

REGISTERED PSYCHIATRIC NURSES

Scope of Practice

Standards, Limits, Conditions



900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

T: 604.742.6200
Toll-free: 1.866.880.7101
bccnm.ca

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Revision Log

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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
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September 23, 2021	Revision related to making a prescribing decision during a virtual care encounter when a visual assessment is not possible
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October 4, 2022	Revisions to standards, limits and conditions related to prescribing
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Revision Date	Revisions Made
	<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>

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1. Purpose of Document

On December 3, 2015, the *Nurses (Registered Psychiatric) Regulation* came into effect. Throughout this document the new regulation is referred to as the "*Regulation*."

The purpose of this document is to:

- Explain the *Regulation* and those parts of the *Health Professions Act* that affect RPN **scope of practice** for registered psychiatric nurses ("RPNs").
- Set out BCCNM RPN **standards, limits and conditions** related to RPN scope of practice.
- Explain restricted activities for RPNs.
- Explain **delegation** as it applies under the *Health Professions Act* and pursuant to BCCNM RPN practice standards.

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

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

As BCCNM policy is revised or legislation is amended, BCCNM registrants will be notified of changes to this document.

2. The Basis for RPN Scope of Practice

2.1 WHAT THE NURSES (REGISTERED PSYCHIATRIC) REGULATION COVERS

The *Regulation* sets out, among other things:

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

2.1.1 Reserved Titles

BCCNM RPN registrants (except employed psychiatric nursing student registrants) can use the following reserved titles, subject to registration requirements in BCCNM Bylaws:

- registered psychiatric nurse (RPN).
- psychiatric nurse.
- nurse.

Licensed practical nurses, nurse practitioners and registered nurses are also authorized to use the title of "nurse".

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

2.1.2 RPN Scope of Practice

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

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

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

The *Regulation* does not refer to education, administration and research in the scope of practice statement for RPNs. However, these are all considered part of the practice of RPNs.

Psychiatric nursing can be carried out in a variety of settings. While RPNs often practise in mental health and addictions settings, they also practise psychiatric nursing in other settings with mixed

populations. Examples of such settings are corrections services, palliative care, occupational health, residential care, and complex care. Such practice is within RPN scope of practice.

Frequently used terms

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

- **Autonomous scope of practice** includes the [restricted activities \(see part 2.1.3 for definition\)](#) listed in section 6 of the *Regulation*, and the provision of other care or services that do not involve restricted activities, except for any activities, care or services that are **excluded** from autonomous scope of practice, as described below.
- Autonomous scope of practice **excludes** any activity, care or services:
 - Listed under section 7 in the *Regulation* (to the extent the care provided is not within the activities listed in section 6).
 - Prohibited by:
 - any RPN standards, limits or conditions established by BCCNM, or
 - any applicable organizational policy, procedures or restrictions.
- A **listed health professional** is a health professional,¹ who is regulated, and authorized by the *Regulation* to give orders for the performance of activities listed in section 7 of the *Regulation*. Listed health professionals for RPNs are dentists, midwives, naturopaths, physicians, podiatrists, pharmacists, certified practice registered nurses and nurse practitioners.
- A **non-listed health professional** is a regulated health professional that is not listed within the *Regulation*. Non-listed health professionals have specialized competence within their health profession's autonomous scope of practice and within their own individual competence that allows them to assess a client and to design or recommend care appropriate for the client's condition. Examples of non-listed health professionals include dietitians, wound care nurse-clinicians, RPNs, and registered nurses (who are not certified practice registered nurses or nurse practitioners)
- A **client-specific order** is any instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes any restricted activity (see Part 3 for a complete description including what is not included in a client-specific order). The client-specific order must:
 - Be documented in the client's permanent record by the regulated health professional.
 - Include all the information needed for the ordered activity to be carried out safely (e.g., time, frequency, dosage).
 - Include a unique identifier such as a written signature or an electronically generated identifier.

¹ A listed health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia.

Exceptions

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

1. *In a situation involving an imminent risk of death or serious harm, arising unexpectedly and requiring urgent action:* RPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence.²
2. *Where a formal delegation process is in place:* At this time, no activities have been approved for delegation by another regulated health professional to RPNs (see Part 7 for further information about delegation).

2.1.3 Restricted Activities

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

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

2.2 CONTROLS ON PSYCHIATRIC NURSING PRACTICE

There are four levels of controls on RPN practice:

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

The government, BCCNM, employers, and RPNs work together to ensure that members of the public receive safe, competent, and ethical care.

² "Individual competence" means the integration and application of current knowledge, skills, attitudes and judgment required to perform safely, ethically and appropriately within an individual's nursing practice.

³ RPNs in independent practice assume the responsibilities of employers.

Controls on Practice



2.3 TYPES OF ACTIVITIES

Within the *Regulation*, practice activities are grouped as:

Activities that are not restricted

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

Restricted activities that do not require an order

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

Restricted activities that require an order

- Section 7 of the *Regulation* lists restricted activities that require an order from a listed health professional. The identified list of health professionals can be found in the definition of listed

[health professional](#) in Part 3.2). RPNs are required to follow BCCNM's RPN scope of practice standard [Acting with Client-specific Orders](#) (Part 3.2) and adhere to other RPN standards, limits and conditions set by BCCNM (see Part 5.2).

Delegated activities (Part 7 of this document)

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

BCCNM establishes standards, limits and conditions that apply to psychiatric nursing activities, all of which limit what activities are within the scope of practice of psychiatric nursing.

2.4 STANDARDS, LIMITS AND CONDITIONS

BCCNM has the authority, under the [Health Professions Act](#), to establish, monitor and enforce standards, limits and conditions for RPN practice. Standards, limits and conditions increase the public's level of protection. These concepts are defined below:

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

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

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

The RPN scope of practice standards are discussed in Part 3.

Limit: Specifies what RPNs are not permitted to do. For example, when acting within autonomous scope of practice, RPNs must not immunize children under the age of four.

Condition: The circumstances under which RPNs may carry out an activity. There are three types of conditions in this context: education, competencies and decision support tools.

- **Education:** RPNs must successfully complete post-basic education before being able to carry out some psychiatric nursing activities. There are two types of post-basic education:
 1. **Additional education:** Structured education (e.g., workshop, course, program of study) designed for psychiatric nurses to attain the competencies required to carry out a specific activity as part of psychiatric nursing practice. Additional education must:

- build on the entry-level competencies of RPNs,
 - identify the competencies expected on completion of the education,
 - include both theory and application to practise, and
 - include an objective, independent evaluation of competencies on completion of the education.
2. Education through a named agency: Education through a provincial expert group or school of psychiatric nursing that develops a curriculum and/or delivers the required education (e.g., British Columbia Centre for Disease Control [BCCDC]). These courses provide consistency across the province.
- *Competencies*: RPNs must have the competencies identified by a particular agency to carry out a restricted activity (e.g., BCCDC identifies competencies related to immunizations).
 - *Decision support tools*: When required, RPNs must follow established decision support tools (DSTs). Decision support tools are systems that provide evidence-based information to support clinical judgment. DSTs come in various forms and are created by organizations or specialists in a specific area of health care. They are not the same as practice standards provided by BCCNM.

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

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

KEY POINTS

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

2.5 PUTTING IT ALL TOGETHER

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

1. You must check if the activity is within RPN scope of practice as defined in the *Regulation* and whether an order is required by a listed health professional.
2. You must check and apply all BCCNM RPN standards, limits and conditions related to the psychiatric nursing activity.

3. You must check organizational policies, procedures and restrictions that apply to you as an RPN in your workplace setting.
4. You must assess your individual competence to carry out the activity.

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

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

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

The following *BCCNM RPN standards, limits and conditions* apply to this activity:

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

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

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

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

3. Autonomous Scope of Practice and Client-Specific Orders

Scope of Practice Standards establish the standards, limits and conditions for registered psychiatric 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 "RPN Regulation" refers to the [Nurses Psychiatric Regulation](#) which applies to all registered psychiatric nurses in British Columbia.

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

INTRODUCTION

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

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

There are four levels of control on nursing practice, known as the **controls on practice**. These include the *Nurses (Registered Psychiatric) Regulation*; BCCNM standards of practice including standards, limits, and conditions; organizational policies and restrictions; and the registered psychiatric nurse's individual competence.

Registered psychiatric 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 (without an order) of the *Nurses (Registered Psychiatric) Regulation*
- acting on a client-specific order from a listed health professional for a restricted activity included in section 7 (with an order) of the *Nurses (Registered Psychiatric) Regulation*
- acting on a client-specific order from a non-listed health professional for an activity that is within the registered psychiatric nurse's autonomous scope of practice and the nurse's individual competence
- giving a client-specific order for an activity within autonomous scope of practice and the registered psychiatric nurse's individual competence.

3.1 ACTING WITHIN AUTONOMOUS SCOPE OF PRACTICE

Introduction

Scope of practice refers to the activities that registered psychiatric nurses are educated and authorized to perform. **Acting within autonomous scope of practice** refers to registered psychiatric nurses:

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

To ensure they are providing safe care, registered psychiatric 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 \(Registered Psychiatric\) Regulation](#) allows registered psychiatric nurses to make a nursing diagnosis that identifies a condition – not a disease or disorder – as the cause of a client’s signs or symptoms. Registered psychiatric 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 psychiatric nurses but require the involvement of another health professional to diagnose and treat the underlying disease or disorder.

The [Nurses \(Registered Psychiatric\) Regulation](#) lists restricted activities that are allowed to be performed by registered psychiatric 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 Psychiatric Nurses - Standards Limits Conditions](#) provides additional details about Section 6 and Section 7 restricted activities.

Before acting within autonomous scope of practice, registered psychiatric nurses need to consider **all four controls on practice** to ensure they are allowed to perform the activity: 1) The *Nurses (Registered Psychiatric) 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.

Autonomous scope of practice includes:

- The performance of **restricted activities** that are listed in **section 6** of the *Nurses (Registered Psychiatric) 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 listed⁴ 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.

⁴ Listed health professionals are physicians, nurse practitioners, certified practice registered nurses, Listed health professionals are physicians, nurse practitioners, certified practice registered nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.

Autonomous scope of practice does not include:

- The performance of **restricted activities** that are listed in **section 7** of the *Nurses (Registered Psychiatric) Regulation* (to the extent the care provided is not within the activities listed in section 6 of the Regulation). 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](#)).

Principles

1. Registered psychiatric nurses are accountable and responsible when they make a decision that the client's condition⁵ would benefit from an activity and act within autonomous scope of practice to perform the activity.
2. Registered psychiatric nurses acting within autonomous scope of practice ensure that the activity they will perform is:
 - a. Within the scope of practice for RPNs acting without a client-specific order as set out in the *Nurses (Registered Psychiatric) 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 psychiatric nurses acting within autonomous scope of practice ensure they have the competence to:
 - a. Make decisions about whether the client would benefit from the activity, having considered:
 - i. 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.

⁵ Based on their assessment of the client, registered psychiatric nurses make a clinical judgement (a nursing diagnosis) of a condition as the cause of the client's signs and symptoms.

4. Registered psychiatric nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
5. Registered psychiatric nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
6. Registered psychiatric nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's health status,
 - b. Make a nursing diagnosis⁶ of a client condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
 - c. Determine a plan of care,
 - d. Determine an activity to be performed,
 - e. Implement an activity to prevent, treat, or 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 psychiatric 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 be provided to the client.
8. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
9. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.

⁶ 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 Psychiatric) Regulation.

10. Registered psychiatric nurses acting within autonomous scope of practice consult with, or refer clients to, other health care professionals when:
 - a. The needs of the client exceed their scope of practice or individual competence,
 - b. Required by organizational/employer policies or processes, or
 - c. Client care would benefit from the expertise of other health care professionals.
11. Before performing an activity within autonomous scope of practice, registered psychiatric nurses consider available resources and human and system factors that may impact their ability to safely perform the activity and to manage intended and unintended outcomes of the activity.

3.2 ACTING WITH CLIENT-SPECIFIC ORDERS

Introduction

For public safety, registered psychiatric nurses 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 psychiatric 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 Psychiatric) Regulation* lists restricted activities that are allowed to be performed by registered psychiatric 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 Psychiatric Nurses - Standards Limits Conditions* provides additional details about Section 6 and Section 7 restricted activities.

Registered psychiatric 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 Psychiatric) Regulation*
- BCCNM standards of practice
- Organizational/employer policies, processes, and restrictions

- The nurse's individual competence.

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

- A **listed health professional** is a health professional listed in the *Nurses (Registered Psychiatric) Regulation* as authorized to give an order for a restricted activity to be performed by a registered psychiatric nurse. **Only these health professionals** are authorized to give orders for activities listed in **section 7** ('restricted activities that require an order') of the Regulation⁷ that allow the registered psychiatric nurse to perform that activity. **Listed health professionals** are physicians, nurse practitioners, certified practice registered nurses, Listed health professionals are physicians, nurse practitioners, certified practice registered nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.
- A **non-listed health professional** is a health professional who is **NOT** listed in the *Nurses (Registered Psychiatric) Regulation*. **A non-listed health professional is not authorized to give orders for restricted activities in section 7 of the Regulation.**⁷ However, depending on organizational/employer policies and processes, they may give orders for activities that are within the registered psychiatric 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 psychiatric nurses, registered nurses (who are not certified practice registered nurses or nurse practitioners), and dietitians.

Principles

1. Registered psychiatric 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 Psychiatric) 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 Psychiatric) Regulation* or, as noted for certified practice registered psychiatric nurses, in Section 7.1).
2. Registered psychiatric 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 Psychiatric) 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.

⁷ To the extent the activity is not within the activities or related limits and conditions listed in section 6 of the Regulation.

3. Registered psychiatric 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 psychiatric 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 psychiatric nurses accept a verbal or telephone client-specific order only when there is no reasonable⁸ 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 psychiatric nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting with a client-specific order.
7. Registered psychiatric 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.
8. Registered psychiatric nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
 - a. the ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g. to 'hold' the order),
 - b. they are not able to carry out a client-specific order,
 - c. the client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,
 - d. the client-specific order does not appear to reflect current evidence or be in the best interest of the client,

⁸ "Reasonable" refers to the common understanding that registrants of BCCNM would have as to what is appropriate in the situation.

- 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 psychiatric nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.
10. Registered psychiatric nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
11. Registered psychiatric nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
 - a. It is required by organizational/employer policies, processes, or restrictions,
 - b. there are insufficient organizational/employer supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
 - c. the 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 psychiatric 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.

3.3 GIVING CLIENT-SPECIFIC ORDERS

RPNs giving client-specific orders also follow the [*Acting within Autonomous Scope of Practice*](#) standards in addition to the standards outlined below.

RPN Standards for Giving Client-specific Orders

1. RPNs accept sole accountability and responsibility for the client-specific orders they give.
2. RPNs give client-specific orders for activities that are:
 - a. Within [*autonomous scope of practice*](#).
 - b. Within the RPN's individual competence.
 - c. Consistent with any relevant standards, limits and conditions established by BCCNM.
 - d. Consistent with organizational policy, procedures and restrictions.
3. RPNs only give client-specific orders when organizational supports, processes and resources, including policies and procedures, exist that:
 - a. Outline the accountability and responsibility of the nurse.
 - b. Ensure continuity of care for the client including the requirements and procedures for responding to questions about client-specific orders, amending client-specific orders and evaluating client outcomes.
4. RPNs carry out assessments and make an appropriate nursing diagnosis to ensure that the client's condition can be improved or resolved by the ordered activity before giving a client-specific order.
5. RPNs give client-specific orders that consider the unique characteristics, needs and wishes of the client, contain enough information for the order to be carried out safely and are:
 - a. Based on evidence.
 - b. Clear and complete.
 - c. Documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier.
6. RPNs give verbal or telephone client-specific orders only when there are no reasonable⁹ alternatives and it is in the best interest of the client. In these situations, RPNs:
 - a. Ensure that they have the necessary information to conduct the assessment required to give the client-specific order, which may include gathering information from another health care provider when the nurse is not able to directly observe the client.

⁹ Reasonable refers to the common understanding that registrants of the psychiatric nursing profession would have as to what is appropriate in the situation.

- b. Ask for the client-specific order to be read back to confirm it is accurate.
 - c. Follow up to ensure that the client-specific order is documented in the client record.
7. RPNs using documents that set out the usual care for a particular client group or client (e.g., pre-printed orders or order sets) make the information client-specific by adding the name of the individual client, making any necessary changes, dating their client-specific orders and signing with their unique identifier.
8. RPNs identify the specific document (e.g., a decision support tool) in the client's record, including the name and the date of publication, when they reference that document in a client-specific order.
9. RPNs follow the RPN 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. RPNs communicate and collaborate with the professional who gave the client-specific order, the client and other members of the health care team when changing or cancelling a client-specific order.
11. RPNs follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

Applying the RPN Standards for Giving Client-specific Orders

- a. When you are giving a client-specific order, you may incorporate information from other health professionals as part of your assessment. For example, if another health care professional provides information about the client's vital signs, you may use that information to inform your assessment.
- b. When you give a client-specific order, you are not accountable or responsible for ensuring that the health professional(s) carrying out the client-specific order are:
 - o Working within their scope of practice.
 - o Competent to perform the activity.
- c. Before giving a client-specific order consider the elements that would make the order specific, clear and complete such as:
 - o The duration if there are time limits to the ordered activity (e.g., for 7 days).
 - o The frequency of care – how often the care needs to take place.
 - o The conditions (e.g., client condition, lab result) that need to exist to carry out the client-specific order.
- d. When you are giving a client-specific order, improve client safety by following your organization's policy on the use of abbreviations.
- e. Before giving a client-specific order, ensure that policies, procedures and communication methods are in place to maintain continuity of care, answer questions about the client-specific orders when you are not available and evaluate the client's response to the care. For

example, this may include communicating to a colleague at shift change about any revisions to client-specific orders and communicating to other health professionals who can respond to questions about the client-specific order in your absence.

- f. Except in an emergency, such as a cardiac arrest, avoid verbal client-specific orders when you are working in the same location of care as the health professional receiving the client-specific order.
- g. In some cases the best option for the client is for a client-specific order to be given by telehealth. In this case, increase client safety by following organizational policy, procedures and restrictions.

Related Standards of Practice

- *Consent practice standard*
- *Documentation practice standard*
- *Privacy and Confidentiality practice standard*

Other BCCNM Resources

- [Legislation Relevant to Nurses' Practice](#)

4. Activities That Are Not Restricted

4.1 EXPLANATION OF ACTIVITIES THAT ARE NOT RESTRICTED

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

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

Examples of activities that are not restricted are:

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

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

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

REMEMBER THE DEFINITION OF PSYCHIATRIC NURSING

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

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

Registrants who have questions about RPN scope of practice should contact BCCNM.

4.2 RPN LIMITS AND CONDITIONS ON ACTIVITIES THAT ARE NOT RESTRICTED

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

- Restraint and seclusion.
- Pronouncement of death.
- Financial incapability assessment – Part 2.1 of the [Adult Guardianship Act](#).

4.2.1 Restraint and Seclusion

BCCNM Limits and Conditions

1. When using restraint or seclusion¹ interventions, RPNs must follow applicable legislation² specific to their practice setting.
2. When using mechanical restraint³ or seclusion interventions with clients certified under the *Mental Health Act*, RPNs must act with a client-specific order⁴ from a listed health professional, except in an emergency situation.

The use of restraint and seclusion is not a restricted activity and is within RPN scope of practice. RPNs may apply physical⁵ and mechanical restraint³ and seclusion¹ interventions.

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

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

³ Mechanical restraint involves the use of devices to partially or totally restrict the client's movements.

⁴ See the scope of practice standard *Acting with Client-specific Orders* in Part 3.2.

⁵ Physical restraint involves direct physical contact that partially or totally restricts the client's movements.

4.2.2 Pronouncement of Death

BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must follow a decision support tool approved by their employer when pronouncing unexpected death. 2. RPNs must not pronounce death related to medical assistance in dying (MAiD).
<p>Pronouncement of death is not a restricted activity and BCCNM has no limits or conditions on the pronouncement of death when it is expected/anticipated except when death is related to medical assistance in dying. A pronouncement of death is the process of gathering information about a client's health status, analyzing that data and making a clinical judgment that life has ceased by observing and noting the absence of cardiac and respiratory function.</p>	

4.2.3 Financial Incapability Assessment – Part 2.1 of the *Adult Guardian Act*

BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must successfully complete the educational program titled "A Guide to the Certificate of Incapability Process under the <i>Adult Guardianship Act</i>," provided by the Ministry of Health. 2. RPNs must follow the guidelines contained in the document "A Guide to the Certificate of Incapability Process under the <i>Adult Guardianship Act</i>," prepared by the Ministry of Health and the Public Guardian and Trustee of British Columbia.
<p>Financial incapability assessment is not a restricted activity. RPNs can conduct the functional component of the assessment to determine incapability for managing financial affairs.</p>	

4.2.4 Incapability Assessment for Care Facility Admission – Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act*

BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must successfully complete the the Ministry of Health course, "Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors"; 2. RPNs must follow the Ministry of Health guidelines, "Practice Guidelines for Seeking Consent to Care Facility Admission".
<p>Incapacity assessment for care facility admission is not a restricted activity, however it is limited by the <i>Health Care Consent Regulation</i>. RPNs are prescribed health care providers under the <i>Health Care Consent Regulation</i> to conduct an assessment to determine incapability for consenting to admission to a care facility.</p>	

5. Restricted Activities

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

REMEMBER THE DEFINITION OF PSYCHIATRIC NURSING

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

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

Registrants who have questions about RPN scope of practice should contact BCCNM.

5.1 LIMITS AND CONDITIONS ON RESTRICTED ACTIVITIES THAT DO NOT REQUIRE AN ORDER

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

5.1.1 Nursing Diagnosis	
<i>Nurses (Registered Psychiatric) Regulation, section 6(a)</i>	A registrant in the course of practising psychiatric nursing may make a nursing diagnosis identifying a condition as the cause of the signs or symptoms of an individual.
BCCNM Limits and Conditions	None
Definition from the <i>Regulation</i> :	
<i>Nursing diagnosis means a clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of</i>	

5.1.1 Nursing Diagnosis

the registrant [as authorized under the Act] to achieve outcomes for which the registrant is accountable.

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

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

Before treating a condition, RPNs must first collect information using their assessment and critical thinking skills to formulate a nursing diagnosis.

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

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

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

5.1.2 Wound Care

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

A registrant in the course of practising psychiatric nursing may, for the purpose of wound care, other than suturing of skin lacerations, perform a procedure on tissue below the dermis or below the surface of a mucous membrane.

5.1.2 Wound Care	
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must successfully complete additional education before carrying out: <ul style="list-style-type: none"> ○ Conservative sharp wound debridement ○ Negative pressure wound therapy ○ Biological debridement therapy ○ Compression therapy 2. RPNs must follow an employer approved decision support tool in carrying out: <ul style="list-style-type: none"> ○ Conservative sharp wound debridement ○ Negative pressure wound therapy ○ Biological debridement therapy ○ Compression therapy
<p>The <i>Regulation</i> states that RPNs do not require an order to carry out wound care. This includes cleansing, irrigating, probing, debriding, packing and dressing.</p> <p>The British Columbia Provincial Nursing Skin and Wound Committee has produced a range of decision support tools for skin and wound care found at: https://www.clwk.ca/communities-of-practice/skin-wound-community-of-practice/buddydrive/</p>	

5.1.3 Intravenous Procedures: Venipuncture and Administering Parenteral Solutions	
<i>Nurses (Registered Psychiatric) Regulation, section 6(c)</i>	A registrant in the course of practising psychiatric nursing may, for the purpose of collecting a blood sample, perform venipuncture.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs are limited to using short peripheral venous access devices to take blood. 2. RPNs must successfully complete additional education to perform venipuncture. 3. RPNs must not take blood for purposes of donation.
<i>Nurses (Registered Psychiatric) Regulation, section 6(d)</i>	<p>A registrant in the course of practising psychiatric nursing may, for the purposes of establishing intravenous access, maintaining patency or managing hypovolemia</p> <ol style="list-style-type: none"> i. perform venipuncture, or ii. administer a solution by parenteral instillation.

5.1.3 Intravenous Procedures: Venipuncture and Administering Parenteral Solutions

BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs are limited to using short peripheral venous devices to establish intravenous access. 2. RPNs must successfully complete additional education to perform venipuncture or establish intravenous access.
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Definition from the *Regulation*:

Parenteral instillation means instillation directly into the blood stream.

5.1.4 Inhalation

<i>Nurses (Registered Psychiatric) Regulation, section 6(e)(l)</i>	A registrant in the course of practising psychiatric nursing may administer oxygen, or humidified air, by inhalation.
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BCCNM Limits and Conditions	None
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5.1.5 Instillation

<i>Nurses (Registered Psychiatric) Regulation, section 6(e)(ii)</i>	A registrant in the course of practising psychiatric nursing may administer nutrition by enteral instillation.
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BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs are limited to administering enteral feeds to clients with stable and predictable physiological health and an established diet.
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Stable and predictable physiological health means the degree to which a client's condition is likely to change.

5.1.6 Tuberculosis Screening

<i>Nurses (Registered Psychiatric) Regulation, section 6(e)(iii)</i>	A registrant in the course of practising psychiatric nursing may administer purified protein derivative by injection, for the purpose of tuberculosis screening.
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BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs who administer purified protein derivative must possess the competencies outlined in <i>Registered Nursing Competencies for Tuberculosis Screening</i>¹ established by the British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.
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5.1.6 Tuberculosis Screening

2. RPNs who administer purified protein derivative must follow the *BCCDC Non-certified Practice Tuberculosis Screening Decision Support Tool*² for Registered Nurses or equivalent approved by their employer.

¹ Registered Nursing Competencies for Tuberculosis Screening. [http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter 4 - TB/TB_screening_competencies.pdf](http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204-%20TB/TB_screening_competencies.pdf)

² BCCDC Non-certified Practice Decision Support Tool Tuberculosis Screening. <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0b%20TB%20Screening%20DST.pdf>

5.1.7 Assessing Clients and Treating Conditions

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

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

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

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

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

5.1.7(1) Assessing and Treating: Irrigation or Enteral Instillation	
<i>Nurses (Registered Psychiatric) Regulation, section 6(f)</i>	A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, administer a solution <ol style="list-style-type: none"> i. by irrigation, or ii. by enteral instillation
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must act with a client-specific order from a listed health professional to irrigate a bladder. 2. RPNs are limited to administering a solution through enteral instillation to clients with stable and predictable physiological health.
Stable and predictable physiological health means the degree to which a client's condition is likely to change.	

5.1.7(2) Assessing and Treating: Inserting Instrument, Hand or Finger	
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put an instrument or a device, hand or finger <ol style="list-style-type: none"> i. into the external ear canal, up to the eardrum
BCCNM Limits and Conditions	None. But see section 6(i)(i) and (ii) "External Ear Canal" for limits and condition related to syringing an ear with air and water.
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	<ol style="list-style-type: none"> ii. ...beyond the point in the nasal passages where they normally narrow
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must follow a decision support tool approved by their employer when carrying out nasopharyngeal suctioning. 2. RPNs are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube). Initial insertion of a nasogastric tube requires a client-specific order from a listed health professional.
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	<ol style="list-style-type: none"> iii. ...beyond the pharynx
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not carry out endotracheal intubation.
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	<ol style="list-style-type: none"> iv. ...beyond the opening of the urethra
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must follow a decision support tool approved by their employer when inserting or flushing a catheter.
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	<ol style="list-style-type: none"> v. ...beyond the labia majora
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs who carry out pelvic exams or cervical cancer screening must <ul style="list-style-type: none"> • successfully complete additional education and • possess competencies outlined in <i>Core Nursing Practice Competencies for Pelvic Exams</i>¹ (for Registered Nurses) established by the Provincial

5.1.7(2) Assessing and Treating: Inserting Instrument, Hand or Finger	
	<p>Health Services Authority (PHSA) or equivalent approved by their employer.</p> <p>2. RPNs who carry out pelvic exams or cervical cancer screening must follow the <i>Decision Support Tool for Registered Nurses: Pelvic Exam</i>² established by PHSA or an equivalent approved by their employer.</p>
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	vi. ...beyond the anal verge
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 6(g)</i>	vii. ...into an artificial opening into the body
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs are limited to inserting suprapubic and gastrostomy tubes in clients with stable and predictable physiological health. 2. RPNs are limited to carrying out ostomy care for clients with stable and predictable physiological health. 3. RPNs are limited to carrying out tracheostomy care for clients with stable and predictable physiological health.
<p><i>Stable and predictable physiological health means the degree to which a client's condition is likely to change.</i></p> <p>¹Competencies for Pelvic Exam. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/STI_PHSА_Competicencies_pelvic_exam.pdf</p> <p>²Decision Support Tool: Pelvic Exam. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/PHSA_DST_PelvicExam.pdf</p>	

5.1.7(3) Assessing and Treating: External Ear Canal	
<i>Nurses (Registered Psychiatric) Regulation, section 6(h)</i>	A registrant in the course of practising psychiatric nursing may put a wearable hearing instrument, or a part or accessory of it, into the external ear canal, up to the eardrum
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 6(i)</i>	A registrant in the course of practising psychiatric nursing may, for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum, <ol style="list-style-type: none"> i. air that is under pressure no greater than that created by the use of an otoscope, or ii. water that is under pressure no greater than that created by the use of an ear syringe/bulb.
BCCNM Limits and Conditions	None
The <i>Regulation</i> makes a distinction between syringing ears using pressure no greater than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure.	

5.1.8(1) Hazardous Forms of Energy: Ultrasound	
5.1.8(2) Hazardous Forms of Energy: Automatic External Defibrillator	
<i>Nurses (Registered Psychiatric) Regulation, section 6(j)</i>	A registrant in the course of practising psychiatric nursing may apply ultrasound for the purpose of bladder volume measurement or blood flow monitoring.
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 6(k)</i>	A registrant in the course of practising psychiatric nursing may apply electricity using an automatic external defibrillator in the course of emergency cardiac care.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not apply electricity using a manual defibrillator. 2. RPNs must successfully complete, and maintain currency in, a course on cardiopulmonary resuscitation and automated external defibrillator (AED) use for health care professionals in order to apply electricity using an AED.

5.1.9 Transcutaneous Electrical Nerve Stimulation	
<i>Nurses (Registered Psychiatric) Regulation, section 6(l)</i>	A registrant in the course of practising psychiatric nursing may apply electricity for the purpose of providing transcutaneous electrical nerve stimulation.
BCCNM Limits and Conditions	None

5.1.10 Issue an Instruction or Authorization for the Application of Energy	
<i>Nurses (Registered Psychiatric) Regulation, section 6(m)</i>	A registrant in the course of practising psychiatric nursing may, for the purposes of tuberculosis screening, issue an instruction or authorization for another person to apply X-rays to a named individual, other than X-rays for computerized axial tomography.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs who issue an instruction or authorization for a chest X-ray for the purpose of tuberculosis screening must possess the competencies outlined in <i>Registered Nursing Competencies for Tuberculosis Screening</i>¹ established by the British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer. 2. RPNs who issue an instruction or authorization for a chest X-ray for the purpose of tuberculosis screening must follow the <i>BCCDC Non-certified Practice Tuberculosis Screening Decision Support Tool</i>² (for Registered Nurses) or equivalent approved by their employer.
<p>¹ Registered Nursing Competencies for Tuberculosis Screening. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter 4 - TB/TB screening competencies.pdf</p> <p>² BCCDC Non-certified Practice Decision Support Tool Tuberculosis Screening. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0b%20TB%20Screening%20DST.pdf</p>	

5.1.11 Prescribing, Compounding, Dispensing, and Administering Medications

5.1.11(1) Prescribing Medications	
<i>Nurses (Registered Psychiatric) Regulation, section 6(n)</i>	<p>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the <i>Drug Schedules Regulation</i>,¹</p> <ol style="list-style-type: none"> i. Prescribe the drug ii. compound the drug iii. dispense the drug iv. administer the drug by any method
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. Registered psychiatric nurses only prescribe medications when they: <ol style="list-style-type: none"> a. Have a certified practice designation; AND b. Meet the requirements for certified practice registered psychiatric nurses to prescribe for the treatment of opioid use disorder.
<p>This restriction against a non-certified practice RPN prescribing does not prevent them from issuing a client-specific order to be acted on by another nurse to compound, dispense or administer a medication for a specific client that is within the ordering RPN's autonomous scope of practice.</p>	

5.1.11(2) Medications: Schedule I Drugs (Anaphylaxis)	
<i>Nurses (Registered Psychiatric) Regulation, section 6(n)</i>	<p>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the <i>Drug Schedules Regulation</i>,¹</p> <ol style="list-style-type: none"> i. Prescribe the drug ii. compound the drug iii. dispense the drug iv. administer the drug by any method <p>for the purpose of</p> <ol style="list-style-type: none"> v. treating <ol style="list-style-type: none"> a. anaphylaxis.

5.1.11(2) Medications: Schedule I Drugs (Anaphylaxis)

BCCNM Limits and Conditions

1. RPNs are limited to administering epinephrine to treat anaphylaxis.
2. RPNs who administer epinephrine to treat anaphylaxis must follow decision support tools in the *Communicable Disease Immunization Program Section V - Management of Anaphylaxis in a Non-hospital Setting*² established by British Columbia Centre for Disease Control (BCCDC)² or equivalent approved by their employer.
3. RPNs who administer epinephrine must successfully complete additional education.

Further direction related to medication can be found in the BCCNM *Medications* practice standard.

Further direction on prescribing medications can be found in Part 3.4 of this document.

¹ Drug Schedules Regulation of the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

² Communicable Disease Immunization Program. Section V - Management of Anaphylaxis in a Non-Hospital Setting. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20-%20Imms/SectionV_Anaphylaxis.pdf

5.1.11(3) Medications: Schedule I Drugs (Opiate Overdose)

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

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

- i. Prescribe the drug
- ii. compound the drug
- iii. dispense the drug
- iv. administer the drug by any method

for the purpose of

- v. treating
 - b. opiate overdose.

5.1.11(3) Medications: Schedule I Drugs (Opiate Overdose)

BCCNM Limits and Conditions

1. RPNs must not administer, compound or dispense a Schedule I drug to treat a suspected opiate overdose.

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

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

Further direction on prescribing medications can be found in Part 3.4 of this document.

¹ Drug Schedules Regulation of the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

5.1.11(4) Medications: Schedule I Drugs (Respiratory Distress)*Nurses (Registered Psychiatric) Regulation, section 6(n)*

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

- i. Prescribe the drug
- ii. compound the drug
- iii. dispense the drug
- iv. administer the drug by any method

for the purpose of

- v. treating
 - c. respiratory distress in a known asthmatic.

BCCNM Limits and Conditions

1. RPNs are limited to administering salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.
2. RPNs who administer salbutamol or ipratropium bromide to treat respiratory distress in a known asthmatic must follow a decision support tool approved by their employer.
3. RPNs who administer salbutamol or ipratropium bromide must successfully complete additional education.

Further direction related to medication can be found in the BCCNM *Medications* practice standard.

Further direction on prescribing medications can be found in Part 3.4 of this document.

5.1.11(4) Medications: Schedule I Drugs (Respiratory Distress)

¹ Drug Schedules Regulation to the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

5.1.11(5) Medications: Schedule I Drugs (Hypoglycemia)

<i>Nurses (Registered Psychiatric) Regulation, section 6(n)</i>	<p>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the <i>Drug Schedules Regulation</i>,¹</p> <ol style="list-style-type: none"> i. Prescribe the drug ii. compound the drug iii. dispense the drug iv. administer the drug by any method <p>for the purpose of</p> <ol style="list-style-type: none"> v. treating d. hypoglycemia.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs are limited to administering D50W to treat hypoglycemia. 2. RPNs who administer D50W to treat hypoglycemia must follow a decision support tool approved by their employer. 3. RPNs who administer D50W must successfully complete additional education.
<p>Further direction related to medication can be found in the BCCNM <i>Medications</i> practice standard.</p> <p>Further direction on prescribe and giving client-specific orders for Schedule I and II drugs can be found in Part 3.4 of this document.</p>	
<p>¹ Drug Schedules Regulation of the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98</p>	

5.1.11(6) Medications: Schedule I Drugs (Influenza-like Illness)

<i>Nurses (Registered Psychiatric) Regulation, section 6(n)</i>	<p>A registrant in the course of practising psychiatric nursing may, in respect of a drug specified in Schedule I of the <i>Drug Schedules Regulation</i>,¹</p>
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5.1.11(6) Medications: Schedule I Drugs (Influenza-like Illness)

	<ul style="list-style-type: none"> i. Prescribe the drug ii. compound the drug iii. dispense the drug iv. administer the drug by any method <p>for the purpose of</p> <ul style="list-style-type: none"> v. treating <ul style="list-style-type: none"> e. conditions that are symptomatic of influenza-like illness.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must successfully complete additional education. 2. RPNs who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must follow the <i>RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner</i>² established by the provincial government, or equivalent approved by their employer. 3. RPNs must not compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness for children under the age of 4.
<p>Further direction related to medication can be found in two BCCNM <i>Medications</i> practice standard.</p> <p>Further direction on prescribing medications can be found in Part 3.4 of this document.</p>	
<p>¹ Drug Schedules Regulation to the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98</p> <p>² RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner. https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza</p>	

5.1.11(7) Medications: Immunizations and Post-exposure Chemoprophylactic Agents Schedule I and II Drugs

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

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

- i. Prescribe the drug
- ii. compound the drug
- iii. dispense the drug
- iv. administer the drug by any method

for the purpose of

- vi. preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents.

BCCNM Limits and Conditions

1. RPNs who, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must
 - possess the competencies established by BCCDC.
 - follow decision support tools established by BCCDC.
2. RPNs who compound, dispense or administer post-exposure chemoprophylactic agents for sexual assault purposes must:
 - possess the BC Women's Sexual Assault Service Competencies for RN SANES⁵ (BCWSAS), and
 - follow Decision Support Tools for Sexual Assault Nurse Examiner⁶ (for Registered Nurses) established by BCWSAS.
3. RPNs must not compound, dispense or administer immunoprophylactic or post-exposure chemoprophylactic agents for the purpose of preventing disease in travelers (also known as travel health).
4. RPNs must not, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic agents or post-exposure chemoprophylactic agents for children under the age of 4 years old.
5. RPNs must not compound or administer experimental vaccines for research purposes.

5.1.11(7) Medications: Immunizations and Post-exposure Chemoprophylactic Agents Schedule I and II Drugs

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

Further direction related to medication can be found in the BCCNM *Medications* practice standard.

¹ Drug Schedules Regulation of the Pharmacy Operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

² BCCDC Communicable Disease Control Immunization Program.

<http://www.BCCNM.ca/education/immunization-competency-course/>

³ Immunization Competencies for BC Health Professionals. http://www.bccdc.ca/resource-gallery/Documents/Training%20and%20Events/Immunization/Vaccine%20Info/BCCDCImmunizationCompetencies_September2010.pdf

⁴ Communicable Disease Control Manual. <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual>

⁵ BC Women's Sexual Assault Service Competencies for RN SANES Dispensing Prophylactic Medications to Protect against STI and HIV after Sexual Assault.

<http://www.bcwomens.ca/Professional-Resources-site/Documents/Sexual%20Assault/DST%20for%20SANES%20Dispensing%20HIV%20PEP%20August%201,%202018.pdf>

⁶ Decision Support Tools for Sexual Assault Nurse Examiners <http://www.bcwomens.ca/health-professionals/professional-resources/sexual-assault-service-resources>

5.1.11(8) Medications: Schedule II Drugs

<p><i>Nurses (Registered Psychiatric) Regulation, section 6(o)</i></p>	<p>A registrant in the course of practising psychiatric nursing may, in respect of drugs specified in Schedule II of the <i>Drug Schedules Regulation</i>¹</p> <ol style="list-style-type: none"> i. Prescribe the drug ii. compound the drug iii. dispense the drug, or iv. administer the drug by any method
<p>BCCNM Limits and Conditions</p>	<ol style="list-style-type: none"> 1. RPNs require a client-specific order from a listed health professional to compound, dispense or administer Schedule II medications to treat a disease or disorder. For example, nurses would not administer insulin

5.1.11(8) Medications: Schedule II Drugs

(Schedule II) without knowing that a physician had diagnosed diabetes and ordered insulin therapy.

2. RPNs may only compound, dispense or administer Schedule II medications to treat a condition following an assessment and nursing diagnosis. Vaccines do not require the identification of a condition.
3. RPNs must not carry out Insulin dose adjustment.
4. RPNs who administer Schedule II drugs intravenously via a peripheral venous access device must either:
 - follow an employer approved decision support tool or
 - act with a client-specific order from listed health professional.
5. RPNs who administer medication via central venous access devices must:
 - act with a client-specific order from an listed health professional, **and**
 - successfully complete additional education to administer medication via central venous access devices.
6. RPNs must not administer medication via intrathecal, epidural, intraosseous or perineural routes because it is not within RPN scope of practice.

Further direction related to medication can be found in the BCCNM *Medications* practice standard.

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

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

Schedule II medications also include the following vaccines:

- Influenza.
- Pneumococcal.

5.1.11(8) Medications: Schedule II Drugs

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

¹ Drug Schedules Regulation of the Pharmacy operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

5.1.12 Therapeutic Diets

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

A registrant in the course of practising psychiatric nursing may, if nutrition is administered by enteral instillation, compound or dispense a therapeutic diet.

BCCNM Limits and Conditions

None

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

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

5.2 MEDICAL AESTHETICS¹⁰ LIMITS AND CONDITIONS

1. RPNs successfully complete additional education¹¹ before providing medical aesthetic procedures.
2. RPNs administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:
 - a. with a client-specific order from a health professional¹², 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. RPNs do not prescribe dermal fillers.

5.3 LIMITS AND CONDITIONS ON RESTRICTED ACTIVITIES THAT REQUIRE AN ORDER

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

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

Registered psychiatric nurses must be sure that the restricted activity is considered to be psychiatric nursing practice – even if they have a client-specific order from a listed health professional to carry it out. RPNs who are not sure if a specific activity is considered within RPN scope of practice should contact BCCNM.

¹⁰ “Medical aesthetics” refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity (activities listed in sections 6 and 7 of the Nurses (Registered Psychiatric) Regulation) and are primarily intended to alter or restore a person’s appearance.

¹¹ “Additional education” is structured education (e.g., workshop, course, program of study) designed for psychiatric nurses to attain the competencies required to carry out a specific activity as part of psychiatric nursing practice. Additional education must: build on the entry-level competencies of RPNs; identify the competencies expected on completion of the education; include both theory and application to practise; and include an objective, independent evaluation of competencies on completion of the education.

¹² “Health professional” has the same meaning as in the Nurses (Registered Psychiatric) Regulation.

5.3.1 Procedures Below the Body Surface	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(a)</i>	A registrant in the course of practising psychiatric nursing may perform a procedure on tissue below the dermis or below the surface of a mucous membrane.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must successfully complete additional education before carrying out: <ul style="list-style-type: none"> • Suturing of skin lacerations • Conservative sharp wound debridement • Negative pressure wound therapy • Biological debridement therapy • Compression therapy 2. RPNs must successfully complete additional education to carry out peritoneal dialysis. 3. RPNs are limited to taking blood with short devices or from existing peripheral venous access devices. 4. RPNs are limited to using short peripheral venous devices to establish intravenous access. 5. RPNs must successfully complete additional education to carry out venipuncture and to establish intravenous access. 6. At this time RPNs must not take blood for the purpose of donation.

5.3.2 Administering a Substance	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</i>	A registrant in the course of practising psychiatric nursing may administer a substance <ol style="list-style-type: none"> i. by injection
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not administer substances via intrathecal, epidural and perineural spaces.
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(b)</i>	<ol style="list-style-type: none"> ii. ...by inhalation
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not induce general anesthesia or maintain general anesthetic agents. 2. RPNs must not administer nitrous oxide.

5.3.2 Administering a Substance	
Nurses (Registered Psychiatric) Regulation, section 7(1)(b)	iii. ...by mechanical ventilation
BCCNM Limits and Conditions	1. RPNs must successfully complete additional education to care for clients on mechanical ventilation.
Nurses (Registered Psychiatric) Regulation, section 7(1)(b)	iv. ...by irrigation
BCCNM Limits and Conditions	1. RPNs must successfully complete additional education to carry out peritoneal dialysis.
Nurses (Registered Psychiatric) Regulation, section 7(1)(b)	v. ...by enteral instillation or parenteral instillation
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must successfully complete additional education to carry out hemodialysis. 2. RPNs must successfully complete additional education to carry out venipuncture and to establish intravenous access. 3. RPNs must successfully complete additional education to administer a substance via central venous access devices. 4. RPNs are limited to administering blood and blood products to clients with stable and predictable physiological health. 5. RPNs must successfully complete additional education to administer blood or blood products. 6. RPNs must not administer radiopaque dyes via parenteral instillation.
<p><i>Stable and predictable physiological health</i> means the degree to which a client's condition is likely to change.</p> <p><i>Definitions from the Regulation:</i></p> <p><i>Substance</i> includes air and water but excludes a drug specified in Schedule I, IA, II, or IV of the Drug Schedules Regulation.</p> <p><i>Enteral instillation</i> means instillation directly into the gastrointestinal tract.</p> <p><i>Parenteral instillation</i> means instillation directly into the blood stream.</p>	

5.3.2 Administering a Substance

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

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

5.3.3 Putting Items into Body Openings

<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	A registrant in the course of practising psychiatric nursing may put an instrument or a device, hand or finger <ol style="list-style-type: none"> i. into the external ear canal, up to the eardrum
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	<ol style="list-style-type: none"> ii. ...beyond the point in the nasal passages where they normally narrow
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	<ol style="list-style-type: none"> iii. ...beyond the pharynx
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not carry out endotracheal intubation.
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	<ol style="list-style-type: none"> iv. ...beyond the opening of the urethra
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	<ol style="list-style-type: none"> v. ...beyond the labia majora
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs who carry out pelvic exams or cervical cancer screening must: <ul style="list-style-type: none"> • successfully complete additional education, and • possess competencies outlined in <i>Core Nursing Practice Competencies for Pelvic Exams</i>¹ (for Registered Nurses) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer.

5.3.3 Putting Items into Body Openings	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	vi. ...beyond the anal verge
BCCNM Limits and Conditions	None
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(c)</i>	vii. ...into an artificial opening into the body
BCCNM Limits and Conditions	None
<p>The <i>Regulation</i> 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.</p> <p>Some of the nursing activities under this restricted activity could be done to assess or treat a condition within autonomous scope of practice and would, therefore, not require a client-specific order from a listed health professional (see part 5.1.7 Assessing Clients and Treating Conditions).</p> <p>¹ Core Nursing Practice Competencies for Pelvic Exam. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/STI_PHSA_Compencies_pelvic_exam.pdf</p>	

5.3.4 Putting Substances into Ears	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(d)</i>	A registrant in the course of practising psychiatric nursing may put into the external ear canal, up to the eardrum, a substance that is under pressure.
BCCNM Limits and Conditions	None
<p>Definition from the <i>Regulation</i>:</p> <p>Substance includes air and water but excludes a drug specified in Schedules I, IA, II, or IV of the <i>Drug Schedules Regulation</i>.</p> <p>The <i>Regulation</i> 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.</p>	

5.3.5 Hazardous Forms of Energy	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(e)</i>	A registrant in the course of practising psychiatric nursing may apply electricity for the purpose of affecting activity of the nervous system.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not apply electricity for the purpose of affecting activity of the nervous system other than TENS (Transcutaneous electrical nerve stimulation). 2. RPNs must not apply electricity using a manual defibrillator.

5.3.6 Medications

Definitions from the [Regulation](#):

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

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

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

5.3.6(1) Medications: Schedule I Drugs	
<i>Nurses (Registered Psychiatric) Regulation, section 7(1)(f)</i>	<p>A registrant in the course of practising psychiatric nursing may, in respect of drugs specified in Schedule I or IA of the <i>Drug Schedules Regulation</i>¹</p> <ol style="list-style-type: none"> i. compound the drug ii. dispense the drug, or iii. administer the drug by any method.
BCCNM Limits and Conditions	<ol style="list-style-type: none"> 1. RPNs must not administer medication via intrathecal, epidural, intraosseous or perineural routes.

5.3.6(1) Medications: Schedule I Drugs

2. RPNs must not induce general anesthesia or maintain general anesthetic agents. However, RPNs may induce procedural sedation with a client-specific order from a listed health professional.
3. RPNs must successfully complete additional education to administer medication via central venous access devices.
4. RPNs may administer experimental medications not yet listed in any drug schedule as part of a formal research program.
5. RPNs must not compound, dispense or administer schedule I drugs for the purpose of medical assistance in dying.

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

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

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

¹ Drug Schedule Regulation of the Pharmacy operations and Drug Scheduling Act of British Columbia. http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

6. Certified Practice

6.1 BCCNM LIMITS AND CONDITIONS FOR CERTIFIED PRACTICE REGISTERED PSYCHIATRIC NURSES

Registered Psychiatric Nurses (Certified) are allowed within their autonomous scope of practice to diagnose opioid use disorder and treat by prescribing, compounding, dispensing, administering, or ordering medications for the treatment of opioid use disorder. Certified practice registered psychiatric nurses may also diagnose and treat conditions that are within the autonomous scope of general registered psychiatric nurse practice and the nurse's individual competence.

I. Certified practice registered psychiatric nurses must:

1. Successfully complete the certified practice education program approved by BCCNM (see Table 1).
2. Diagnose and treat only those diseases, disorders, or conditions outlined in the competencies of the BCCNM recognized education program for their certified practice designation and as set out in Table 2.¹³
3. Follow the decision support tools managed by the British Columbia Centre on Substance Use (BCCSU) for their certified practice designation, and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering, or ordering medications, and ordering diagnostic tests as outlined in the decision support tools for their certified practice designation.
4. Complete additional education¹⁴ and ensure they are competent before performing a new activity added to their certified practice designation and as identified within their certified practice decision support tools such as diagnosing or treating a new disease, disorder, or condition, or providing a new treatment.
5. Diagnose and treat diseases, disorders, or conditions as outlined for their certified practice designation, including prescribing, compounding, dispensing, administering, or ordering medications, and ordering diagnostic tests only when policies, processes and/or resources are in place for:

¹³ Certified practice registered psychiatric nurses may also diagnose and treat conditions that are within the autonomous scope of general RPN practice and the nurse's individual competence.

¹⁴ Additional education is structured education (e.g., a workshop, course, or program of study) designed so that registered psychiatric nurses can attain the competencies required to carry out a specific activity as part of registered psychiatric nursing practice. Additional education builds on the entry-level competencies of registered psychiatric 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.

- 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 psychiatric nurses who prescribe¹⁵ medications for the treatment of opioid use disorder must also:**
1. Have a BCCNM-assigned prescriber number.
 2. Prescribe only when they have the approval or are recognized by their organization/employer¹⁶ as a prescriber.
 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*.
 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.

Table 1: RPN Certified Practice Education Program Required and Approved by BCCNM

Certified Practice	Certified Practice Education Program
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

¹⁵ 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.

¹⁶ For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

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

Certified Practice	Diseases, Disorders, Conditions	Drug Schedules ¹⁷ and Therapeutic Classes
Opioid Use Disorder	May diagnose and treat opioid use disorder	<p>Schedule IA (as per certified practice decision support tools):</p> <ul style="list-style-type: none"> • Opiate Agonist • Opiate Partial Agonist <p>Schedule I (as per certified practice decision support tools):</p> <ul style="list-style-type: none"> • Alpha-Adrenergic Agonist <p>Schedule II/III/unscheduled: as per certified practice decision support tools</p>

6.2 REGISTERED PSYCHIATRIC NURSES (CERTIFIED) STANDARDS FOR PRESCRIBING MEDICATIONS

Introduction

Registered Psychiatric Nurses (Certified) may prescribe medications associated with their certified practice area within their autonomous scope of practice. These standards for Prescribing Medications apply when certified practice registered psychiatric 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 psychiatric nurse gives a client-specific order for compounding, dispensing or administering a medication to be acted on by another nurse (RPN, LPN or RN) or other health professional, other than a pharmacist.

In addition to these standards for *Prescribing Medications*, and the prescribing limits and conditions governing certified practice RPN prescribing, certified practice RPNs who prescribe medication 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 psychiatric nursing practice that may apply depending on the context.

¹⁷ Drug schedules and definitions for Unscheduled, Schedule I, Schedule IA, Schedule II, Schedule III: [Drug Schedules Regulation](#)

“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 psychiatric nurses are accountable and responsible for their prescribing decisions.
2. Certified practice registered psychiatric nurses prescribe only those medications as allowed by:
 - a. The [Nurses \(Registered Psychiatric\) Regulation](#),¹⁸
 - 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 psychiatric nurses ensure they have the competence to:
 - a. Assess the client health status, including conducting an accurate health history and clinical evaluation,
 - b. Make or confirm a nursing 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 psychiatric nurses use current evidence to support decision-making when prescribing medications.
5. When prescribing, certified practice registered psychiatric 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

¹⁸ Despite the *Nurses (Registered Psychiatric) Regulation*, only registered psychiatric nurses with certified practice are authorized to prescribe any medications, and they may only do so for the purpose of treating opioid use disorder, in accordance with BCCNM’s standards, limits and conditions for certified practice.

practice registered psychiatric 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, risks 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 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 psychiatric 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 psychiatric 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 psychiatric nurses follow organizational/employer policies and processes (including security, privacy, and confidentiality measures) when transmitting a prescription to a pharmacy.
8. Certified practice registered psychiatric 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 psychiatric nurses do not provide any person with a blank, signed prescription.
10. Certified practice registered psychiatric nurses do not prescribe medications for themselves, or anyone else who is not their client.
11. Certified practice registered psychiatric nurses participate in required and relevant provincial and/or national reporting programs.
12. Certified practice registered psychiatric nurses who prescribe controlled drugs and substances follow the requirements of the Controlled Prescription Program¹⁹ including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

¹⁹ Controlled Prescription Program, College of Pharmacists of British Columbia (<https://www.bcpharmacists.org/cpp>).

7. Medical Assistance in Dying (MAiD)

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 (MAiD) in dying 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 cause their own death

The role of registered psychiatric nurses (RPNs) 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 psychiatric nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of medical assistance in dying. Registered psychiatric nurses can record information for reference use by the assessor-prescriber²⁰ 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 psychiatric 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 RPNs in MAiD.

The purposeful and intended outcome of medical assistance in dying is to assist a person explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal and competent manner. Palliative care is care that improves the day-to-day quality of life for a person experiencing a life-limiting illness.

Registered psychiatric nurses have important roles in providing high quality client-centered end of life care. These activities include: advocating for clients, providing information, participating in

²⁰ A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

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 Requests²¹

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.

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

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

²¹ Health Canada. (2021, March 18). Medical assistance in dying. <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

- 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 psychiatric nurses can act in this role, even if they are providing care to the patient.

Registered psychiatric 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

An RPN may have beliefs and values that differ from those of a client. Nothing in the Criminal Code compels RPNs to aid in the provision of medical assistance in dying. The *Duty to Provide Care* practice standard addresses conscientious objection. The practice standard requires RPNs 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 RPNs 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 RPNs 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 psychiatric 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 psychiatric 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 psychiatric 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 psychiatric 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 psychiatric 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 psychiatric 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 psychiatric nurses only aid in the provision of medical assistance in dying and do not act as an assessor or assessor-prescriber²² or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Registered psychiatric nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Registered psychiatric nurses do not direct or counsel clients to end their lives.
4. Registered psychiatric 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 psychiatric nurses do not act as an independent witness if they:
 - 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
 - own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment
 - 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 psychiatric 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

²² 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".

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 psychiatric nurses who aid in the provision of medical assistance in dying successfully complete additional education.
8. Registered psychiatric 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 psychiatric nurses do not aid in the provision of medical assistance in dying for a family member.
10. Registered psychiatric nurses do not pronounce death related to medical assistance in dying.

8. Delegation

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

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

Registrants who have questions about delegation should contact BCCNM.

Resources

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

DOCUMENTS

- [Bylaws of the BC College of Nurses and Midwives](#)
- [Legislation Relevant to Nurses' Practice](#)

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).

REGULATORY PRACTICE SUPPORT

Information, education and consultation about Professional Standards 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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900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

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