation assigns specific restricted activities to registered nurses. Restricted activities are discussed in Part 4.

STANDARDS, LIMITS AND CONDITIONS

BCCNM has authority under the Health Professions Act to establish, monitor and enforce standards, limits and conditions for registered nurses' practice.

Standard: An expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

Limit: Specifies what registered nurses are not permitted to do. For example, registered nurses may not carry out **endotracheal intubation**.

Condition: Sets out the circumstances under which registered nurses may carry out an activity. For example, registered nurses who order X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete **additional education**.

Whenever possible, BCCNM uses standards (rather than limits and conditions) to provide direction for practice.

1 Employers and nurses should not rely on the emergency exemption when an activity is considered an expectation of practice in a particular setting.

2 The B.C. government is currently developing a master list of restricted activities. The complete list of proposed restricted activities is available at <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/scope-of-practice-reform>. The Nurses (Registered) and Nurse Practitioners Regulation sets out the restricted activities from this list that are within the scope of practice of registered nurses.

CONTROLS ON NURSING PRACTICE

There are four levels of controls on registered nurses' practice:

1. Nurses (Registered) and Nurse Practitioners Regulation, which sets out the scope of practice in fairly broad strokes.
2. BCCNM standards, limits and conditions, which complement and further define and limit the scope of practice set out in the Regulation.
3. Employer policies, which may restrict registered nurses' practice in a particular agency or unit.
4. An individual registered nurse's competence to carry out a particular activity.

Figure 1 illustrates the levels of control on registered nurse practice. These four levels of control will be referred to throughout this document.

Figure 1. Controls on Practice



TWO KEY PRINCIPLES

The Health Professions Act and Regulation support and clarify two key principles that BCCNM believes uphold safe nursing practice:

1. The scope of practice reflects the reality of registered nurse practice.
2. Clear responsibility and accountability among health professionals is fundamental to the provision of safe and ethical client care by competent nurses.

The Regulation supports the first principle by reflecting common practice of registered nurses. It supports the second principle by clarifying responsibility and accountability of registered nurses in their practice. For example, the Regulation makes clear that certain restricted activities may be carried out by registered nurses within autonomous scope of practice, while other restricted activities require a client-specific order from a listed health professional.

HOW PRACTICE IS DESCRIBED IN THE REGULATION

The Regulation sets out three kinds of practice:

1. General practice
2. Certified practice
3. Nurse practitioner practice

General Practice

In carrying out general practice activities, registered nurses move from novice to expert without having to obtain any additional regulatory approval from BCCNM. General practice includes:

- Activities that are restricted and activities that are not restricted
- Activities that registered nurses can carry out within their autonomous scope of practice and activities that require a client-specific order from a listed health professional.

Sections 6 and 7 of the Regulation list the restricted activities that registered nurses may carry out as part of general practice.

Although no additional regulatory approval is needed to carry out general practice activities, BCCNM has the authority to determine the following:

- Which activities are considered the practice of nursing within the scope of practice set out in the Regulation
- Any standards, limits and conditions that may apply

Registrants who are in doubt about whether some aspect of their practice falls within the scope of registered nurse practice should contact BCCNM for clarification. Registered nurses are required to follow the standards, limits and conditions set by BCCNM.

Certified Practice

Section 8 of the Regulation describes some restricted activities as **certified practices**. Registered nurses cannot carry out these activities within their autonomous scope of practice until they have been certified by BCCNM.

Nurse Practitioner Practice

Section 9 of the Regulation describes restricted activities for nurse practitioners. The scope of practice of nurse practitioners includes all activities within the scope of practice of registered nurses. As with registered nurses, an activity within the scope of practice of nurse practitioners may not be within an individual nurse practitioner's competence.

Part 2: Scope of Practice Standards for Registered Nurses

AUTONOMOUS SCOPE OF PRACTICE AND CLIENT-SPECIFIC ORDERS

Scope of Practice Standards establish the standards, limits and conditions for registered nurses' practice. These scope of practice standards link to other standards, policies and **bylaws of BCCNM** and all legislation relevant to nursing practice.

For the purposes of these scope of practice standards, the "RN Regulation" refers to the **Nurses (Registered) and Nurse Practitioners Regulation** which applies to registered nurses, licensed graduate nurses and nurse practitioners in British Columbia.

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

Introduction

These scope of practice standards outline the requirements for registered nurses providing client care in the following ways:

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

Registered nurses may provide care to clients by:

- acting within autonomous scope of practice when carrying out:
 - non-restricted activities, and
 - restricted activities within section 6 (restricted activities that do not require an order) of the *Nurses (Registered) and Nurse Practitioners Regulation*.
- acting on a client-specific order from a listed health professional for a restricted activity included in section 7 (restricted activities that require an order) of the *Nurses (Registered) and Nurse Practitioners Regulation*.
- acting on a client-specific order from a non-listed health professional for an activity that is within the registered nurse's autonomous scope of practice and the registered nurse's individual competence
- giving a client-specific order for an activity within the registered nurse's autonomous scope of practice and the registered nurse's individual competence

ACTING WITHIN AUTONOMOUS SCOPE OF PRACTICE

Introduction

Scope of practice refers to the activities that registered nurses³ are educated and authorized to perform. **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 educated, competent, and allowed to perform without a client-specific order.

To ensure they are providing safe care, registered nurses need to know when they are allowed to act within autonomous scope of practice and when they require a client-specific order before performing an activity.

The ***Nurses (Registered) and Nurse Practitioners Regulation*** allows registered nurses to make a nursing diagnosis that identifies a condition—not a disease or disorder—as the cause of a client’s signs or symptoms⁴. Registered nurses diagnose and determine a plan of care for a variety of conditions that can be improved, resolved, or prevented with nursing activities. Other conditions may be stabilized or improved by registered nurses but require the involvement of another health professional to diagnose and treat the underlying disease or disorder.

The ***Nurses (Registered) and Nurse Practitioners Regulation*** lists restricted activities that are allowed to be performed by registered nurses. Restricted activities are clinical activities that pose a significant risk of harm to the public. These include restricted activities that ‘do not require an order’ (**Section 6** of the Regulation) and restricted activities that ‘require an order’ (**Section 7** of the Regulation). Some restricted activities are listed under section 6 and also under section 7 of the Regulation. For certified practice registered nurses, in addition to Section 6 activities, restricted activities that do not require an order are listed in **Section 8** of the Regulation.

Before acting within autonomous scope of practice, registered nurses need to consider **all four controls on practice** to ensure they are allowed to perform the activity: 1) The *Nurses (Registered) and Nurse Practitioners Regulation*; 2) BCCNM standards of practice including standards, limits, and conditions; 3) organizational/employer policies, processes, and restrictions; and 4) the nurse’s individual competence.

3 References in this standard to registered nurses include licensed graduate nurses.

4 Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse’s certified practice designation and the nurse’s individual competence.

Autonomous scope of practice includes:

- The performance of **restricted activities** that are listed in **section 6⁵** of the *Nurses (Registered) and Nurse Practitioners Regulation*, unless the activity is prohibited by any BCCNM standard, limit, or condition. These restricted activities do not require an order from a health professional who is listed⁶ in the Regulation.
- The provision of other care or services that are **not restricted activities**, unless the care or services are excluded from autonomous scope of practice by any BCCNM standard, limit, or condition.

Autonomous scope of practice does **not** include:

- The performance of **restricted activities** that are listed in **section 7⁷** in the *Nurses (Registered) and Nurse Practitioners Regulation* (to the extent the care provided is not within the activities listed in section 6 of the Regulation, or as noted for certified practice registered nurses, in section 8). These are restricted activities that require an order from a health professional who is listed in the Regulation.
- The provision of other care or services, including restricted or non-restricted activities, that are **prohibited** or otherwise **excluded** from autonomous scope of practice by:
 - any BCCNM standard, limit, or condition, or
 - organizational/employer policies, processes, or restrictions.
 - The provision of a service that is prohibited by other legislation (see **Legislation Relevant to Nurses' Practice**).

This *Acting within Autonomous Scope of Practice* standard applies to registered nurses, licensed graduate nurses, and certified practice nurses when acting within autonomous scope of practice.

Principles

1. Registered nurses are accountable and responsible when they make a decision that the client's condition⁸ would benefit from an activity and act within autonomous scope of practice to perform the activity.

⁵ For certified practice registered nurses, autonomous scope of practice also includes restricted activities listed in Section 8 of the *Nurses (Registered) and Nurse Practitioners Regulation*.

⁶ Listed health professionals are physicians, nurse practitioners, certified practice registered nurses, certified practice registered psychiatric nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.

⁷ Or, as noted for certified practice registered nurses, in section 8.

⁸ Based on their assessment of the client, registered nurses make a clinical judgement (a nursing diagnosis) of a condition as the cause of the client's signs and symptoms. Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence

2. Registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
 - a. Within the scope of practice for RNs acting without a client-specific order as set out in the *Nurses (Registered) and Nurse Practitioners Regulation*,
 - b. Consistent with BCCNM's standards of practice including standards, limits, and conditions,
 - c. Consistent with organizational/employer policies, processes, restrictions, and
 - d. Within the nurse's 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. the known risks and benefits to the client,
 - ii. the predictability of outcomes of performing the activity, and
 - iii. 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. 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.
5. Registered nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
6. 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 diagnosis⁹ of a client condition¹⁰ that can be prevented, improved, ameliorated, or resolved through nursing activities,

⁹ Nursing diagnosis: 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 nurse to achieve outcomes for which the nurse is accountable: *Nurses (Registered) and Nurse Practitioners Regulation*.

¹⁰ Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence.

- c. Determine a plan of care,
 - d. Determine an activity to be performed,
 - e. Implement an activity to prevent, treat, or palliate an illness or injury and/or improve, ameliorate, or resolve a condition,
 - f. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
 - g. Give a client-specific order,
 - h. Manage the intended and unintended consequences of carrying out the activity,
 - i. Manage and evaluate the outcomes of the activity.
7. Registered nurses acting within autonomous scope of practice communicate and collaborate with the client (or their substitute decision-maker) 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.
8. Registered nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
9. 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.
10. 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
 - c. Client care would benefit from the expertise of other health care professionals.
11. Before performing an activity within autonomous scope of practice, registered nurses consider available resources and human and system factors to safely perform the activity and to manage intended and unintended outcomes of the activity.

ACTING WITH CLIENT-SPECIFIC ORDERS

Introduction

For public safety, registered nurses¹¹ need to know which activities they are allowed to perform within their autonomous scope of practice and which activities require a client-specific order before they are allowed to perform them. Registered nurses also need to know which health professionals are authorized to give a client-specific order that they are allowed to act with.

A **client-specific order** is an instruction or authorization given by a regulated health professional for a nurse to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity. A consultation, referral or professional recommendation is not an order.

The **client-specific order** must:

- be documented in the client's permanent record by the regulated health professional giving the client-specific order,
- include all the information needed for the ordered activity to be carried out safely (e.g., time, frequency, dosage), and
- include a written/electronic signature.

The Nurses (Registered) and Nurse Practitioners Regulation lists restricted activities that are allowed to be performed by registered nurses. Restricted activities are clinical activities that pose a significant risk of harm to the public. These include restricted activities that 'do not require an order' (Section 6 of the Regulation) and restricted activities that 'require an order' (Section 7 of the Regulation). Some restricted activities are listed under section 6 and also under section 7 of the Regulation. The BCCNM *Scope of Practice for Registered Nurses - Standards Limits Conditions* provides additional details about Section 6 and Section 7 restricted activities.

For certified practice registered nurses, restricted activities that do not require an order are listed in Section 8 of the Nurses (Registered) and Nurse Practitioners Regulation.

Registered nurses need to consider **all four controls on practice** to determine whether they require a client-specific order before performing an activity:

- The Nurses (Registered) and Nurse Practitioners Regulation
- BCCNM standards of practice
- Organizational/employer policies, processes, and restrictions
- The nurse's individual competence.

¹¹ References in this standard to registered nurses include licensed graduate nurses.

A registered nurse may act with a **client-specific order** given by a '**listed health professional**' or a '**non-listed health professional**':

A **listed health professional**¹² is a health professional listed in the *Nurses (Registered) and Nurse Practitioners Regulation* as authorized to give an order for a restricted activity to be performed by a registered nurse. **Only these health professionals** are authorized to give orders for activities listed in **section 7** ('restricted activities that require an order') of the Regulation¹³ that allow the registered nurse to perform that activity. **Listed health professionals** are physicians, nurse practitioners, certified practice registered nurses, certified practice registered psychiatric nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.

A non-listed health professional is a health professional who is NOT listed in the *Nurses (Registered) and Nurse Practitioners Regulation*. A non-listed health professional is not authorized to give orders for restricted activities in section 7 of the Regulation.¹³ However, depending on organizational/employer policies and processes, they may give orders for activities that are within the registered nurse's autonomous scope of practice. Non-listed health professionals have specialized competence within their profession's scope of practice and individual competence that allows them to assess a client and to design or recommend care to meet the client's needs. Examples of non-listed health professional include wound clinicians, registered nurses (who are not certified practice registered nurses or nurse practitioners), registered psychiatric nurses, and dietitians.

This standard applies to registered nurses, licensed graduate nurses, and certified practice nurses when acting with client-specific orders.

Principles

1. Registered nurses require a client-specific order from a **listed health professional** to perform any restricted activity listed in **section 7** (restricted activities that require an order) of the *Nurses (Registered) and Nurse Practitioners Regulation* (to the extent the care provided is not within the activities or related limits and conditions listed in section 6 of the *Nurses (Registered) and Nurse Practitioners Regulation*, or, as noted for certified practice registered nurses, in Section 8¹⁴).

12 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. In addition, an order for a registered nurse or licensed graduate nurse to cast a fracture of a bone may only ever be given by a physician or nurse practitioner who registered in British Columbia.

13 To the extent the activity is not within the activities or related limits and conditions listed in section 6 of the Regulation.

14 Certified practice registered nurses do not require an order for a restricted activity listed in section 8 of the *Nurses (Registered) and Nurse Practitioners Regulation* that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence.

2. Registered nurses acting with a client-specific order ensure the ordered activity is:
 - a. within the scope of practice as set out in the *Nurses (Registered) and Nurse Practitioners Regulation*,
 - b. consistent with standards, limits and conditions established by BCCNM,
 - c. consistent with organizational/employer policies, processes, and restrictions, and
 - d. within their individual competence.
3. Registered nurses acting with a client-specific order ensure that they have the competence to:
 - a. perform the activity safely and ethically,
 - b. manage the intended outcomes of the activity, and
 - c. recognize unintended outcomes of the activity and implement a plan for dealing with these unintended outcomes.
4. Registered nurses 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 written/electronic signature, and
 - d. contains enough information for the nurse to carry it out safely.
5. Registered nurses accept a verbal or telephone client-specific order only when there is no reasonable¹⁵ 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.
6. Registered nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting with a client-specific order.
7. Registered nurses may not change or cancel a client-specific order given by a listed health professional when the activity is outside of the nurse's autonomous scope of practice or the nurse's individual competence.

¹⁵ "Reasonable" refers to the common understanding that registrants of BCCNM would have as to what is appropriate in the situation.

8. Registered 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,
 - 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.
9. Registered 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.
10. Registered 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.
11. Registered 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 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 activity.
12. Registered nurses **ONLY** act with a client-specific order from a **non-listed health professional** when:
 - a. the activity is within the nurse's **autonomous scope of practice**,

- b. the nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
- c. the activity is within the 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.

GIVING CLIENT-SPECIFIC ORDERS

Nurses 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. Nurses accept sole accountability and responsibility for the client-specific orders they give.
2. Nurses give client-specific orders for activities that are:
 - within autonomous scope of practice,
 - within the nurse's individual competence,
 - consistent with any relevant standards, limits and conditions established by BCCNM,
 - consistent with organizational policy, procedures and restrictions.
3. Nurses only give client-specific orders when organizational supports, processes and resources, including policies and procedures, exist that:
 - outline the accountability and responsibility of the nurse,
 - 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. Nurses carry out assessments and make an appropriate nursing diagnosis¹⁶ to ensure that the client's condition can be improved or resolved by the ordered activity before giving a client-specific order.

¹⁶ Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence.

5. Nurses 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:
 - based on evidence
 - clear, and complete
 - documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier
6. Nurses give verbal or telephone client-specific orders only when there are no reasonable¹⁷ alternatives and it is in the best interest of the client. In these situations, nurses:
 - 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
 - ask for the client-specific order to be read back to confirm it is accurate
 - follow-up to ensure that the client-specific order is documented in the client record
7. Nurses 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. Nurses 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. Nurses follow the standards *for Acting within Autonomous Scope of Practice* and/or *Giving Client-specific Orders* when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.
10. Nurses 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. Nurses follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

¹⁷ Reasonable refers to the common understanding that registrants of the nursing profession would have as to what is appropriate in the situation.

Applying the Standards for Giving Client-specific Orders

- 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.
- 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
- 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
- When you are giving a client-specific order improve client safety by following your organization's policy on the use of abbreviations.
- 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.
- 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.
- In some cases the best option for the client is for a client-specific order to be given virtually. Following organizational policies, processes, restrictions, and other relevant BCCNM Standards of Practice increases client safety.

Related Standards of Practice

- **Consent** Practice Standard
- **Documentation** Practice Standard
- **Privacy and Confidentiality** Practice Standard

Other BCCNM Resources

- **Legislation Relevant to Nurses' Practice** (pub. 328)

Part 3: Activities That Are Not Restricted

Most activities that registered nurses carry out do *not* involve performing restricted activities. The Regulation includes these activities in the broad scope of practice statement. They are fundamental to registered nurse practice and many are complex. The Autonomous Scope of Practice and Client-specific Orders standards also apply to performing nursing activities that are not restricted.

Examples of nursing activities that are not restricted:

- Assisting clients with activities of daily living
- Carrying out an electrocardiogram
- Communicating appropriately with clients, colleagues and others
- Collaborating with others on the health care team
- Coordinating care services for clients
- Counseling clients
- Developing professional relationships with clients and others
- Documenting timely, accurate reports
- Managing or applying physical restraints
- Mentoring and preceptoring
- Planning client care
- Pronouncing death
- Providing some disease prevention and health promotion services (e.g., blood glucose screening)
- Recommending or administering some medications (e.g., Schedule III drugs)
- Teaching
- Using isolation techniques
- Using some types of equipment (e.g., lifts, slings)

LIMITS AND CONDITIONS ON ACTIVITIES THAT ARE NOT RESTRICTED

BCCNM has established limits and conditions for two activities that are not restricted:

1. Cardiac Stress Testing

Cardiac stress testing for the purposes of diagnosis and treatment planning. This activity is not included in government's current list of restricted activities. While few registered nurses carry out this activity, it carries a significant degree of risk to the client.

BCCNM Limits and Conditions

Registered nurses may only carry out cardiac stress testing under a physician's direction and only following successful completion of additional education.

2. Financial Incapability Assessment

- a. Registered nurses acting as qualified health care providers under the Statutory Property Guardianship Regulation.

BCCNM Limits and Conditions

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".

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."

3. Incapability Assessment for Care Facility Admission

- a. Registered nurses acting as prescribed health care providers under the Health Care Consent Regulation.

BCCNM Limits and Conditions

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:

1. Have successfully completed the Ministry of Health **course**, "Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors"; and
2. Follow the Ministry of Health guidelines, "Practice Guidelines for Seeking Consent to Care Facility Admission".

Part 4: Restricted Activities for Registered Nurses

Restricted activities for registered nurses are set out in Sections 6, 7 and 8 of the Regulation.

SECTION 6: RESTRICTED ACTIVITIES THAT DO NOT REQUIRE AN ORDER

Section 6 of the Regulation lists restricted activities that are part of general registered nurse practice. These activities are highlighted below. Registered nurses are required to follow the *Acting within Autonomous Scope of Practice* and *Giving Client-specific Orders* standards and adhere to other standards, limits and conditions set by BCCNM.

To carry out these restricted activities, registered nurses do not require an order from another health professional. They are, however, required to adhere to standards, limits and conditions set by BCCNM.

Diagnosis

- 6 (1) A registrant in the course of practising nursing may make a nursing diagnosis identifying a condition as the cause of the signs or symptoms of an individual

The Regulation sets out the type of diagnosis registered nurses can make. Specifically, registered nurses can make a **nursing diagnosis** that identifies a **condition**—not a disease or disorder—as the cause of a client’s signs or symptoms.

This diagnosis is a clinical judgment about the cause of a client’s mental or physical condition. It is made to determine whether the condition can be improved or resolved by the registered nurse intervening appropriately to achieve a result for which the registered nurse is accountable.

Registered nurses diagnose and treat a variety of conditions. Some conditions can be resolved with nursing treatment. Others can be stabilized or improved by registered nurses but require the involvement of another health professional to diagnose and treat the underlying disease.

Some conditions result from a known disease or treatment of that disease (e.g., hypoglycemia, urinary retention, constipation related to medication). Others require stabilization until the underlying disease or disorder can be diagnosed and treated (e.g. severe bleeding, hypoxia) by a physician. Examples of other conditions registered nurses diagnose and treat include anaphylaxis, constipation related to diet, some wounds, minor second degree burns and foreign object in the eye without corneal abrasion.

Before treating a condition, registered nurses must first collect information using their assessment skills and then draw a conclusion (i.e., they must diagnose the condition).

In some practice settings and roles, organizations may establish policies and processes that support RNs to conduct a nursing assessment to make a clinical judgment of a client’s mental or physical condition to arrive at a ‘provisional diagnosis’ or ‘diagnostic impression’ for initiating triage or other

nursing activities in a timely manner, as permitted by their scope of practice. The purpose of the 'provisional diagnosis' or 'diagnostic impression' is to initiate nursing care; it is not, and must not be treated as, a formal diagnosis of any disease or disorder. Such a formal diagnosis can only be provided by an authorized health professional after they have personally assessed the client.

Wound Care

- 6 (1) (b) for the purpose of wound care, including the suturing of skin lacerations, perform a procedure on tissue below the dermis or below the surface of a mucous membrane

The Regulation states that registered nurses may carry out wound care without an order. This includes cleansing, irrigating, probing, debriding, packing and dressing. It also includes suturing a laceration.

BCCNM Limits and Conditions

1. Providing a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy
 - May be done *only* by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent):
 - Nurse Specializing in Wound Ostomy Continence Education Program NSWOCC -EP
 - International Interdisciplinary Wound Care Course
 - University of Toronto Master of Science in Community Health: Wound Prevention and Care
 - University of Western Ontario Master of Clinical Science: Wound Healing
 - Wound Ostomy Continence Nursing Education Program.
2. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy
 - May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in 1. (above).
 - *All other* registered nurses must:
 - have a client-specific order, and
 - successfully complete additional education.
3. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane

- May be done by registered nurses who have successfully completed the education requirements in 1. (above).
- *All other* registered nurses must:
 - follow an established decision support tool, and
 - successfully complete additional education.

4. Suturing skin lacerations

- *All* registered nurses, including those who have successfully completed the education requirements in 1. (above):
 - May *only* suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Wound Committee **decision support tool**,
 - Must follow this decision support tool when suturing such lacerations, and
 - Must successfully complete additional education.

Intravenous

- 6 (1) (c) for the purposes of collecting a blood sample or donation, perform venipuncture;
- (d) for the purposes of establishing intravenous access, maintaining patency or managing hypovolemia,
- (i) perform venipuncture, or
- (ii) administer a solution by parenteral instillation

The Regulation permits registered nurses to carry out venipuncture without an order for the following purposes:

- Collecting a blood sample or donation from a client
- Establishing and maintaining intravenous (IV) access
- Managing hypovolemia

In addition, the Regulation states that registered nurses may administer parenteral solutions, such as normal saline, to begin or maintain an IV without an order or to manage hypovolemia to deal with shock (e.g., a client who is bleeding following major trauma, a client who has had too much fluid taken off during hemodialysis treatment).

BCCNM Limits and Conditions

Registered nurses require a client-specific order before inserting a central venous catheter.

Inhalation

- 6 (1) (e) administer
- (i) the following by inhalation:
 - (A) oxygen or humidified air;
 - (B) a mixture of oxygen and nitrous oxide, for the purpose of pain management during labour

The Regulation states that registered nurses may administer oxygen or humidified air without an order. Registered nurses are also permitted to administer a mixture of oxygen and nitrous oxide (such as Entonox) to labouring women to manage pain.

BCCNM Limits and Conditions

Registered nurses who administer a mixture of oxygen and nitrous oxide must follow **decision support tools** established by Perinatal Services BC (PSBC).

Instillation and Injection

- 6 (1) (e) administer
- (ii) nutrition by enteral instillation,
 - (iii) purified protein derivative by injection, for the purpose of tuberculosis screening

The Regulation permits registered nurses to administer enteral feeds without an order.

BCCNM Limits and Conditions

Within autonomous scope of practice, registered nurses can administer enteral feeds *only* to stable clients with an established diet. Registered nurses must follow a client-specific order from an appropriate health professional for all other clients.

Registered nurses require a client-specific order from a listed health professional for any client whose condition is unstable or whose diet is not well established. In addition, registered nurses are encouraged to collaborate with a dietitian or pharmacist about providing nutritional care to clients.

The Regulation authorizes registered nurses to administer purified protein derivative in doing a tuberculin skin test (commonly known as a Mantoux test) to screen for tuberculosis.

BCCNM Limits and Conditions

Registered nurses administering purified protein derivative must possess the **competencies** established by the B.C. Centre for Disease Control (BCCDC) and follow **decision support tools** established by BCCDC.

Assessing Clients and Treating Conditions

- 6 (1) (f) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, administer a solution
- (i) by irrigation, or
 - (ii) by enteral instillation;
- 6 (1) (g) for the purposes 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,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,
 - (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body;
- (g.1) put a wearable hearing instrument, or a part of or accessory for it, into the external ear canal, up to the eardrum;
- 6 (1) (h) for the purposes 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 the pressure created by the use of an otoscope, or
 - (ii) water that is under pressure no greater than the pressure created by the use of an ear bulb syringe

The Regulation sets out a number of activities that registered nurses may do autonomously if those activities are to:

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

The Regulation does not refer to registered nurses preventing conditions, nor does it exclude registered nurses from carrying out activities to prevent conditions. Preventing conditions is a routine part of practice for registered nurses.

Examples of nursing activities involving the restricted activities listed above include:

- 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)
- Changing an established suprapubic catheter (preventing or treating a condition)
- Showing a stable client how to irrigate his or her own colostomy (preventing or treating a condition)
- Performing a vaginal exam (assessing)
- Suctioning a client with an established tracheostomy (treating a condition)
- Checking patency of the ear drum using an otoscope (assessing)
- Removing wax from the external ear canal using water and a bulb syringe (treating a condition)
- Flushing a naso-gastric tube or enteral tube following a feed (preventing a condition)

BCCNM Limits and Conditions

Registered nurses who carry out **pelvic exams** or **cervical cancer screening** must possess the **competencies** established by the Provincial Health Services Authority (PHSA) and follow **decision support tools** established by PHSA.

Registered nurses require a client-specific order from a listed health professional to apply fetal scalp electrodes.

Registered nurses require a client-specific order from a listed health professional to fit a pessary.

Registered nurses may not carry out endotracheal intubation.

Endotracheal intubation is not currently considered to be within the scope of practice of registered nurses in B.C. Registrants who are interested in carrying out endotracheal intubation should contact BCCNM for direction.

Managing Labour

6 (1) (h.1) manage labour in an institutional setting if the primary maternal care provider is absent

The Regulation permits registered nurses to manage labour in hospital when the physician or midwife is not present. **Managing labour** includes assessing maternal and fetal well-being and progress as well as progress in labour, and making decisions and taking actions based on these assessments.

BCCNM Limits and Conditions

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.

Hazardous Forms of Energy

- 6 (1) (i) apply ultrasound for the purposes of bladder volume measurement, blood flow monitoring or fetal heart monitoring
- (j) apply electricity for the purpose of defibrillation in the course of emergency cardiac care;
- (j.01) apply electricity for the purpose of providing transcutaneous electrical nerve stimulation;

The Regulation permits registered nurses to use ultrasound without an order to:

- Measure bladder volume
- Monitor blood flow (e.g., assessing pedal pulses)
- Monitor the fetal heart

The Regulation also states that registered nurses may apply electricity to defibrillate during the provision of emergency cardiac care. Registered nurses can use automatic external defibrillators to provide basic emergency cardiac care. Application of electricity using a manual defibrillator, however, is subject to the following limits and conditions.

BCCNM Limits and Conditions

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.

Some forms of electricity do not present a high level of risk (i.e., they do not destroy tissue or alter central nervous system function), and BCCNM considers applying these forms of electricity to be within the scope of practice of registered nurses. Transcutaneous electrical nerve stimulation is an example of nursing practice that uses the application of such electricity.

Applying laser for the purpose of cutting or destroying tissue is considered a restricted activity. Registered nurses have not been authorized to apply laser autonomously. The Regulation only permits registered nurses to apply laser, with an order, for the purpose of destroying tissue. See Section 7: Restricted Activities that Require an Order.

Ordering the Application of Energy

- 6 (1) (j.1) in the course of assessment, issue an instruction or authorization for another person to apply, to a named individual,
- (i) ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus, or

- (ii) X-rays for diagnostic or imaging purposes, except X-rays for the purpose of computerized axial tomography

The Regulation states that, during the assessment process, registered nurses may order ultrasound or X-ray with the exception of CAT scans.

BCCNM Limits and Conditions

Registered nurses give a client-specific order for X-ray or ultrasound only under the following circumstances:

- Registered nurses who give a client-specific order for X-ray or ultrasound must follow established decision support tools.
- Registered nurses who give a client-specific order for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.
- Registered nurses give a client-specific order 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.
- Registered nurses who give a client-specific order for chest X-ray for the purpose of tuberculosis screening must possess the **competencies** established by the B.C. Centre for Disease Control (BCCDC) and follow **decision support tools** established by BCCDC

Medications

- 6 (1) (k) in respect of a drug specified in Schedule I of the **Drug Schedules Regulation**,
- (i) prescribe the drug,
 - (ii) compound the drug,
 - (iii) dispense the drug, or
 - (iv) administer the drug by any method;
- for the purposes of
- (v) treating
 - (A) anaphylaxis,
 - (B) cardiac dysrhythmia,
 - (C) opiate overdose,
 - (D) respiratory distress in a known asthmatic,
 - (E) hypoglycemia,

- (F) post-partum hemorrhage, or
- (G) conditions that are symptomatic of influenza-like illness, or
- (vi) preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents
- (l) in respect of a drug specified in Schedule II of the Drug Schedules Regulation,
 - (i) prescribe the drug,
 - (ii) compound the drug,
 - (iii) dispense the drug, or
 - (iv) administer the drug by any method;

Prescribing Medications

BCCNM Limits and Conditions

Registered nurses only prescribe medications¹⁸ when they:

- Have a certified practice designation; AND
- Meet the requirements for certified practice registered nurses to prescribe.

This restriction against a non-certified practice 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.

Schedule I Medications

The Regulation states that registered nurses may prescribe, compound, dispense or administer a limited number of Schedule I medications for specific purposes without an order. Schedule I drugs are those that normally require a prescription or an order.

Subject to the applicable limits and conditions below, the Regulation allows registered nurses to use Schedule I medications to treat the following emergencies:

- Anaphylaxis
- Cardiac dysrhythmia
- Opiate overdose
- Respiratory distress in known asthmatics

¹⁸ 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.

- Post-partum hemorrhage
- Hypoglycemia

Subject to the applicable limits and conditions below, the Regulation also allows registered nurses to use Schedule 1 medications:

- To treat symptoms of influenza-like illness, or
- As immunoprophylactic or post-exposure chemoprophylactic agents, for the purpose of preventing disease

BCCNM Limits and Conditions

Registered nurses may compound or administer

- Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics
- Oral corticosteroids to treat respiratory distress in known asthmatics in emergency care settings
- Oxytocin to treat post-partum hemorrhage
- D50W to treat hypoglycemia
- Epinephrine to treat anaphylaxis
- Epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia

Registered nurses who administer **salbutamol, ipratropium bromide, or oral corticosteroids** must successfully complete additional education and must follow an established decision support tool.

Registered nurses who administer **oxytocin** must possess the competencies established by Perinatal Services BC (PSBC) and follow **decision support tools** established by PSBC.

Registered nurses who administer **D50W** must follow an established decision support tool.

Registered nurses who administer **epinephrine to treat anaphylaxis** must follow an established decision support tool.

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.

BCCNM Limits and Conditions

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 – *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.

Schedule II Medications

Under the Regulation, registered nurses are permitted within autonomous scope of practice to prescribe, **compound**, dispense or administer medications listed in Schedule II of the provincial drug schedules. Further direction related to medications is included in the **Medication** practice standard.

Schedule II medications include drugs such as:

- Glucagon
- Activated charcoal
- Sublingual nitroglycerine
- Gentian violet
- Some pediculicides
- Some debriding agents
- Some analgesics and decongestants
- Some vitamins

Schedule II medications also include the following vaccines:

- Influenza vaccines
- Vaccines that are part of a routine immunization program
- Vaccines that require special enhanced public access due to disease outbreaks
- Oral, inactivated cholera vaccine when used for prophylaxis against traveler's diarrhea

The Regulation permits registered nurses within autonomous scope of practice to prescribe, compound, dispense or administer immunoprophylactic and post-exposure chemoprophylactic agents to prevent disease. These agents may be in either Schedule I or Schedule II.

BCCNM Limits and Conditions

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. Registered nurses require a client-specific order from a listed health professional before compounding, dispensing or administering Schedule II medications to treat a disease or disorder.

For example, registered nurses would not administer insulin without knowing that a physician or nurse practitioner had diagnosed diabetes and ordered insulin therapy. Similarly, registered nurses would not inject sclerosing agents to treat varicose veins without knowing that a physician had diagnosed the underlying medical problem and ordered the treatment.

BCCNM Limits and Conditions

Registered nurses who carry out **insulin dose adjustment** must possess the competencies and follow the **decision support tools** set out by Fraser Health Authority.

The BC Centre for Disease Control (BCCDC) sets direction for clinical practice related to routine immunizations, such as childhood immunizations, and for chemoprophylaxis in contacts of clients with communicable disease.

BCCNM Limits and Conditions

Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances:

- Registered nurses who compound, dispense or administer **immunoprophylactic** or **chemoprophylactic agents** identified by the BC Centre for Disease Control (BCCDC) must possess the **competencies** established by BCCDC and follow **decision support tools** established by BCCDC.
- 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** 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**. They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber.
- 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** as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.
- Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:
 - possess the competencies established by the B.C. Women's Sexual Assault Service (BCW SAS) and follow **decision support tools** established by BCW SAS (Note: This will apply to sexual assault nurse examiners), or
 - possess the **competencies** established by the B.C. Centre for Disease Control (BCCDC) and follow **decision support tools** established by BCCDC (Note: This will apply to registered nurses who hold BCCNM certification in STI management).
- 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.

Medical Aesthetics¹⁹

BCCNM Limits and Conditions

1. RNs successfully complete additional education²⁰ before providing medical aesthetic procedures.
2. RNs administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:
 - a. with a client-specific order from a health professional²¹, and
 - b. 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.
3. RNs do not prescribe dermal fillers.

Therapeutic Diets

- 6 (1) (m) if nutrition is administered by enteral instillation, compound or dispense a therapeutic diet

The Regulation authorizes registered nurses to compound and dispense enteral diets within their autonomous scope of practice. Registered nurses are not authorized to select the ingredients for a therapeutic enteral diet. This restricted activity is carried out by other health professionals, such as dietitians.

BCCNM Limits and Conditions

Within autonomous scope of practice, registered nurses can compound and dispense a therapeutic diet administered through enteral instillation *only* to stable clients with an established diet. Registered nurses must obtain a client-specific order from an appropriate health professional for all other clients.

Registered nurses are encouraged to collaborate with a dietitian or pharmacist when compounding or dispensing enteral diets.

19 “Medical aesthetics” refers to elective non-surgical clinical procedures that include the performance of a restricted activity (activities listed in sections 6 and 7 of the Nurses (Registered) and Nurse Practitioners Regulation) and are primarily intended to alter or restore a person’s appearance.

20 “Additional education” is structured education, e.g., workshop, course, program of study, designed so that registered nurses can attain the competencies required to carry out a specific activity as part of registered nursing practice. Additional education builds on the entry-level competencies of registered nurses; identifies the competencies expected of learners on completion of the education; includes both theory and application to practice, and includes an objective, external evaluation of learners’ competencies on completion of the education. The term does not refer to a course or program approved by BCCNM for BCCNM-certified practice.

21 “Health professional” has the same meaning as in the Nurses (Registered) and Nurse Practitioners Regulation.

SECTION 7: RESTRICTED ACTIVITIES THAT REQUIRE AN ORDER

Section 7 of the Regulation lists restricted activities that may be carried out in the course of registered nursing practice but require an order from a listed health professional. RNs may not act with an order from a non-listed health professional for section 7 restricted activities.

Listed health professionals authorized to give orders to registered nurses under the Regulation are dentists, physicians, midwives, naturopaths, podiatrists, pharmacists, nurse practitioners, and certified practice nurses. 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.

In addition, the health professional must also be authorized to provide or perform the restricted activity. For example, a registered nurse would not take an order from a midwife for a medication to treat congestive heart failure.

The BCCNM *Acting with Client-specific Orders* standard outlines what is and is not a 'client-specific order' standard outlines 'what is a client-specific order' and 'what is not a client-specific order'. Nurses are required to follow the BCCNM *Acting with Client-specific Orders* scope of practice standard and adhere to other standards, limits and conditions set by BCCNM when acting with a client-specific order from a listed health professional.

The Regulation also permits orders that refer to another document that includes instructions that set out the usual care for a particular client group or client problem. These are made client-specific by the health professional by adding the name of the individual client, making any necessary changes to reflect the needs of the individual client, and signing the order. For these types of orders, BCCNM and the College of Physicians and Surgeons of British Columbia agree that such references should be placed on the client's chart.

Registered nurses must be sure that the restricted activity is considered to be nursing practice—even if they have an order to carry it out. Nurses who are not sure if a specific activity is considered within the scope of registered nurses' practice should contact BCCNM.

Procedures Below Body Surfaces

- 7 (1) A registrant in the course of practising nursing may do any of the following:
 - (a) perform a procedure on tissue below the dermis, below the surface of a mucous membrane or in or below the surface of the cornea;
 - (a.1) cast a fracture of a bone;

Some of these procedures are considered to be within the scope of practice of registered nurses while others are not. For example, registered nurses who act in a scrub nurse role carry out some surgical activities below the dermis on a physician's order (e.g., holding retractors). Registered nurses

who have successfully completed additional education and work in a nurse first assist role can do surgical suturing and harvest veins on a physician's order. Doing surgery (including incision and drainage), however, is not within the scope of practice of registered nurses. Registrants who are in doubt about whether a procedure is considered within registered nurses' scope of practice should contact BCCNM.

BCCNM Limits and Conditions

Registered nurses must successfully complete an **RN First Assist Program** before doing surgical suturing or harvesting veins under a physician's order.

Registered nurses who cast a fracture of a bone:

- Require a client-specific order from a physician or nurse practitioner registered in BC.*
- Must successfully complete additional education.

*Registered nurses may only act on a client-specific order to cast a fracture of a bone given by a medical practitioner or nurse practitioner who is registered in British Columbia as per the *Nurses (Registered) and Nurse Practitioners Regulation Section 7(3)*.

Administering Substances

- 7 (1) (b) administer a substance
- (i) by injection,
 - (ii) by inhalation,
 - (iii) by mechanical ventilation,
 - (iv) by irrigation,
 - (v) by enteral instillation or parenteral instillation, or
 - (vi) by using a hyperbaric chamber

The Regulation states that, with an order from a listed health professional, registered nurses may administer substances (other than drugs) by injection, inhalation, ventilation, irrigation, instillation, and by means of a hyperbaric chamber. These substances include air and water.

BCCNM Limits and Conditions

Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter.

Inducing a state of unconsciousness through the administration of anesthetic drugs is not within the scope of practice of registered nurses. Registered nurses do, however, induce procedural sedation. Although registered nurses do not initiate anesthetic agents administered through a catheter, they

maintain anesthetic agents being administered into the intrathecal, epidural and perineural spaces. Anesthetic agents are usually being used for pain management in these cases.

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 not require a client-specific order from a listed health professional (see Section 6). On the other hand, in some circumstances, a client-specific order from a listed health professional may be appropriate. In these cases, employer policies may require registered nurses to receive a client-specific order from a health professional before carrying out the restricted activity. For example, irrigating a ureterostomy tube with sterile normal saline would require a client-specific order.

Putting Items into Body Openings

- 7 (1) (c) put an instrument or a device, hand or finger
 - (i) into the external ear canal, up to the eardrum,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,
 - (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body

The Regulation states that, with an order from a listed health professional, registered nurses may put items (such as fingers and instruments) into natural and artificial openings in the body.

Many of these nursing activities could be done within autonomous scope of practice to assess or treat a condition and would therefore not require a client-specific order from a listed health professional. In other circumstances, a client-specific order from a listed health professional is appropriate (e.g., passing a tube or instrument past a fresh surgical site). In these cases, employer policies may require registered nurses to receive a client-specific order from a listed health professional before carrying out the restricted activity.

BCCNM Limits and Conditions

Registered nurses may not carry out endotracheal intubation.

Endotracheal intubation is not currently considered to be within the scope of practice of registered nurses in B.C. Registrants who are interested in carrying out endotracheal intubation should contact BCCNM for direction.

Registered nurses who carry out pelvic exams or **cervical cancer screening** must possess the **competencies** established by the Provincial Health Services Authority (PHSA) and follow **decision support tools** established by PHSA.

Putting Substances into Ears

- 7 (1) (d) put into the external ear canal, up to the eardrum, a substance that is under pressure

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. Registered nurses require a client-specific order from a listed health professional before they can syringe an ear with any device that creates greater pressure than an ear bulb syringe.

Hazardous Forms of Energy

- 7 (1) (d.1) apply ultrasound for diagnostic or imaging purposes, including application of ultrasound to a fetus;
- (e) apply electricity for the purposes of destroying tissue or affecting activity of the heart or nervous system;
- (e.1) apply laser for the purpose of destroying tissue

The Regulation indicates that, with a client-specific order from a listed health professional, registered nurses may apply ultrasound for diagnostic or imaging purposes. Section 6 permits registered nurses to apply ultrasound for limited purposes (such as blood flow monitoring) within their autonomous scope of practice. With a client-specific order from a listed health professional, registered nurses working in specialty areas may carry out additional related activities. For example, vascular access nurses working in hemodialysis may assess blood vessels pre and post access creation and provide this information to the physician.

The Regulation also states that, with an order, registered nurses may apply electricity that destroys tissue or affects heart or nervous system activity. This expands the application of electricity beyond what is permitted in Section 6 (i.e., defibrillation to provide emergency cardiac care). For example, with a client-specific order from a listed health professional, registered nurses may use electricity for transcutaneous pacing, cardioversion, adjusting pacemakers, and setting or adjusting implanted cardiac devices.

The Regulation permits registered nurses to apply laser, with an order from a listed health professional, for the purpose of destroying tissue. This includes the application of laser for removing hair; reducing hyperpigmentation, rosacea, acne scars and port wine stains; and minimizing the appearance of facial veins and surface spider leg veins. Registered nurses are not authorized to apply laser for the purpose of cutting tissue.

BCCNM Limits and Conditions

Registered nurses must successfully complete an RN First Assist Program before doing electrocautery under a physician's order.

Registered nurses do not perform other types of electrocautery (e.g., to treat epistaxis).

Medications

- 7 (1) (f) in respect of a drug specified in Schedule I or IA of the **Drug Schedules Regulation**,
- (i) compound the drug,
 - (ii) dispense the drug, or
 - (iii) administer the drug by any method

The Regulation permits registered nurses to compound, dispense and administer certain medications with a client-specific order from a listed health professional. These medications are listed in Schedule I or IA of the provincial drug schedules. Schedule I medications are those requiring a prescription (e.g., antibiotics). Schedule IA medications are controlled drugs in the Controlled Prescription Program (e.g., methadone, morphine). The Regulation allows registered nurses to administer these medications by any means (e.g., orally, by injection, by intravenous, by inhalation, by instillation).

BCCNM Limits and Conditions

Registered nurses may, with a client-specific order from a listed health professional, administer experimental medications not yet listed in any drug schedule as part of a formal research program.

Registered nurses occasionally administer, with a client-specific order by 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 only when conventional therapies have failed, are unsuitable or are unavailable.

BCCNM Limits and Conditions

Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter.

Inducing a state of unconsciousness through the administration of anesthetic drugs is not within the scope of practice of registered nurses. Registered nurses do, however, induce procedural sedation. Although registered nurses do not give the first dose of anesthetic agents administered through a catheter, they maintain anesthetic agents being administered into the intrathecal, epidural and perineural spaces. Anesthetic agents are usually being used for pain management in these cases.

Allergy Testing and Treatment

- 7 (1) (g) conduct challenge testing for allergies
- (i) that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or
 - (ii) by any method, if the individual being tested has had a previous anaphylactic reaction;
- (h) conduct desensitizing treatment for allergies
- (i) that involves injection, scratch tests or inhalation, if the individual being treated has not had a previous anaphylactic reaction, or
 - (ii) by any method, if the individual being treated has had a previous anaphylactic reaction.

For clients who have had a previous anaphylactic reaction, the Regulation requires registered nurses to obtain a client-specific order from a listed health professional before they carry out allergy challenge testing by any method.

For clients who have no history of anaphylaxis, registered nurses require a client-specific order from a listed health professional to carry out allergy challenge testing and desensitizing treatment that involves the use of injection, scratch tests or inhalation. Other forms of challenge testing and desensitizing treatment (e.g., elimination and reintroduction of specific foods into the diet) may be done within autonomous scope of practice and therefore without a client-specific order from a listed health professional for clients who have no history of anaphylaxis.

SECTION 8: RESTRICTED ACTIVITIES FOR CERTIFIED PRACTICE

BCCNM Limits and Conditions

Registered Nurses (Certified) are allowed within their autonomous scope of practice to diagnose a disease, disorder, or condition and treat by prescribing, compounding, dispensing, administering, or ordering medications according to their certified practice designation. Certified practice registered nurses may also diagnose and treat conditions that are within the autonomous scope of general registered nurse practice and the nurse's individual competence.

These limits and conditions apply to certified practice registered nurses who are authorized to perform certain restricted activities within their autonomous scope of practice in one or more of the following certified practice designations:

- Reproductive Health (Contraceptive Management) Certified
- Reproductive Health (Sexually Transmitted Infections) Certified
- Remote Practice Certified
- RN First Call Certified
- Opioid Use Disorder Certified

I. Certified practice registered nurses must:

1. Successfully complete the relevant certified practice education program approved by BCCNM (Table 1).
2. Diagnose and treat only those diseases, disorders, or conditions or provide contraceptive management as outlined in the competencies of the BCCNM approved certified practice education program for their certified practice designation and as set out in Table 2.²²
3. Follow the decision support tools managed by the Nurses and Nurse Practitioners Association of British Columbia (NNPBC) and/or the British Columbia Centre on Substance Use (BCCSU) for their certified practice designation(s), and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certified practice designation(s).
4. Complete additional education²³ and ensure they are competent before performing any new activity associated with their certified practice designation(s) and as identified within their

²² Certified practice registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

²³ Additional education is structured education (e.g., a workshop, course, or program of study) designed so that registered nurses can attain the competencies required to carry out a specific activity. Additional education builds on the entry-level competencies of

certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition or contraceptive management.

5. Diagnose and treat diseases, disorders, or conditions or provide contraceptive management as outlined for their certified practice designation(s), including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes and/or resources are in place for:
 - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
 - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.

II. Certified practice registered nurses who prescribe medications associated with their certified practice designation²⁴ must also:

1. Successfully complete certified practice education for prescribing medications that has been approved by BCCNM for their certified practice designation and as set out in Table 3.
2. Have a BCCNM-assigned prescriber number.
3. Successfully complete certified practice education approved by BCCNM for their certified practice designation that includes competencies that align with BCCNM prescribing standards, limits, and conditions.
4. Prescribe for the treatment of Opioid Use Disorder only when they successfully complete the British Columbia Centre on Substance Use (BCCSU) *Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses* course.
5. Prescribe only those medications as outlined within the decision support tools for their certified practice designation.
6. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

registered nurses; identifies the competencies expected of learners on completion of their education; includes both theory and application to practice; and includes an objective, external evaluation of learners' competencies on completion of the education.

²⁴ 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.

Table 1: RN Certified Practice Education Programs Required and Approved by BCCNM

Certified Practice	Certified Practice Education Program
Reproductive Health: Contraceptive Management	<ul style="list-style-type: none"> British Columbia Institute of Technology (BCIT): Contraceptive Management
Reproductive Health: Sexually Transmitted Infections	<ul style="list-style-type: none"> British Columbia Centre for Disease Control (BCCDC): Sexually Transmitted Infections Management OR British Columbia Institute of Technology (BCIT): Sexually Transmitted Infections
Remote Practice	<ul style="list-style-type: none"> University of Northern British Columbia (UNBC): Remote Nursing
RN First Call	<ul style="list-style-type: none"> University of Northern British Columbia (UNBC): RN First Call
Opioid Use Disorder	<ul style="list-style-type: none"> British Columbia Centre on Substance Use (BCCSU): Provincial Opioid Addiction Treatment Support Program– Registered Nurses and Registered Psychiatric Nurses

Table 2: The Diagnosis and Treatment of Diseases, Disorders, Conditions by Certified Practice RNs in Accordance with Decision Support Tools

Certified Practice	Diseases, Disorders, Conditions	Drug Schedules ²⁵ and Therapeutic Classes
Reproductive Health - Contraceptive Management	May prescribe or dispense hormonal contraception.	As per certified practice decision support tools: <ul style="list-style-type: none"> Schedule I: <ul style="list-style-type: none"> Sex Hormones (hormonal contraception) Schedule II/III/unscheduled
Reproductive Health - Sexually Transmitted Infections	May diagnose and treat the following diseases and disorders: <ul style="list-style-type: none"> Chlamydia Trachomatis Neisseria Gonorrhoea Mucopurulent Cervicitis 	As per certified practice decision support tools: <ul style="list-style-type: none"> Schedule I: <ul style="list-style-type: none"> Antibacterials Antivirals

²⁵ Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Drug Schedules Regulation](#)

Certified Practice	Diseases, Disorders, Conditions	Drug Schedules ²⁵ and Therapeutic Classes
	<ul style="list-style-type: none"> • Trichomoniasis • Bacterial Vaginosis • Urethritis • Recurrent Urethritis • Lower Urinary Tract Infection • Genital Warts • Treatment of contacts of those with sexually transmitted infections 	<ul style="list-style-type: none"> ○ Antiprotozoals ○ Antimitotics • Schedule II/III/unscheduled
Remote Practice	<p>May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as adult only:</p> <ul style="list-style-type: none"> • Eye: conjunctivitis, minor corneal abrasion • Ear-Nose-Throat: acute otitis media, pharyngitis, ceruminosis (adult only), dental abscess (adult only) • Genitourinary: urinary tract infection • Respiratory: acute bronchitis (adult only) • Integumentary: abscess and furuncle (adult only), cellulitis, impetigo, bites, • Pain: use of nitrous oxide/oxygen for pain management (adult only) 	<p>As per certified practice decision support tools:</p> <ul style="list-style-type: none"> • Schedule I: <ul style="list-style-type: none"> ○ Antibacterials ○ Antivirals ○ Antiprotozoals ○ Antihistamines ○ Bronchodilators • Schedule II/III/unscheduled
RN First Call	<p>May diagnose and treat the following diseases and disorders and conditions for pediatric and adult clients unless indicated as adult only:</p> <ul style="list-style-type: none"> • Eye: Conjunctivitis, minor corneal abrasion; 	<p>As per certified practice decision support tools:</p> <ul style="list-style-type: none"> • Schedule I: <ul style="list-style-type: none"> ○ Antibacterials ○ Antivirals ○ Antiprotozoals ○ Antihistamines • Schedule II/III/unscheduled

Certified Practice	Diseases, Disorders, Conditions	Drug Schedules ²⁵ and Therapeutic Classes
	<ul style="list-style-type: none"> • Ear-Nose-Throat: Acute otitis media, pharyngitis, dental abscess (adult only); • Urinary Tract: Lower urinary tract infection (adult only). 	
Opioid Use Disorder	May diagnose and treat opioid use disorder	As per certified practice decision support tools: <ul style="list-style-type: none"> • Schedule IA: <ul style="list-style-type: none"> ○ Opiate Agonist ○ Opiate Partial Agonist • Schedule I: <ul style="list-style-type: none"> ○ Alpha-Adrenergic Agonist • Schedule II/III/unscheduled

Table 3: RN Certified Practice Prescribing Education Programs Required and Approved by BCCNM

Certified Practice	Certified Practice Prescribing Education
Reproductive Health: Contraceptive Management	University of Northern British Columbia: <i>Safe Prescribing for Registered Nurses with Certified Practice</i>
Reproductive Health: Sexually Transmitted Infections	University of Northern British Columbia: <i>Safe Prescribing for Registered Nurses with Certified Practice</i>
Remote Practice	University of Northern British Columbia: <i>Safe Prescribing for Registered Nurses with Certified Practice</i>
RN First Call	University of Northern British Columbia: <i>Safe Prescribing for Registered Nurses with Certified Practice</i>
Opioid Use Disorder	British Columbia Centre on Substance Use (BCCSU): <i>Provincial Opioid Addiction Treatment Support Program– Registered Nurses and Registered Psychiatric Nurses</i>

REGISTERED NURSES (CERTIFIED) STANDARDS FOR PRESCRIBING MEDICATIONS

Introduction

Registered Nurses (Certified) may prescribe medications associated with their certified practice area within their autonomous scope of practice. These *Standards for Prescribing* apply when certified practice registered nurses prescribe a medication to be dispensed by a **pharmacist** for use by a designated individual. The *Standards for Giving Client-specific Orders* apply when a registered nurse gives a client-specific order for compounding, dispensing or administering a medication to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

In addition to the *Standards for Prescribing*, and prescribing limits and conditions governing certified practice RN prescribing, certified practice RNs who prescribe medications must comply with the ***Medication*** practice standard and the *Acting within Autonomous Scope of Practice* standard, as well as any other BCCNM standards, limits or conditions on nursing practice that may apply depending on the context.

“Medication” used within this standard refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial ***Drug Schedules Regulation*** under the ***Pharmacy Operations and Drug Scheduling Act*** (PODSA).

Principles

1. Certified practice registered nurses are accountable and responsible for their prescribing decisions.
2. Certified practice registered nurses prescribe only those medications as allowed by:
 - a. The ***Nurses (Registered) and Nurse Practitioners Regulation***²⁶
 - b. Other relevant provincial or federal legislation or regulations,
 - c. BCCNM standards, limits, and conditions,
 - d. Organizational/employer policies and processes, and
 - e. The nurse’s individual competence.
3. Before prescribing, certified practice registered nurses ensure they have the competence to:

²⁶ Despite the *Nurses (Registered) and Nurse Practitioners Regulation*, only registered nurses with certified practice are authorized to prescribe any medications, and they may only do so for the purpose of treating diseases, disorders, or conditions within their certified practice area, in accordance with BCCNM’s standards, limits and conditions for certified practice.

- a. Assess the client health status, including conducting an accurate health history and clinical evaluation,
 - b. Make or confirm a diagnosis of a disease, disorder, or condition that is within the autonomous scope of practice of the nurse's certified practice designation and the nurse's individual competence, and that can be improved or resolved within the context of the client's overall health status and care needs,
 - c. Prescribe the medication safely, including knowing the medication's therapeutic use, indications, dosages, precautions, contraindications, side effects, adverse effects, potential interactions between the medication and foods/medications/substances, medication forms and routes for administration, and
 - d. Manage, monitor, and evaluate the client's response to the prescribed medication.
4. Certified practice registered nurses use current evidence to support decision-making when prescribing medications.
5. When prescribing, certified practice registered nurses:
- a. Assess the client in person, or, if clinically appropriate, through a virtual health care encounter with a visual assessment. If a visual assessment is not possible, certified practice registered nurses prescribe without a visual assessment only after determining that it is clinically appropriate and only:
 - i. if the client is known to the nurse, and/or
 - ii. the client is being assessed in person by another health care provider,
 - b. Consider the client's health history related to the condition or health concern such as age, sex, gender, past medical and mental health history, family history, social history, risk factors, and the client's understanding, beliefs, and values,
 - c. Undertake and document an appropriate clinical evaluation such as a physical and mental examination, and/or a review of relevant diagnostic or monitoring tests and/or specialist reports,
 - d. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including any traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
 - e. Assess the client's known allergies and ensure allergy information is documented,

- f. Assess for difficulties in the client's ability to pay for and/or access medications, and the potential need to refer the client to available provincial medication access programs,
 - g. Document the medication prescribed to the client and the indication(s) for the medication,
 - h. Establish a plan for reassessment/follow-up with respect to the prescribed medication, either by the certified practice registered nurse themselves or by another prescriber, and
 - i. Monitor and document the client's response to the medication being prescribed (as applicable).
6. Certified practice registered nurses complete prescriptions for medications legibly, accurately, and completely, including:
 - a. The date the prescription was written,
 - b. Client name, address (if available) and date of birth,
 - c. Client weight (if required),
 - d. The name of the drug or ingredients, strength if applicable, and dose,
 - e. The quantity prescribed and quantity to be dispensed,
 - f. Dosage instructions (e.g. the frequency, maximum daily dose, route of administration, duration of medication therapy), and
 - g. Prescriber's name, work address, work telephone number, written/electronic signature, and prescriber number.
7. Certified practice registered nurses follow organizational/employer policies and processes (including security, privacy, and confidentiality measures) when transmitting a prescription to a pharmacy.
8. Certified practice registered nurses collaborate, communicate, and/or consult with the client and with other health care professionals when prescribing medications, including:
 - a. Consideration of:
 - i. The broader plan of care for the client developed by the health care team including other prescribers,
 - ii. The plan for reassessment/follow-up with respect to the prescribed medication,

- iii. When the prescribing decision would benefit from the expertise of other health care professionals, and
 - iv. When the needs of the client exceed the nurse's scope of practice or individual competence, and
 - b. Documenting the prescribing decision, plan of care and communication with the health care team.
- 9. Certified practice registered nurses do not provide any person with a blank, signed prescription.
- 10. Certified practice registered nurses do not prescribe medications for themselves, or anyone else who is not their client.
- 11. Certified practice registered nurses participate in required and relevant provincial and/or national reporting programs.
- 12. Certified practice registered nurses who prescribe controlled drugs and substances follow the requirements of the Controlled Prescription Program²⁷ including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

²⁷ Controlled Prescription Program, College of Pharmacists of British Columbia (<https://www.bcpharmacists.org/cpp>).

Part 5: Medical Assistance in Dying

INTRODUCTION

The ***Criminal Code*** allows a person, under limited circumstances, to request and receive a substance intended to end their life (sections 241.1 – 241.4).

Only two forms of medical assistance in dying (MAiD) are permitted under the *Criminal Code*:

- the administering by a medical practitioner or nurse practitioner of a substance to a person at their request that causes their death
- 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 that in doing so causes their own death

The role of registered nurses²⁸ may include:

- providing information
- acting as an independent witness, as described in the ***Criminal Code***
- acting as a proxy, for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- acting as a witness in a virtual assessment
- aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Registered nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of medical assistance in dying. Registered nurses can record information for reference use by the assessor-prescriber²⁹ as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Registered nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of nurses in MAiD.

28 Within this document, "registered nurse" includes a nurse practitioner who is aiding a medical practitioner or another nurse practitioner in the provision of medical assistance in dying. This is in accordance with Footnote 18 of the Scope of Practice for Nurse Practitioners: Standards, Limits, and Conditions.

29 A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

The purposeful and intended outcome of medical assistance in dying is to assist an eligible client explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal and competent manner.

Registered nurses have important roles in providing high quality client-centered end of life care. These activities include: advocating for clients, providing information, participating in decision-making, caring for and supporting clients and their families and collaborating with members of the health care team to ensure that clients have their care and information needs met.

The Criminal Code requires that any person requesting medical assistance in dying is informed of the means that are available to relieve their suffering, including palliative care. More specifically, when the client's natural death is not reasonably foreseeable, the Criminal Code requires that this must include information, where appropriate, about counselling services, mental health and disability support services, and community services, as well as palliative care, and that the client must be offered the opportunity to consult with professionals who provide those services or that care. This ensures that the person requesting medical assistance in dying is able to make a fully informed decision about their health care options for end of life care and palliation.

Directing, counselling or recommending a client to end their life remains an offence under the *Criminal Code*. However, health professionals are permitted to provide information about medical assistance in dying.

WITNESSING AND SIGNING MAID REQUESTS, ACTING AS A PROXY, AND WITNESSING VIRTUAL ASSESSMENTS

Independent Witness for MAiD Requests³⁰

The *Criminal Code* requires that a client's request for MAiD must be made in writing, in the presence of an independent witness who must sign the request.

The role of the independent witness is to provide confirmation of the client's signing and dating of their request for MAiD, and that the client understands what they are signing.

An independent witness must be at least 18 years of age and must understand what it means to request MAiD.

An independent witness can be a paid professional personal or health care worker, other than a nurse practitioner or medical practitioner who completes a required eligibility assessment for the client.

³⁰ Health Canada. (2021, March 18). Medical assistance in dying. <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

To be considered independent means that the witness **cannot**:

- know or believe that they are a beneficiary under the client's will, or that they will benefit in any other way from the client's death
- be an owner or operator of a health care facility where the client lives or is receiving care
- be a caregiver for the client, unless that is their primary occupation for which they are paid

Acting as a Proxy

The *Criminal Code* also allows another person to sign a client's request for MAiD as their proxy, if the client has the mental capacity to make a free and informed decision with respect to their health but is physically unable to sign and date the request. The proxy must sign the request in the client's presence, on the client's behalf, and under the client's express direction.

To be eligible to act as a proxy, a person must:

- be at least 18 years of age
- understand what it means to request MAiD
- not know or believe that they are a beneficiary under the client's will, or that they will benefit in any other way from the client's death

Acting as a Witness to a Virtual Assessment

The medical assistance in dying standards for nurse practitioners and medical practitioners also require the physical attendance of a regulated health professional at a virtual assessment of eligibility, to act as a witness to the assessment. Registered nurses can act in this role, even if they are providing care to the patient.

Registered nurses should seek clarification from their employer before acting in the formal role of an independent witness, acting as a proxy for signing any forms related to medical assistance in dying, or acting as a witness to a virtual assessment.

Conscientious Objection

A registered nurse may have beliefs and values that differ from those of a client. Nothing in the *Criminal Code* compels nurses to aid in the provision of medical assistance in dying. The *Duty to Provide Care* practice standard addresses conscientious objection. That practice standard requires registered nurses with a conscientious objection to take all reasonable steps to ensure that the quality and continuity of care for clients seeking or receiving medical assistance in dying are not compromised.

The *Duty to Provide Care* practice standard also requires registered nurses with a conscientious objection to notify their organization well before the client is to receive medical assistance in dying. If medical assistance in dying is unexpectedly proposed or requested and no arrangement is in place

for alternative providers, that practice standard further requires registered nurses to inform those most directly involved of their conscientious objection, and to ensure a safe transfer of care to an alternate provider that is continuous, respectful and addresses the unique needs of a client.

STANDARDS, LIMITS AND CONDITIONS

Standards

1. Registered nurses 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 and other end-of-life options such as palliative care.
2. Registered nurses 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.
3. Registered nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
4. Registered nurses who participate in medical assistance in dying, follow legal, legislative, regulatory and organizational requirements for aiding in the provision of medical assistance in dying.
5. Registered nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy, when asked by the assessor-prescriber. When asked to carry out such a request, registered nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

Limits and Conditions

1. Registered nurses only aid in the provision of medical assistance in dying and do not act as an assessor or assessor-prescriber³¹ or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense or administer any substances

³¹ Assessor: A nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

Assessor-Prescriber: A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

- specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Registered nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
 3. Registered nurses do not direct or counsel clients to end their lives.
 4. Registered nurses participate in activities related to medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
 5. Registered nurses do not act as an independent witness if they:
 - a) provide health care services or personal care to the client, unless they are a paid personal or health care worker who provides those services as their primary occupation
 - b) own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment
 - c) know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death
 6. Registered nurses do not act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.
 7. Registered nurses who aid in the provision of medical assistance in dying successfully complete additional education.
 8. Registered nurses who aid in the provision of medical assistance in dying follow the BC provincial decision support tool, in accordance with employer policy.
 9. Registered nurses do not aid in the provision of medical assistance in dying for a family member.
 10. Registered nurses do not pronounce death related to medical assistance in dying.

Part 6: Delegation

INTRODUCTION

Delegation of a restricted activity to another professional requires an agreement between both regulatory Colleges prior to proceeding with the delegation.

Delegation of a restricted activity to another professional is done on an exceptional and rare basis. The best interest of the client population must be embedded in all aspects of decision-making regarding delegation. The delegation must be made transparent to the client and may include seeking client consent.

Delegation means sharing authority with other health care providers to provide a particular aspect of care. Delegation to *regulated* care providers occurs when an activity is within the scope of the delegating profession and outside the scope of the other profession.

The Health Professions Act gives health profession colleges responsibility for determining aspects of practice that a registrant either may or must not delegate to a non-registrant.

The Legislature has also approved amendments to the Health Professions Act that would further regulate the delegation of restricted activities by registrants of one college to registrants of another college. However, those amendments are not yet in force, and the master list of restricted activities for all health professions has not yet been finalized in regulation.

Until those legislative amendments are implemented and BCCNM has established bylaws on delegation, BCCNM board-approved Standards provide direction for delegation.³²

ACTIVITIES APPROVED FOR DELEGATION TO REGISTERED NURSES

BCCNM and the College of Physicians and Surgeons of B.C. have approved the following:

Registered nurses may diagnose and treat epididymitis, proctitis, pelvic inflammatory and infectious syphilis disease through delegation from a physician only if:

- the client is unwilling or unable to seek care from a physician or nurse practitioner; and
- the registered nurse is BCCNM-certified in Reproductive Health or Reproductive Health – Sexually Transmitted Infections; and
- the registered nurse diagnoses and treats a minimum of three clients per year with each of these syndromes; and
- the registered nurse is employed by the B.C. Centre for Disease Control

³² Until the legislative structure is in place and BCCNM policy related to delegation has been reviewed, registered nurses do not delegate to other regulated health professionals.

BCCNM STANDARDS FOR DELEGATING TO REGISTERED NURSES

1. Delegation is required for restricted activities that fall outside the scope of practice of registered nurses.
2. Only certain restricted activities may be delegated to registered nurses. BCCNM and the regulatory body of the delegating professional must both agree that the restricted activity is appropriate for delegation to registered nurses.
3. Even when the two regulatory bodies agree that a restricted activity may be delegated, the decision to delegate remains with the delegating health professional.
4. Before a restricted activity can be delegated, the individual registered nurse to whom it can be delegated must be willing to accept the delegation.
5. The restricted activity must be within the scope of practice of the delegating health professional.
6. A delegating health professional with relevant expertise must ensure that the required knowledge and skill are appropriately taught, and confirm that the registered nurse performing the restricted activity has the competence to perform the restricted activity.
7. It is not appropriate for registered nurses to teach a delegated restricted activity to other registered nurses. Any exceptions must be approved by BCCNM.
8. Written instructions for the delegation must be provided.
9. The delegating health professional and the registered nurse are jointly responsible for ensuring that ongoing competence is maintained through mechanisms such as continuing education, experience, re-evaluation and retraining.
10. The registered nurse's employer must have a process in place to authorize and support registered nurses carrying out the delegated restricted activity.
11. Responsibility is shared when an aspect of client care is delegated. The delegating health professional continues to have a responsibility to the client and is responsible for ensuring that the registered nurse carrying out the restricted activity is competent to do so. The registered nurse has a responsibility to carry out the restricted activity safely and ethically.

Appendices

APPENDIX 1: GLOSSARY

Additional education: Additional education is structured education (e.g., workshop, course, program of study) designed so that registered nurses can attain the competencies required to carry out a specific activity as part of registered nursing practice. Additional education

- builds on the entry-level competencies of registered nurses,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective, external evaluation of learners' competencies on completion of the education.

The term does not refer to a course or program approved by BCCNM for BCCNM-certified practice.

BCCNM certification: Satisfactory completion of a process that leads to a registered nurse's name being entered on the BCCNM certified practices register. The process involves the successful completion of a program established or approved by BCCNM. BCCNM certification is not the same as employer certification or specialty certification (e.g., through the Canadian Nurses Association).

BCCNM-certified practices: See certified practices.

Cardiac stress testing: A medical test that indirectly reflects arterial blood flow to the heart during physical exercise. It is performed to detect, diagnose or evaluate disease or disease processes and determine a course of treatment.

Certified practices: Restricted activities that are subject to regulatory provisions under Section 8 of the Nurses (Registered) and Nurse Practitioners Regulation. These provisions require registered nurses to successfully complete a certification program approved by BCCNM before carrying out the restricted activities designated as certified practices. Certified practices are also referred to as BCCNM-certified practices to distinguish them from activities that employers or other organizations certify.

Cervical cancer screening: A screening test for cervical squamous dysplasia and early invasive squamous carcinoma of the cervix. The current method used to obtain cytology specimens is the Papanicolaou smear (Pap smear). [Adapted from B.C. Cancer Agency. (2013). *Screening for Cancer of the Cervix: An Office Manual for Health Professionals*.

Collaboration: Joint communication and decision-making with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team.

Competence: The integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

Compound: To mix a drug with one or more other ingredients for the purposes of dispensing or administering the drug, or to mix two or more ingredients of a therapeutic diet for the purpose of dispensing or administering the therapeutic diet.

Compression therapy: Application of elastic or inelastic wraps or garments that exert sustained external pressure over the lower extremities to relieve venous congestion, reduce edema and promote the return of venous blood to the heart.

Condition: The type of nursing diagnosis a registered nurse is authorized to make through the Nurses (Registered) and Nurse Practitioners Regulation. A condition is different from a disease or disorder. A condition can be improved or resolved by a registered nurse's interventions and achieves outcomes for which the registered nurse is accountable (e.g., post-operative urinary retention).

Consent: The voluntary agreement to some act or purpose made by a capable individual. The conditions for consent include the following: The client or substitute decision-maker being adequately informed; the client or substitute decision-maker being capable of giving or refusing consent; there being no coercion, fraud or misrepresentation.

Conservative sharp wound debridement: The removal of nonviable tissue (e.g., slough, callus) to the level of viable tissue using instruments (e.g., scalpel, scissors, curette) to create a clean wound bed.

Decision support tools: Evidence-based documents used by registered nurses to guide the assessment, diagnosis and treatment of client-specific clinical problems.

Delegation: Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when a restricted activity is within the scope of the delegating profession and outside the scope of the other profession.

Endotracheal intubation: Procedure in which a tube is inserted through the mouth into the trachea. Before surgery, this is often done under deep sedation. In emergency situations, the patient is often unconscious at the time of this procedure. [Adapted from Schiffman, G. *Endotracheal Intubation*. Retrieved January 19, 2016. from www.medicinenet.com]

Evidence-based: Describing something (e.g., practice, decision support tool) that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including research, national guidelines, policies, consensus statements, expert opinion, quality improvement data and client perspectives.

General anesthesia: The induction of a state of unconsciousness, accompanied by the paralysis of skeletal muscle and the absence of pain sensation. It is induced through the administration of anesthetic drugs and is used during major surgery and other invasive surgical procedures.

Insulin dose adjustment (IDA): Determining the dose and timing of insulin to achieve glycemic control and advising the client/patient. Changing the type of insulin is not included in IDA. IDA occurs only in clients/patients who are on insulin therapy; that is to say, diabetes has already been

diagnosed and insulin ordered. IDA considers many factors including but not limited to diet, exercise and blood glucose and/or sensor glucose levels.

Limits and conditions: As related to scope of practice, what registered nurses are *not* permitted to do (limits) and the circumstances under which registered nurses may carry out an activity (conditions).

Maggot debridement therapy: The therapeutic use of live medical-grade maggots (fly larvae) to debride a wound.

Managing labour: Taking professional responsibility and accountability for the assessment of maternal and fetal well-being in labour, the assessment of progress in labour, and clinical decisions and clinical actions based on the above assessments. Managing labour includes providing care, advice and support to a woman in labour, guided by current standards and evidence for optimum maternity care. It includes collaborating with other care providers, as appropriate to each regulated health professional's scope of practice, and is carried out in the context of informed consent, respecting the woman's values and her role in decision-making. [College of Midwives of B.C., College of Physicians of B.C., College of Registered Nurses of B.C. (2008).

Negative pressure wound therapy: A wound management modality that delivers a controlled, localized, negative (sub-atmospheric) pressure to a wound to promote healing or to manage a heavily exudative wound.

Nursing diagnosis: A clinical judgment about an individual's mental or physical condition to determine whether the condition can be improved or resolved by appropriate interventions of the registered nurse to achieve outcomes for which the registered nurse is accountable.

Pelvic exams: Examinations with three components: an external genital exam; a speculum exam; and a bimanual exam. The speculum exam and the bimanual exam are included in the restricted activity of putting an instrument, device, hand or finger beyond the labia majora. [Adapted from Provincial Health Services Authority (2012). Decision Support Tool: Pelvic Exam.]

Remote Nursing Practice: Nursing practice that occurs in communities where there is no resident physician or nurse practitioner, but where physicians or nurse practitioners visit the community periodically and are available to provide consultation to the registered nurse. (See RN First Call).

Restricted activities: Higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that has been granted specific legislative authority to do so, based on their education and competencies.

RN First Assist Program: A formal course or program of study that prepares registered nurses to act in a registered nurse first assist (RNFA) role. An RNFA is an experienced perioperative nurse who has acquired additional knowledge and judgment, along with advanced technical skills to function as an assistant to the surgeon throughout the client's surgical experience. Examples of these advanced

technical skills include closing the surgical site by suturing, doing electrocautery and harvesting veins.

RN First Call: Nursing practice that occurs in small acute care hospitals, diagnostic and treatment centres and other settings where there is physician service available in the community. See Remote Nursing Practice.

Scope of practice: The activities that registered nurses are educated and authorized to perform as set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act and complemented by standards, limits and conditions set by BCCNM.

Standard: An expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

Uncomplicated lacerations: A laceration that has no complications such as fracture, foreign body, etc. Uncomplicated lacerations do not include lacerations that

- are caused by a human or animal bite,
- are associated with a fractured bone or located over a joint,
- are grossly contaminated,
- are more than 12 hours old,
- involve tendons, nerves or large blood vessels, or
- have severe surrounding soft tissue damage and maceration.

APPENDIX 2: RESOURCES

BCCNM Resources

Resources are available from the BCCNM website www.bccnm.ca

Professional Standards for Registered Nurses and Nurse Practitioners

Practice Standards

This series of short documents set out requirements related to specific aspects of nurses' practice. Several practice standards relate to scope of practice (e.g., dispensing medications).

Other documents

- **Bylaws of the BC College of Nurses and Midwives**
- **Legislation Relevant to Nurses' Practice**
- **Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions**

Web learning Module

- **Understanding the Scope of Registered Nurses' Practice**

Regulatory Practice Support

Information, education and consultation about RN scope of practice and scope of practice standards, limits, conditions are available from BCCNM's Regulatory Practice Support staff. Email practice@bccnm.ca or telephone 604.742.6200 (ext. 8803) or 1.866.880.7101 (ext. 8803).

Other Resources

Provincial Legislation and Regulation

- **Health Professions Act**
- **Nurses (Registered) and Nurse Practitioners Regulation**
- **Drug Schedules Regulation (Pharmacy Operations and Drug Scheduling Act - British Columbia)**

Federal Legislation and Regulation

- **Controlled Drugs and Substances Act**

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