Scope of Practice
For Registered Nurses

Protecting the public by effectively regulating registered nurses and nurse practitioners

T: 604.736.7331
F: 604.738.2272
Toll-free: 1.800.565.6505
Scope of Practice for Registered Nurses

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

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

The purpose of this document is to:

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

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

* Terms defined in the Glossary (Appendix 2) are highlighted in bold type in this document the first time they appear.

CRNBC Standards of Practice

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

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

These can be found on the CRNBC website www.crnbc.ca
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Part 1: The Basis for Scope of Practice

**WHAT THE REGULATION COVERS**

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

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

**Reserved Titles**

CRNBC registrants can use the following reserved titles:

- Registered nurse
- Licensed graduate nurse
- Nurse

“Nurse practitioner” is also a reserved title under the Regulation. Only registered nurses who are registered with CRNBC in the nurse practitioner category can use the title “nurse practitioner” or “registered nurse practitioner.” More information about reserved titles can be found in the CRNBC Bylaws and the Practice Standard *Appropriate Use of Titles* available at [www.crnbc.ca](http://www.crnbc.ca).

**Scope of Practice**

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

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

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

The Regulation does not refer to education, administration and research in the scope of practice statement for nurses or any other health professionals in B.C. However, CRNBC’s Professional
Standards make it clear that clinical practice, education, administration and research are all considered part of the practice of registered nursing.

Exceptions

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

1. In situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action. Registered nurses are ethically obligated to provide the best care they can, given the circumstances and their individual competence.¹

2. Where a formal delegation process is in place. See Part 5.

Restricted Activities

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

Standards, Limits and Conditions

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

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

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

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

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

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

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

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

1. Nurses (Registered) and Nurse Practitioners Regulation, which sets out the scope of practice in fairly broad strokes.

2. CRNBC standards, limits and conditions, which complement and further define and limit the scope of practice set out in the Regulation.

3. Employer policies, which may restrict registered nurses’ practice in a particular agency or unit.

4. An individual registered nurse’s competence to carry out a particular activity.

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

Figure 1. Controls on Practice
TWO KEY PRINCIPLES

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

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

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

HOW PRACTICE IS DESCRIBED IN THE REGULATION

The Regulation sets out three kinds of practice:

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

Figure 2. How Practice is Described in the Regulation
General Practice

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

Activities that are restricted and activities that are not restricted

Activities that registered nurses can carry out within their autonomous scope of practice and activities that require a client-specific order from a listed health professional.

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

Figure 3. Reflecting on RN Scope of Practice

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

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

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

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

Nurse Practitioner Practice

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

Part 2: Scope of Practice Standards for Registered Nurses

Autonomous Scope of Practice and Client-specific Orders

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

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

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

Introduction

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

- acting within autonomous scope of practice
- acting on client-specific orders
- giving client-specific orders

Depending on the controls on practice, including the RN Regulation, autonomous scope of practice, organizational policies and restrictions, and the nurse’s individual competence, nurses may provide care to clients by:

- acting within autonomous scope of practice and the nurse’s individual competence when carrying out
  - non-restricted activities, and
  - restricted activities within section 6 of the RN Regulation
acting on a client-specific order from a listed health professional for a restricted activity that is within section 7 of the RN Regulation (to the extent the care provided is not within autonomous scope of practice under section 6)

acting on a client-specific order from another regulated health professional for an activity that is within 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 nurse’s individual competence

**What IS an order?**

An “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.

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, etc.)
- include a unique identifier such as a written signature or an electronically generated identifier

In appropriate circumstances, the regulated health professional giving the order may include information needed for the ordered activity to be carried out safely (second bullet above), by including a reference in the order to instructions that set out the usual care for a particular client group or client problem that are made client-specific by adding the name of the individual client, making any necessary changes to reflect the needs of the individual client, and signing the order.

Once given, orders may be transcribed in other documents such as a client care plan.

**What IS NOT an order?**

- An instruction that is recorded in any type of communication tool, for example a kardex, that is not signed or recorded in the client’s permanent record, is NOT an order
- A consultation, referral or recommendation is NOT a client-specific order.

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3. Depending on the controls on practice, certified practice registered nurses do not require an order for the parts of section 8 of the regulation that apply to their area of certified practice.
Acting within Autonomous Scope of Practice

What is autonomous scope of practice?

“Autonomous scope of practice” has a different meaning for different registrant classes:

- For registered nurses and licensed graduate nurses, “autonomous scope of practice” includes the restricted activities listed in section 6 of the RN 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 under CRNBC standards, limits, conditions and other controls on practice.

Figure 4. Acting Within Autonomous Scope of Practice: RN

Autonomous Scope of Practice and Client-specific Orders Standards

- Standards for Acting within Autonomous Scope of Practice
- Standards for Giving Client-specific Orders
- Standards for Acting with Client-specific Orders
For certified practice registered nurses, “autonomous scope of practice” includes the restricted activities listed in both section 6 and section 8 of the RN 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.

Figure 5. Acting Within Autonomous Scope of Practice: RN Certified Practice

What IS NOT autonomous scope of practice?

“Autonomous scope of practice” does not include any activity, care or services:

- listed under section 7 in the RN Regulation (to the extent the care provided is not within the activities listed in section 6, or, as noted for certified practice registered nurses, in section 8),
- prohibited by:
  - any standards, limits or conditions established by CRNBC, including the CRNBC Scope of Practice for Registered Nurses: Standards, Limits and Conditions, or
  - any applicable organizational policy, procedures or restrictions.

Nurse’s individual competence

Nurses only perform activities and provide care or services that the nurse has the individual competence to carry out.
Standards for Acting within Autonomous Scope of Practice

1. Nurses assume sole accountability and responsibility when they act within autonomous scope of practice.

2. Nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
   - assess the client’s status
   - make a nursing diagnosis* of a client condition that can be improved or resolved through nursing activities
   - determine an activity to be carried out
   - carry out an activity to treat, prevent or palliate an injury or illness and/or improve or resolve a condition
   - change or cancel a client-specific order for activities within autonomous scope of practice
   - give a client-specific order,
   - manage the intended and unintended consequences of carrying out the activity
   - manage and evaluate the outcomes of the activity

3. Nurses clarify their role and responsibilities within their organization for acting within autonomous scope of practice.

4. Nurses collaborate and communicate with the client and the health team members about the nursing diagnosis, decisions and actions.

5. Nurses communicate and collaborate with the health 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 autonomous scope of practice and the nurse’s individual competence.

6. When acting within autonomous scope of practice, nurses only perform those activities for which they have the individual competence to:
   - determine whether the client would benefit from the activity
   - carry out the activity safely and ethically
   - manage the intended and unintended outcomes of the activity

7. Nurses interpret and use current evidence from credible sources when carrying out activities within autonomous scope of practice.

8. Nurses follow legal and ethical obligations regarding client consent.

* Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse’s certified practice designation and the nurse’s individual competence.
Applying the Standards for Acting within Autonomous Scope of Practice

- When you are planning care for a client, it is important to keep the client at the forefront and to include the health care team in decision-making. This may include consulting others before arriving at a nursing diagnosis, finalizing a plan of care, or determining the most appropriate nursing intervention for a client.

- When you are determining whether a client would benefit from an activity, consider:
  - the known risks and benefits to the client,
  - the possible outcomes of performing the activity,
  - any other factors relevant to the specific situation.

- Determine the safeguards and resources needed to manage the outcomes before you carry out an activity, considering both the intended and any possible unintended outcomes that can be reasonably anticipated.

- Based on a change in the client’s condition or wishes, it may be appropriate to change or cancel an order for performance of an activity that is within autonomous scope of practice and your individual competence. For example, you might cancel an ordered diet based on your assessment of the client’s ability to swallow. If you change an order, it is important that you know and work within the boundaries of the controls on practice, and that you consult appropriately with the professional who gave the order (or their delegate) and other members of the health care team.

Credible information sources to help you with decision-making and planning care for a client include your organization’s decision support tools and clinical practice documents, current literature and research, and information from other health professionals.
Acting with Client-specific Orders

A nurse may act on a client-specific order given by a listed or non-listed regulated health professional.

A “listed health professional” is a health professional, who is regulated, and authorized by the RN Regulation to give orders for the performance of activities listed in section 7. Listed health professionals are dentists, midwives, naturopaths, physicians, podiatrists, pharmacists, certified practice Registered Nurses and Nurse Practitioners.

Figure 6. Acting With a Client-specific Order from a Listed Health Professional

A “non-listed health professional” is a regulated health professional that is not listed within the RN Regulation. Non-listed health professionals have specialized competence within their 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 physiotherapists, dietitians, and occupational therapists, wound care nurse-clinicians, registered psychiatric nurses, registered nurses (who are not certified practice registered nurses or nurse practitioners) and

5 A listed health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia. In addition, an order for a Registered Nurse or Licensed Graduate Nurse to cast a fracture of a bone may only ever be given by a physician or Nurse Practitioner who is registered in British Columbia.
psychologists. Some examples of orders given by non-listed health professionals include orders for enteral feeds, mobilization plans, group therapy approaches or wound management.

Figure 7. Acting With a Client-specific Order from a Non-Listed Health Professional

**Standards for Acting with Client-specific Orders**

1. Nurses require a client-specific order from a listed health professional to perform any restricted activity listed in section 7 of the RN Regulation (to the extent the care provided is not within the activities or related limits and conditions listed in section 6, or, as noted for certified practice registered nurses, in section 8).

2. Nurses acting with a client-specific order ensure the ordered activity is:
   - within their scope of practice as set out in the RN Regulation,
   - consistent with any standards, limits and conditions established by CRNBC,
   - consistent with organizational policy, procedures, and restrictions.

3. Nurses acting with a client-specific order ensure that they have the competence to:
   - carry out the activity safely and ethically,
   - manage the intended outcomes of the activity,

6. Certified practice registered nurses do not require an order for a restricted activity listed in section 8 of the RN Regulation that is within the autonomous scope of the nurse’s certified practice designation and the nurse’s individual competence.
• recognize unintended outcomes of the activity and implement the plan for dealing with these unintended outcomes.

4. Nurses obtain a client-specific order to perform an activity or provide care or service that is within their autonomous scope of practice when:

   • there are insufficient organizational supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet CRNBC’s regulatory requirements
   • 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 procedure (e.g. complex wound care)

5. Nurses only act with a client-specific order from a non-listed health professional when:

   • the activity is within autonomous scope of practice
   • the activity is within the nurse’s individual competence
   • organizational supports, processes and resources, including policies and procedures, exist that:
     o clarify the accountability and responsibility of the nurse and the non-listed health professional
     o 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

   If an organization does not have supports, processes and resources related to client-specific orders by non-listed health professionals, nurses follow the scope of practice standards for acting within autonomous scope of practice.

6. Nurses acting with a client-specific order ensure that the order:

   • is client-specific
   • is clear and complete
   • is documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier
   • contains enough information for the nurse to carry it out safely.

7. Nurses accept verbal or telephone client-specific orders only when there is no reasonable alternative, 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 that it is accurate. Nurses promptly document any verbal or telephone client-specific orders.

8. Nurses carry out appropriate assessments to ensure that the client’s condition continues to warrant the activity before acting with a client-specific order.

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7 Reasonable refers to the common understanding that registrants of the nursing profession would have as to what is appropriate in the situation.
9. Nurses follow organizational policy, procedures and restrictions, and take appropriate action, including communicating and collaborating with the health professional who gave the client-specific order, or their delegate, and the health care team when:

- they are not able to carry out a client-specific order (e.g. hold an order)
- the client-specific order does not seem to be evidence-based
- the client-specific order does not appear to consider a client’s individual characteristics or wishes
- the ordered activity may no longer be appropriate because the client’s condition, needs or wishes have changed
- they change or cancel a client-specific order for activities that are within their autonomous scope of practice
- the safeguards and resources are not available to manage the outcomes of performing the activity including possible unintended outcomes that are reasonably foreseeable

10. Nurses follow the standards for Acting within Autonomous Scope of Practice and/or Giving Client-specific Orders when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.

11. Nurses may not change or cancel a client-specific order given by a listed health professional when the activity is outside of autonomous scope of practice or the nurse’s individual competence.

12. Nurses follow legal and ethical obligations regarding client consent.

**Applying the Standards for Acting with Client-specific Orders**

- Under the [Health Professions Act](http://example.com) and the RN Regulation some restricted activities are listed under both section 6 and also under section 7. For example, “put an instrument or device...” and “perform a procedure below the dermis” are located in section 6 and section 7. If you hold a certified practice designation, the CRNBC Scope of Practice for Registered Nurses provides further information about the limits and conditions specific to section 8 certified practice activities.

- Examples of activities under both section 6 and section 7 include:
  - “put an instrument or a device, hand or finger...”
    - Giving an enema or catheterizing a client with urinary retention is an example of when “putting an instrument or a device, hand or finger” could be a section 6 activity within autonomous scope (depending on the controls on practice)
    - Putting an instrument into a surgical site is an example of when “putting an instrument or a device, hand or finger” is a section 7 activity and requires an order from a listed health professional
  - “perform a procedure below the dermis”
- Wound care is an example of when “performing a procedure below the dermis” could be a section 6 activity within autonomous scope (depending on the controls on practice).
- Performing peritoneal dialysis is an example of when “performing a procedure below the dermis” is an activity under section 7 and requires an order from a listed health professional.
  - Administering schedule 1 medications is an example of when you might be acting under section 6, section 7 or section 8 depending on the controls on practice and your professional designation (e.g. certified practice).
- If you have questions about a client-specific order or the order does not contain the required information for you to carry it out safely, seek further clarification from the person who gave the client-specific order or from others on the health care team or your team leader.
- If you have reason to believe that the ordered activity may be outside of the scope of practice or individual competence of the health professional who gave the client-specific order (for example, a podiatrist ordering a medication to treat congestive heart failure), it is important that you follow-up and clarify before acting on the client-specific order.
- When determining whether a client-specific order has enough information for you to act on it, consider elements such as:
  - the duration if there are time limits to the ordered activity (e.g. for 7 days)
  - the frequency of care – how often the care needs to take place
  - the conditions that need to exist to carry out the order (e.g. client condition, lab result)
- Except in an emergency, such as a cardiac arrest, or when there is no reasonable alternative, avoid verbal client-specific orders when you are working in the same location of care as the health professional giving the client-specific order.
- 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, and the Telehealth practice standard.
Giving Client-specific Orders

Nurses giving client-specific orders also follow the *Acting within Autonomous Scope of Practice* standards in addition to the standards outlined below.

Figure 8. Giving a Client-specific Order

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**Standards for Giving Client-specific Orders**

1. Nurses accept sole accountability and responsibility for the client-specific orders they give.

2. Nurses give client-specific orders for activities that are:
   - within autonomous scope of practice,
   - within the nurse’s individual competence,
   - consistent with any relevant standards, limits and conditions established by CRNBC,
   - consistent with organizational policy, procedures and restrictions.

3. Nurses only give client-specific orders when organizational supports, processes and resources, including policies and procedures, exist that:
   - outline the accountability and responsibility of the nurse,
- ensure continuity of care for the client including the requirements and procedures for responding to questions about client-specific orders, amending client-specific orders and evaluating client outcomes.

4. Nurses carry out assessments and make an appropriate nursing diagnosis\(^8\) to ensure that the client’s condition can be improved or resolved by the ordered activity before giving a client-specific order.

5. Nurses give client-specific orders that consider the unique characteristics, needs and wishes of the client, contain enough information for the order to be carried out safely and are:
   - based on evidence
   - clear, and complete
   - documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier

6. Nurses give verbal or telephone client-specific orders only when there are no reasonable\(^9\) alternatives and it is in the best interest of the client. In these situations, nurses:
   - ensure that they have the necessary information to conduct the assessment required to give the client-specific order, which may include gathering information from another health care provider when the nurse is not able to directly observe the client
   - ask for the client-specific order to be read back to confirm it is accurate
   - follow-up to ensure that the client-specific order is documented in the client record

7. Nurses using documents that set out the usual care for a particular client group or client (e.g. pre-printed orders or order sets) make the information client-specific by adding the name of the individual client, making any necessary changes, dating their client-specific orders and signing with their unique identifier.

8. Nurses identify the specific document (e.g. a decision support tool), in the client’s record, including the name and the date of publication, when they reference that document in a client-specific order.

9. Nurses follow the standards for Acting within Autonomous Scope of Practice and/or Giving Client-specific Orders when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.

10. Nurses communicate and collaborate with the professional who gave the client-specific order, the client and other members of the health care team when changing, or cancelling a client specific order.

\(^{8}\) Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse’s certified practice designation and the nurse’s individual competence.

\(^{9}\) Reasonable refers to the common understanding that registrants of the nursing profession would have as to what is appropriate in the situation.
11. Nurses follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

**Applying the Standards for Giving Client-specific Orders**

- When you are giving a client-specific order, you may incorporate information from other health professionals as part of your assessment. For example, if another health care professional provides information about the client’s vital signs, you may use that information to inform your assessment.
- When you give a client-specific order, you are not accountable or responsible for ensuring that the health professional(s) carrying out the client-specific order are:
  - working within their scope of practice
  - competent to perform the activity
- Before giving a client-specific order consider the elements that would make the order specific, clear and complete such as:
  - the duration if there are time limits to the ordered activity (e.g. for 7 days)
  - the frequency of care — how often the care needs to take place
  - the conditions (e.g. client condition, lab result) that need to exist to carry out the client-specific order
- When you are giving a client-specific order improve client safety by following your organization’s policy on the use of abbreviations.
- Before giving a client-specific order, ensure that policies, procedures and communication methods are in place to maintain continuity of care, answer questions about the client-specific orders when you are not available and evaluate the client’s response to the care. For example, this may include communicating to a colleague at shift change about any revisions to client-specific orders and communicating to other health professionals who can respond to questions about the client-specific order in your absence.
- Except in an emergency, such as a cardiac arrest, avoid verbal client-specific orders when you are working in the same location of care as the health professional receiving the client-specific order.
- In some cases the best option for the client is for a client-specific order to be given by telehealth. In this case, increase client safety by following organizational policy, procedures and restrictions, and the *Telehealth* Practice Standard.

**Related Standards of Practice**

- [Consent](#) Practice Standard
- [Documentation](#) Practice Standard
- [Privacy and Confidentiality](#) Practice Standard
- [Telehealth](#) Practice Standard

**Other CRNBC Resources**

- [Legislation Relevant to Nurses’ Practice](#) (pub. 328)
Part 3: Activities That Are Not Restricted

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

Figure 9. Not Restricted Activities

Examples of nursing activities that are not restricted:

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

Recommending or administering some medications (e.g., Schedule III drugs)

Teaching

Using isolation techniques

Using some types of equipment (e.g., lifts, slings)

**LIMITS AND CONDITIONS ON ACTIVITIES THAT ARE NOT RESTRICTED**

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

**Cardiac Stress Testing**

**Financial Incapability Assessment**

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

**CRNBC Limits and Conditions**

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

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

**CRNBC Limits and Conditions**

Registered nurses may act as qualified health care providers under Part 2.1 of the Adult Guardianship Act for the purpose of conducting the functional component of a financial incapability assessment in accordance with Part 3 of the Statutory Property Guardianship Regulation under that Act, if they

- Successfully complete the Ministry of Health course “A Guide to the Certificate of Incapability Process under the Adult Guardianship Act”; and
- Successfully complete additional education related to clinical practice in this area.

Registered nurses acting as qualified health care providers under Part 2.1 of the Adult Guardianship Act must also follow the Ministry of Health and Public Guardian and Trustee’s procedural guide, “A Guide to the Certificate of Incapability Process under the Adult Guardianship Act.”
Part 4: Restricted Activities for Registered Nurses

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

**SECTION 6: RESTRICTED ACTIVITIES THAT DO NOT REQUIRE AN ORDER**

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

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

**Diagram:** Restricted Activities that Do Not Require an Order

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**Diagnosis**

6 (1) A registrant in the course of practising nursing may...

(a) make a nursing diagnosis identifying a condition as the cause of the signs or symptoms of an individual

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

This diagnosis is a clinical judgment about the cause of a client’s mental or physical condition. It is made to determine whether the condition can be improved or resolved by the registered nurse intervening appropriately to achieve a result for which the registered nurse is accountable.
Registered nurses diagnose and treat a variety of conditions. Some conditions can be resolved with nursing treatment. Others can be stabilized or improved by registered nurses but require the involvement of another health professional to diagnose and treat the underlying disease.

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

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

In some practice settings and roles, registered nurses also make provisional diagnoses of diseases and disorders for specific purposes (such as triage) if they have the competence to do so. On the basis of their provisional diagnosis, registered nurses may be allowed by their employer to carry out other activities (for example, ordering diagnostic tests permitted by the Regulation).

**Wound Care**

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

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

**CRNBC Limits and Conditions**

1. Providing a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy

   - May be done only by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent):
     - Canadian Association of Enterostomal Therapy Education Program
     - International Interdisciplinary Wound Care Course
     - University of Toronto Master of Science in Community Health: Wound Prevention and Care
     - University of Western Ontario Master of Clinical Science: Wound Healing
     - Wound Ostomy Continence Nursing Education Program.

2. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy
May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in 1. (above).

**All other registered nurses must:**
- have a client-specific order, and
- successfully complete additional education.

### 3. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane

May be done by registered nurses who have successfully completed the education requirements in 1. (above).

**All other registered nurses must:**
- follow an established decision support tool, and
- successfully complete additional education.

### 4. Suturing skin lacerations

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

#### Intravenous

**6 (1) (c)** for the purposes of collecting a blood sample or donation, perform venipuncture;

**6 (1) (d)** for the purposes of establishing intravenous access, maintaining patency or managing hypovolemia,
- perform venipuncture, or
- administer a solution by parenteral instillation

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

Collecting a blood sample or donation from a client

Establishing and maintaining intravenous (IV) access

Managing hypovolemia

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

**CRNBC Limits and Conditions**

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

**Inhalation**

6 (1) (e) administer

(i) the following by inhalation:

(A) oxygen or humidified air;

(B) a mixture of oxygen and nitrous oxide, for the purpose of pain management during labour

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

**CRNBC Limits and Conditions**

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

**Instillation and Injection**

6 (1) (e) administer

(ii) nutrition by enteral instillation,

(iii) purified protein derivative by injection, for the purpose of tuberculosis screening

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

**CRNBC Limits and Conditions**

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

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

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

**CRNBC Limits and Conditions**

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

6 (1) (f) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, administer a solution
   (i) by irrigation, or
   (ii) by enteral instillation;

6 (1) (g) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put an instrument or a device, hand or finger
   (i) into the external ear canal, up to the eardrum,
   (ii) beyond the point in the nasal passages where they normally narrow,
   (iii) beyond the pharynx,
   (iv) beyond the opening of the urethra,
   (v) beyond the labia majora,
   (vi) beyond the anal verge, or
   (vii) into an artificial opening into the body;

(g.1) put a wearable hearing instrument, or a part of or accessory for it, into the external ear canal, up to the eardrum;

6 (1) (h) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum,
   (i) air that is under pressure no greater than the pressure created by the use of an otoscope, or
   (ii) water that is under pressure no greater than the pressure created by the use of an ear bulb syringe

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

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

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

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

- Taking a rectal temperature (assessing)
- Performing digital rectal exams or stimulation, or giving an enema (assessing, treating a condition)
- Catheterizing a client with urinary retention caused by medication (treating a condition)
- Changing an established suprapubic catheter (preventing or treating a condition)
• Showing a stable client how to irrigate his or her own colostomy (preventing or treating a condition)
• Performing a vaginal exam (assessing)
• Suctioning a client with an established tracheostomy (treating a condition)
• Checking patency of the ear drum using an otoscope (assessing)
• Removing wax from the external ear canal using water and a bulb syringe (treating a condition)
• Flushing a naso-gastric tube or enteral tube following a feed (preventing a condition)

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

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

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

Registered nurses may not carry out endotracheal intubation.

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

**Managing Labour**

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

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

**CRNBC Limits and Conditions**
Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC.

**Hazardous Forms of Energy**

6 (1) (i) apply ultrasound for the purposes of bladder volume measurement, blood flow monitoring or fetal heart monitoring

(j) apply electricity for the purpose of defibrillation in the course of emergency cardiac care;
(j.01) apply electricity for the purpose of providing transcutaneous electrical nerve stimulation;

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

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

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

**CRNBC Limits and Conditions**

Registered nurses who, in the course of providing emergency cardiac care, apply electricity using a manual defibrillator must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care.

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

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

**Ordering the Application of Energy**

6 (1) (j.1) in the course of assessment, issue an instruction or authorization for another person to apply, to a named individual,

- ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus, or
- X-rays for diagnostic or imaging purposes, except X-rays for the purpose of computerized axial tomography

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

**CRNBC Limits and Conditions**

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

- Registered nurses who give a client-specific order for X-ray or ultrasound must follow established decision support tools.
- Registered nurses who give a client-specific order for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.
• Registered nurses give a client-specific order for X-ray or ultrasound for the purpose of routine management only when organizational processes are in place to direct test results to the appropriate health professional for follow-up.

• Registered nurses who give a client-specific order for chest X-ray for the purpose of tuberculosis screening must possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC.

Medications

6 (1) (k) in respect of a drug specified in Schedule I of the Drug Schedules Regulation,
   (i) prescribe the drug,
   (ii) compound the drug,
   (iii) dispense the drug, or
   (iv) administer the drug by any method;

for the purposes of

(v) treating
   (A) anaphylaxis,
   (B) cardiac dysrhythmia,
   (C) opiate overdose,
   (D) respiratory distress in a known asthmatic,
   (E) hypoglycemia,
   (F) post-partum hemorrhage, or
   (G) conditions that are symptomatic of influenza-like illness, or

   (vi) preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents

   (l) in respect of a drug specified in Schedule II of the Drug Schedules Regulation,
   (i) prescribe the drug,
   (ii) compound the drug,
   (iii) dispense the drug, or
   (iv) administer the drug by any method;

Note: CRNBC is developing standards, limits and conditions related to prescribing.
The Regulation states that registered nurses may prescribe, compound, dispense or administer a limited number of Schedule I medications for specific purposes without an order. Schedule I drugs are those that normally require a prescription or an order. The Regulation allows registered nurses to use Schedule I medications to treat the following emergencies:

- Anaphylaxis
- Cardiac dysrhythmia
- Opiate overdose
- Respiratory distress in known asthmatics
- Post-partum hemorrhage
- Hypoglycemia

**CRNBC Limits and Conditions**

Registered nurses may compound or administer:

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

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

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

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

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

Registered nurses who administer epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care.
CRNBC Limits and Conditions

Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the decision support tool established by the Provincial Government – RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner.

Under the Regulation, registered nurses are permitted within autonomous scope of practice to prescribe, compound, dispense or administer medications listed in Schedule II of the provincial drug schedules. Further direction related to medications, including dispensing, is included in two CRNBC Practice Standards – Medication Administration and Dispensing Medications.

Schedule II medications include drugs such as:

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

Schedule II medications also include the following vaccines:

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

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

CRNBC Limits and Conditions

Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a condition following an assessment and nursing diagnosis. Registered nurses require a client-specific order from a listed health professional before compounding, dispensing or administering Schedule II medications to treat a disease or disorder.

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

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

Registered nurses require a client-specific order before compounding or injecting dermal fillers.

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

**CRNBC Limits and Conditions**
Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances:

- Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the competencies established by BCCDC and follow decision support tools established by BCCDC.

- Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC’s basic immunization course and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide in conjunction with the Canada Communicable Disease Reports. They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber.

- Registered nurses may compound and administer experimental vaccines as part of a formal research program involving a physician. These registered nurses must successfully complete BCCDC’s basic immunization course as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.

- Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:
  - possess the competencies established by the B.C. Women’s Sexual Assault Service (BCW SAS) and follow decision support tools established by BCW SAS (Note: This will apply to sexual assault nurse examiners), or
  - possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (Note: This will apply to registered nurses who hold CRNBC certification in STI management).

- Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the competencies established by the Provincial Health Services Authority and follow decision support tools established by the Provincial Health Services Authority.
Therapeutic Diets

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

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

**CRNBC Limits and Conditions**

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

Registered nurses are encouraged to collaborate with a dietitian or pharmacist when compounding or dispensing enteral diets.
Section 7: Restricted Activities that Require an Order

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

Listed health professionals authorized to give orders to registered nurses under the Regulation are dentists, physicians, midwives, naturopaths, podiatrists, pharmacists, nurse practitioners, and certified practice nurses. A listed health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia.

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

Figure 1. Section 7: Restricted Activities that Require an Order

The CRNBC Autonomous Scope of Practice and Client-Specific Orders standard outlines ‘what is a client-specific order’ and ‘what is not a client-specific order’. Nurses are required to follow the CRNBC Acting with Client-specific Orders scope of practice standard and adhere to other standards, limits and conditions set by CRNBC when acting on a client-specific order from a listed health professional.

The Regulation also permits orders that refer to another document that includes instructions that set out the usual care for a particular client group or client problem. These are made client-specific by the health professional by adding the name of the individual client, making any necessary changes to reflect the needs of the individual client, and signing the order. For these types of orders, CRNBC and the College of Physicians and Surgeons of British Columbia agree that such references should be placed on the client’s chart.
Registered nurses must be sure that the restricted activity is considered to be nursing practice—even if they have an order to carry it out. Nurses who are not sure if a specific activity is considered within the scope of registered nurses’ practice should contact CRNBC.

Procedures Below Body Surfaces

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

Some of these procedures are considered to be within the scope of practice of registered nurses while others are not. For example, registered nurses who act in a scrub nurse role carry out some surgical activities below the dermis on a physician’s order (e.g., holding retractors). Registered nurses who have successfully completed additional education and work in a nurse first assist role can do surgical suturing and harvest veins on a physician’s order. Doing surgery (including incision and drainage), however, is not within the scope of practice of registered nurses. Registrants who are in doubt about whether a procedure is considered within registered nurses’ scope of practice should contact CRNBC.

An order for a Registered Nurse or Licensed Graduate Nurse to cast a fracture of a bone may only ever be given by a physician or Nurse Practitioner who is registered in British Columbia.

Note: CRNBC is doing policy work to inform limits and conditions related to casting a fracture.

CRNBC Limits and Conditions
Registered nurses must successfully complete an RN First Assist Program before doing surgical suturing or harvesting veins under a physician’s order.

Administering Substances

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

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

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

Some of the nursing activities under this restricted activity could be done to assess or treat a condition within autonomous scope of practice and would not require a client-specific order from a listed health professional (see Section 6). On the other hand, in some circumstances, a client-specific order from a listed health professional may be appropriate. In these cases, employer policies may require registered nurses to receive a client-specific order from a health professional before carrying out the restricted activity. For example, irrigating a ureterostomy tube with sterile normal saline would require a client-specific order.

**Putting Items into Body Openings**

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

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

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

**CRNBC Limits and Conditions**

Registered nurses may not carry out endotracheal intubation.

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

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

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

The Regulation makes a distinction between syringing ears using pressure no greater than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure. Registered nurses require a client-specific order from a listed health professional before they can syringe an ear with any device that creates greater pressure than an ear bulb syringe.

Hazardous Forms of Energy

7 (1) (d.1) apply ultrasound for diagnostic or imaging purposes, including application of ultrasound to a fetus;

(e) apply electricity for the purposes of destroying tissue or affecting activity of the heart or nervous system;

(e.1) apply laser for the purpose of destroying tissue

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

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

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

CRNBC Limits and Conditions

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

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

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

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

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

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

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

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

Allergy Testing and Treatment

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

(h) conduct desensitizing treatment for allergies
(i) that involves injection, scratch tests or inhalation, if the individual being treated has not had a previous anaphylactic reaction, or
(ii) by any method, if the individual being treated has had a previous anaphylactic reaction.
For clients who have had a previous anaphylactic reaction, the Regulation requires registered nurses to obtain a client-specific order from a listed health professional before they carry out allergy challenge testing by any method.

For clients who have no history of anaphylaxis, registered nurses require a client-specific order from a listed health professional to carry out allergy challenge testing and desensitizing treatment that involves the use of injection, scratch tests or inhalation. Other forms of challenge testing and desensitizing treatment (e.g., elimination and reintroduction of specific foods into the diet) may be done within autonomous scope of practice and therefore without a client-specific order from a listed health professional for clients who have no history of anaphylaxis.
**Section 8: Restricted Activities for Certified Practice**

Section 8 of the Regulation outlines restricted activities that are subject to additional regulatory provisions, highlighted and discussed below. Before carrying out restricted activities in Section 8, registered nurses must successfully complete a certification program approved by CRNBC.

Certified practice registered nurses do not require a client-specific order from a listed health professional for a restricted activity listed in section 8 of the RN Regulation that is within the autonomous scope of the nurse’s certified practice designation and the nurse’s individual competence.

**Figure 12. Restricted Activities for Certified Practice**

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**8 (1)** A registrant in the course of practising nursing may do any of the following:

(a) perform an activity described in section 7 (1)(a) or (b) to (h);

(a.1) in respect of a drug specified in Schedule I of the *Drug Schedules Regulation*,

(i) prescribe the drug,

(ii) compound the drug,

(iii) dispense the drug, or

(iv) administer the drug by any method;

(b) make a diagnosis identifying a disease, disorder or condition as the cause of the signs or symptoms of the individual.

**Note:** CRNBC is developing standards, limits and conditions related to prescribing.

The Regulation permits CRNBC-certified registered nurses to make a diagnosis identifying a disease or disorder (in addition to a condition) as the cause of a client’s signs or symptoms.
In addition, Section 8 authorizes registered nurses to carry out some of the restricted activities listed in Section 7 without an order. For example, some certified practice registered nurses are permitted to diagnose and treat certain sexually transmitted infections with Schedule I medications. One exception is noted—registered nurses are prohibited from compounding, dispensing or administering controlled drugs listed in Schedule IA of the provincial drug schedules unless they have an order.

The Regulation requires registered nurses to complete a certification program approved by CRNBC before performing the activities listed in section 8(1) within their autonomous scope of practice (to the extent the care provided is not within the activities listed in section 6).

The categories of certified practice are:

- Remote Nursing Practice
- Reproductive Health
- RN First Call

Table 1 shows the three certified practice categories, along with the education required for practice in each category.

CRNBC approves the following components of certified practice programs:

- Competencies
- Decision support tools
- Courses

The decision support tools (DSTs) set out the activities that are included in the certified practice. In other words, they establish the parameters for this expanded scope of registered nurse practice. For example, registered nurses certified in remote practice will be able to diagnose and treat acute, minor diseases and disorders such as conjunctivitis, otitis media and impetigo. The certified practice decision support tools are available at www.crnbc.ca
### Table 1. Certified Practice Categories and Education Requirements

<table>
<thead>
<tr>
<th>Certified Practice Education Requirements</th>
<th>Required Courses</th>
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<td>Remote Practice</td>
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<tr>
<td><strong>CERTIFIED PRACTICES</strong></td>
<td></td>
</tr>
<tr>
<td>Remote Practice</td>
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<tr>
<td>• Diagnose/treat minor acute illnesses as set out in DSTs, including administering, compounding or dispensing Schedule I medications within autonomous scope of practice.</td>
<td>X</td>
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<tr>
<td>• Carry out all activities included in reproductive health certification.</td>
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<tr>
<td>RN First Call</td>
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<tr>
<td>• Diagnose/treat minor acute illnesses, including administering, compounding or dispensing Schedule I medications within autonomous scope of practice as set out in DSTs.</td>
<td>X</td>
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<tr>
<td>Reproductive Health</td>
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<tr>
<td>• Diagnose/treat sexually transmitted diseases, provide birth control.</td>
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<tr>
<td>o STI (sexually transmitted infections) only</td>
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<tr>
<td>- Diagnose/treat sexually transmitted diseases</td>
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<tr>
<td>o CM (contraceptive management) only</td>
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<tr>
<td>- Provide birth control</td>
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Part 5: Medical Assistance in Dying

INTRODUCTION

Medical Assistance in Dying

The Criminal Code of Canada has been amended to allow a person to request and receive, under limited circumstances, a substance intended to end their life.

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

- the administering by a medical practitioner or a nurse practitioner of a substance to a person at their request
- 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

A person is eligible for medical assistance in dying only if they meet all of the following criteria:

- they are eligible for publicly funded health-care services in Canada
- they are at least 18 years of age and capable of making decisions with respect to their health
- they have a grievous and irremediable medical condition
- they have made a voluntary request in writing for MAiD that, in particular, was not made as a result of external pressure
- they have given informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering including palliative care

A person has a grievous and irremediable medical condition only if all of the following criteria apply:

- they have a serious and incurable illness, disease, or disability
- they are in an advanced state of irreversible decline in capability
- the illness, disease, or disability causes them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable
- their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time they have remaining

There are three roles related to medical assistance in dying—determining eligibility, providing MAiD and aiding in the provision of MAiD.

The role of the registered nurse, who is not also a nurse practitioner, is limited to aiding a physician or nurse practitioner in the provision of medical assistance in dying. Registered nurses, who are not also a nurse practitioner, are not allowed to prescribe, compound, dispense or administer any substance intended for the purpose of medical assistance in dying.
As of July 27, 2016, under certain limited circumstances, nurse practitioners may determine the eligibility of a person requesting medical assistance in dying and provide a person with medical assistance in dying. Nurse practitioners determining eligibility for providing medical assistance in dying follow the Medical Assistance in Dying Nurse Practitioner Scope of Practice Standard, found in the Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions.

Nurse practitioners may also aid in the provision of medical assistance in dying by a medical practitioner or another nurse practitioner. Nurse practitioners aiding in the provision of medical assistance in dying by a medical practitioner or nurse practitioner adhere to the Medical Assistance in Dying Registered Nurse Scope of Practice Standards.

Nurses approached about aiding in the provision of medical assistance in dying need to confer with their employer and are also encouraged to seek the guidance of the Canadian Nurses Protective Society.

Organizations establish processes, supports and resources (e.g., policies, procedures, decision support tools) to ensure that nurses meet the standards of practice set out by CRNBC.

End of Life Care

There is an important and notable distinction between the intended outcomes of MAiD and palliative care. The purposeful and intended outcome of MAiD is to assist a person explicitly requesting assistance in dying to end his or her life in a respectful, culturally appropriate, safe, ethical and competent manner.

Palliative care differs from MAiD in that the purpose of palliative care is to improve the quality of life of a person experiencing a life-limiting illness. MAiD is not an appropriate alternative for a person who is seeking palliative care. While palliative care activities such as pain management or palliative sedation may result in the unintended hastening of death, the intended outcomes of these palliative care activities are to reduce intractable pain and extreme suffering at the end of life.

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

As noted above, the Criminal Code sets out an express requirement for a person requesting medical assistance in dying to be informed of the means that are available to relieve their suffering, including palliative care. This supports the person requesting MAiD to gather information needed to make informed decisions about their health care options for end of life care and palliation.

Witnessing and Signing MAiD Requests

The Criminal Code imposes several procedural safeguards including the requirement that a person’s request for MAiD must be made in writing, in the presence of two independent witnesses who must then also sign the request. To be considered independent, a witness:
must be at least 18 years of age
• must understand the nature of the request for MAiD
• must not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person’s death
• must not be an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides
• must not be directly involved in providing health care services to the person making the request
• must not directly provide personal care to the person making the request

If a person requesting MAiD is unable to sign their request, another person—who is at least 18 years of age, who understands the nature of the request for MAiD and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person’s death—may sign the request in the person’s presence, on the person’s behalf and under the person’s express direction.

In addition, the MAiD standards of the College of Physicians and Surgeons of BC require the physical attendance of a regulated health professional at a telemedicine assessment of eligibility, to act as a witness to the assessment.

Conscientious Objection

Nothing in the Criminal Code compels nurses to aid in the provision of medical assistance in dying. A nurse may have moral or religious beliefs and values that differ from those of a client’s. Nurses who have a conscientious objection to MAiD may arrange with their employer to refrain from aiding in the provision of MAiD.

It is a requirement for nurses with a conscientious objection to take all reasonable steps to ensure that the quality and continuity of care for clients are not compromised.

To refrain from aiding in the provision of MAiD, nurses with a conscientious objection must notify their organization well before the client is to receive MAiD. If such procedures are unexpectedly proposed or requested and no arrangement is in place for alternative providers, nurses must inform those most directly involved of their conscientious objection. Nurses are required to ensure a safe transfer of care to an alternate provider that is continuous, respectful and addresses the unique needs of a client.

(See also the Duty to Provide Care practice standard)

Education

Many of the competencies required for aiding in the provision of medical assistance in dying are entry to practice competencies for registered nurses including providing end of life care, supporting access to information, providing holistic client-care, providing education and collaborating with the health care team.
Registered Nurses who are aiding in the provision of MAiD require the competencies to:

- provide end of life care specific to MAiD
- discuss a client’s request for MAiD including understanding the client’s motivation (e.g. pain, emotional or physical distress), providing information, and helping to ensure that the client understands the options available related to end-of-life care
- understand requirements for a client requesting MAiD including understanding the legislative requirements such as eligibility, witnessing consent, use of forms and documentation
- understand their role as a nurse in aiding in the provision of MAiD including:
  - responding to the client’s request for MAiD
  - participating in decision-making with the health care team including sharing information and consulting on the client’s request for MAiD

**Standards, Limits and Conditions**

**Standards**

1. Registered nurses respond with empathy, in a professional and non-judgmental way, when approached by a client with a request about medical assistance in dying
2. Registered nurses listen carefully and explore the client’s reason for requesting medical assistance in dying
3. Registered nurses ensure that a client has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying or other end-of-life options such as palliative care
4. Registered nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person’s needs could be met within the context of the care delivery
5. Registered nurses work with their organizations and other members of the health care team to ensure that the person requesting 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

**Limits and Conditions**

- Registered nurses may only aid in the provision of medical assistance in dying and do not prescribe, compound, dispense or administer substances specifically intended for the purpose of providing medical assistance in dying
- Registered nurses do not direct or counsel clients to end their lives
- Registered nurses may aid a person requesting medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures
- Registered nurses may aid a health professional authorized to provide a person
with medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures

- Registered nurses who aid in the provision of medical assistance in dying must successfully complete additional education and follow an established decision support tool
- Registered nurses do not aid in the provision of medical assistance in dying for a family member

**Applying the Standards to Practice**

**Role of Aiding in the Provision of Medical Assistance in Dying**

Nurses provide nursing care and services for clients in a variety of ways and ensure that clients receive high quality and uninterrupted continuity of care. Nurses have a responsibility to collaborate with members of the health care team to ensure respectful client-centred care occurs in all situations.

Nurses who are supporting clients through the process of understanding and obtaining medical assistance in dying use the same methods of care generally used in practice. For example, although a nurse who is not also a nurse practitioner must not assess a person’s eligibility for medical assistance in dying, the nurse may be present and support a client through telehealth methods when a physician or nurse practitioner is completing that assessment.

For the purpose of aiding in the provision of medical assistance in dying, nurses have a role in carrying out activities such as:

- providing education and answering questions posed by the person about their care specific to medical assistance in dying
- supporting a person requesting medical assistance in dying to make informed choices
- acting as an independent witness only as permitted under the Criminal Code (See Witnessing and Signing MAiD Requests)
- working collaboratively with the health care team and taking part in decision-making about the care process while aiding in the provision of medical assistance in dying
- supporting the unique needs of the person during and after the provision of medical assistance in dying
- following legal, legislative, regulatory and organizational requirements for aiding in the provision of, documenting and reporting medical assistance in dying

The role of the nurse aiding in the provision of medical assistance in dying:

1. **excludes** directing a person to consider medical assistance in dying (e.g. “have you thought about”, “you might want to consider”)
2. **excludes** assessing and determining the person’s eligibility for medical assistance in dying
3. **excludes** prescribing, compounding, dispensing or administering any
substances used for the purpose of providing medical assistance in dying

4. excludes documenting the MAiD substances administered by the physician or nurse practitioner.

Only pharmacists, physicians and nurse practitioners, who are caring for the person requesting medical assistance in dying, have roles related to prescribing, compounding, dispensing, preparing, administering or documenting the medications (also known as substances) outlined on the pre-printed prescription.

Nurses, who are not also nurse practitioners, may continue their roles related to medication administration during the provision of medical assistance in dying only for those medications not included in the medical assistance in dying protocol outlined in the pre-printed prescription.

Assessing Eligibility and Providing Medical Assistance in Dying

Nurses, who are not also nurse practitioners, must not assess a person’s eligibility for medical assistance in dying or provide medical assistance in dying to a person.

Only physicians and nurse practitioners may assess eligibility for MAiD or provide MAiD. Only a physician or a nurse practitioner may prescribe or administer the substances for medical assistance in dying. The College of Physicians and Surgeons of BC has established standards for physicians in carrying out these activities. CRNBC has established standards, limits and conditions for nurse practitioners for medical assistance in dying.

Only a pharmacist may compound and dispense the substances for medical assistance in dying. The pharmacist dispenses the substances directly to the physician or nurse practitioner providing medical assistance in dying. The College of Pharmacists of BC has established requirements for pharmacists related to medical assistance in dying.

Additional Education for Medical Assistance in Dying

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

Meeting the additional education requirement for nurses aiding in the provision of medical assistance in dying may occur in a number of ways.

The training does not need to be a formal course; however, the additional education does need to ensure that nurses have the information required to provide safe patient care and to meet the competencies outlined in the introduction of this standard. Using an interprofessional approach when delivering education is an important consideration.
Additional education includes content that addresses:

- the legislative and other legal aspects of medical assistance in dying, including the eligibility requirements and procedural safeguards
- applicable regulatory college standards for each of the health care providers involved
- the pre-printed provincial forms used in the process
- organizational expectations, such as policies and procedures
- roles and responsibilities of each of the health care providers
- how medical assistance in dying differs from other end-of-life care
- what to expect and the steps for carrying out the procedure
- addressing the needs of the person during the request for medical assistance in dying
- addressing the needs of the person during the medical assistance in dying procedure
- addressing the needs of the family during and following the medical assistance in dying procedure
- end-of-life care information specific to medical assistance in dying
- follow-up care activities after the procedure is complete such as completion of forms, role of the coroner, role of vital statistics, evaluation and debriefing
- other information as needed specific to the organization

Approaches to additional education:

Aiding in the provision of medical assistance in dying is a new aspect of nursing practice in British Columbia. Over time, learning methods will become structured and integrated into organizational processes. In the interim, methods for additional education for nurses aiding in the provision of medical assistance could include (but are not limited to):

- a health care provider led PowerPoint presentation with a follow-up discussion
- an interprofessional training session with experienced providers

Decision Support Tools

For the purposes of aiding in the provision of medical assistance in dying, nurses require decision support tools that clarify their roles and responsibilities related to the procedure and outline the expectations of their organization.

CRNBC participates in a provincial working group which has developed a series of provincial forms intended to help ensure clients receive standardized MAiD across British Columbia. Examples of the forms include:

- Medical Assistance in Dying Record of Patient Request
- Medical Assistance in Dying Assessor’s Assessment Record
- Medical Assistance in Dying Assessor-Prescriber Assessment Record
- Medical Assistance in Dying Consultant Assessment of Patient’s Informed Consent Decision Capability (if required)
- British Columbia Medical Assistance in Dying Prescription
- Medical Assistance in Dying Document Submission Checklist
• BC Coroners Service Report of MAiD Death form

The purpose of a decision support tool is to support standardized, consistent and safe patient care. The provincial forms along with any additional required clinical guidance are important components of decision support for medical assistance in dying.

**Related Standards of Practice**

Standards of Practice of note for MAiD include:

- [Professional Standards for Registered Nurses and Nurse Practitioners](#)
- [Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions](#)
- [Scope of Practice for Registered Nurses: Standards, Limits and Conditions](#)
- [Consent Practice Standard](#)
- [Duty to Provide Care Practice Standard](#)
- [Documentation Practice Standard](#)
- [Boundaries in the Nurse-client Relationship Practice Standard](#)
- [Privacy and Confidentiality Practice Standard](#)

**Other CRNBC Resources**

- [Legislation Relevant to Nurses’ Practice](#) (pub. 328)
Part 6: Delegation

**INTRODUCTION**

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

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

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

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

The Legislature has also approved amendments to the Health Professions Act that would further regulate the delegation of restricted activities by registrants of one college to registrants of another college. However, those amendments are not yet in force, and the master list of restricted activities for all health professions has not yet been finalized in regulation.
Until those legislative amendments are implemented and CRNBC has established bylaws on delegation, CRNBC board-approved Standards provide direction for delegation. 10

**Activities Approved for Delegation to Registered Nurses**

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

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

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

Registered nurses may only cast a simple fracture of an extremity through delegation from a physician after the physician assesses the client, sets the fracture and provides a client-specific order for the cast application.

Please contact a CRNBC Regulatory Practice Consultant if you are interested in casting through delegation.

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10 Until the legislative structure is in place and CRNBC policy related to delegation has been reviewed, registered nurses do not delegate to other regulated health professionals.
CRNBC Standards for Delegating to Registered Nurses

1. Delegation is required for restricted activities that fall outside the scope of practice of registered nurses.

2. Only certain restricted activities may be delegated to registered nurses. CRNBC and the regulatory body of the delegating professional must both agree that the restricted activity is appropriate for delegation to registered nurses.

3. Even when the two regulatory bodies agree that a restricted activity may be delegated, the decision to delegate remains with the delegating health professional.

4. Before a restricted activity can be delegated, the individual registered nurse to whom it can be delegated must be willing to accept the delegation.

5. The restricted activity must be within the scope of practice of the delegating health professional.

6. A delegating health professional with relevant expertise must ensure that the required knowledge and skill are appropriately taught, and confirm that the registered nurse performing the restricted activity has the competence to perform the restricted activity.

7. It is not appropriate for registered nurses to teach a delegated restricted activity to other registered nurses. Any exceptions must be approved by CRNBC.

8. Written instructions for the delegation must be provided.

9. The delegating health professional and the registered nurse are jointly responsible for ensuring that ongoing competence is maintained through mechanisms such as continuing education, experience, re-evaluation and retraining.

10. The registered nurse’s employer must have a process in place to authorize and support registered nurses carrying out the delegated restricted activity.

11. Responsibility is shared when an aspect of client care is delegated. The delegating health professional continues to have a responsibility to the client and is responsible for ensuring that the registered nurse carrying out the restricted activity is competent to do so. The registered nurse has a responsibility to carry out the restricted activity safely and ethically.
Appendices

Appendix 1: CRNBC Limits and Conditions

Limits and Conditions on Activities that are Not Restricted

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

In addition, CRNBC has established limits and conditions for registered nurses acting as qualified health care providers under the Statutory Property Guardianship Regulation.

CRNBC Limits and Conditions
Registered nurses may act as qualified health care providers under Part 2.1 of the Adult Guardianship Act for the purpose of conducting the functional component of a financial incapability assessment in accordance with Part 3 of the Statutory Property Guardianship Regulation under that Act, if they

- Successfully complete the Ministry of Health course “A Guide to the Certificate of Incapability Process under the Adult Guardianship Act”; and

- Successfully complete additional education related to clinical practice in this area.

Registered nurses acting as qualified health care providers under Part 2.1 of the Adult Guardianship Act must also follow the Ministry of Health and Public Guardian and Trustee’s procedural guide, “A Guide to the Certificate of Incapability Process under the Adult Guardianship Act.”

Limits and Conditions on Section 6 Restricted Activities

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

CRNBC Limits and Conditions

1. Providing or a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy

- May be done only by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent):
  - Canadian Association of Enterostomal Therapy Education Program
  - International Interdisciplinary Wound Care Course
  - University of Toronto Master of Science in Community Health: Wound Prevention and Care
  - University of Western Ontario Master of Clinical Science: Wound Healing
2. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy
   - May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in 1. (above).
   - All other registered nurses must:
     - have a client-specific order, and
     - successfully complete additional education.

3. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane
   - May be done by registered nurses who have successfully completed the education requirements in 1. (above).
   - All other registered nurses must:
     - follow an established decision support tool, and
     - successfully complete additional education.

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

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

**CRNBC Limits and Conditions**
Registered nurses require a client-specific order from a listed health professional before inserting a central venous catheter.
6 (1) (e) administer
   (i) the following by inhalation:
      (A) oxygen or humidified air;
      (B) a mixture of oxygen and nitrous oxide, for the purpose of pain management during labour

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

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

**CRNBC Limits and Conditions**
Without a client-specific order from a listed health professional, registered nurses can administer enteral feeds only to stable clients with an established diet. Registered nurses must follow a client-specific order from an appropriate listed health professional for all other clients.

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

6 (1) (f) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, administer a solution,
   (i) by irrigation, or
   (ii) by enteral instillation;

6 (1) (g) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put an instrument or a device, hand or finger
   (i) into the external ear canal, up to the eardrum,
   (ii) beyond the point in the nasal passages where they normally narrow,
   (iii) beyond the pharynx,
   (iv) beyond the opening of the urethra,
   (v) beyond the labia majora,
   (vi) beyond the anal verge, or
   (vii) into an artificial opening into the body;
   (g.1) put a wearable hearing instrument, or a part of or accessory for it, into the external ear canal, up to the eardrum;

6 (1) (h) for the purposes of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum,
   (i) air that is under pressure no greater than the pressure created by the use of an otoscope, or
(ii) water that is under pressure no great than the pressure created by the use of an ear bulb syringe

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

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

Registered nurses may not carry out endotracheal intubation.

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

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

**CRNBC Limits and Conditions**
Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate competencies established by Perinatal Services BC (PSB) and follow decision support tools established by PSBC.

6 (1) (i) apply ultrasound for the purposes of bladder volume measurement, blood flow monitoring or fetal heart monitoring

(j) apply electricity for the purpose of defibrillation in the course of emergency cardiac care;

(j.01) apply electricity for the purpose of providing transcutaneous electrical nerve stimulation;

**CRNBC Limits and Conditions**
Registered nurses who, in the course of providing emergency cardiac care, apply electricity using a manual defibrillator must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care.

6 (1) (j.1) in the course of assessment, issue an instruction or authorization for another person to apply, to a named individual

(i) ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus, or

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

**CRNBC Limits and Conditions**
Registered nurses give a client-specific order for X-ray or ultrasound only under the following circumstances:

- Registered nurses who give a client-specific order for X-ray or ultrasound must follow established decision support tools.
• Registered nurses who give a client-specific order for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.

• Registered nurses give a client-specific order for X-ray or ultrasound for the purpose of routine management only when organizational processes are in place to direct test results to the appropriate health professional for follow-up.

• Registered nurses who give a client-specific order for chest X-ray for the purpose of tuberculosis screening must possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC.

6 (1) (k) in respect of a drug specified in Schedule I of the Drug Schedules Regulation,

(i) prescribe the drug,
(ii) compound the drug,
(iii) dispense the drug, or
(iv) administer the drug by any method;

for the purposes of

(v) treating
   (A) anaphylaxis,
   (B) cardiac dysrhythmia,
   (C) opiate overdose,
   (D) respiratory distress in a known asthmatic,
   (E) hypoglycemia,
   (F) post-partum hemorrhage, or
   (G) conditions that are symptomatic of influenza-like illness, or

(vi) preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents

(l) in respect of a drug specified in Schedule II of the Drug Schedules Regulation,

(i) prescribe the drug,
(ii) compound the drug,
(iii) dispense the drug, or
(iv) administer the drug by any method.

Note: CRNBC is developing standards, limits and conditions related to prescribing.

CRNBC Limits and Conditions
Registered nurses may compound or administer:

• Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics

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

Registered nurses who administer salbutamol, ipratropium bromide, D50W or epinephrine must follow an established decision support tool.

Registered nurses who administer salbutamol or ipratropium bromide must successfully complete additional education.

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

Registered nurses who administer epinephrine, atropine, amiodarone or lidocaine must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care.

Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the decision support tool established by the Provincial Government – RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner.

Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a condition following an assessment and nursing diagnosis. Registered nurses require a client-specific order from a listed health professional; before compounding, dispensing or administering Schedule II medications to treat a disease or disorder.

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

Registered nurses require a client-specific order before compounding or injecting dermal fillers.

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

- Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the competencies established by BCCDC and follow decision support tools established by BCCDC.

- Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC’s basic immunization course and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide in conjunction with the Canada Communicable Disease Reports. They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber.
• Registered nurses may compound and administer experimental vaccines as part of a formal research program involving a physician. These registered nurses must successfully complete BCCDC’s basic immunization course as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.

• Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:
  
  o possess the competencies established by the B.C. Women’s Sexual Assault Service (BCW SAS) and follow decision support tools established by BCW SAS (Note: This will apply to sexual assault nurse examiners), or

  o possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (Note: This will apply to registered nurses who hold CRNBC certification in STI management).

• Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the competencies established by the Provincial Health Services Authority and follow decision support tools established by the Provincial Health Services Authority.

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

**CRNBC Limits and Conditions**

Within autonomous scope of practice, registered nurses can compound and dispense a therapeutic diet administered through enteral instillation only to stable clients with an established diet. Registered nurses must obtain a client-specific order from an appropriate listed health professional for all other clients.
Limits and Conditions on Section 7 Restricted Activities

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

   **Note:** CRNBC is developing limits and conditions related to casting a fracture.

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

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

**CRNBC Limits and Conditions:**
Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter.

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

**CRNBC Limits and Conditions**
Registered nurses may not carry out endotracheal intubation.

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

7 (1) (e) apply electricity for the purposes of destroying tissue or affecting activity of the heart or nervous system

**CRNBC Limits and Conditions**
Registered nurses must successfully complete an RN First Assist Program before doing electrocautery under a physician’s order.
7 (1) (f) in respect of a drug specified in Schedule I or IA of the Drug Schedules Regulation,
   (i) compound the drug,
   (ii) dispense the drug, or
   (iii) administer the drug by any method

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

Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter.
**Appendix 2: Glossary**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRNBC-certified practices: See certified practices.

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

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

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

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

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

Insulin dose adjustment: Determining the dose, timing and/or type of insulin needed to achieve glycemic control and advising the client. Insulin dose adjustment occurs only in clients who are on insulin therapy; that is to say, diabetes has already been diagnosed and insulin ordered. Insulin dose adjustment considers factors such as diet, exercise and blood glucose levels.

Limits and conditions: As related to scope of practice, what registered nurses are not permitted to do (limits) and the circumstances under which registered nurses may carry out an activity (conditions).
**Maggot debridement therapy:** The therapeutic use of live medical-grade maggots (fly larvae) to debride a wound.

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

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

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

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

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

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

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

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

**Scope of practice:** The activities that registered nurses are educated and authorized to perform as set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act and complemented by standards, limits and conditions set by CRNBC.
Standard: An expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

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

- are caused by a human or animal bite,
- are associated with a fractured bone or located over a joint,
- are grossly contaminated,
- are more than 12 hours old,
- involve tendons, nerves or large blood vessels, or
- have severe surrounding soft tissue damage and maceration.
APPENDIX 3: RESOURCES

CRNBC RESOURCES

Resources are available from the CRNBC website www.crnbc.ca

Documents

Bylaws of the College of Registered Nurses of British Columbia

Legislation Relevant to Nurses’ Practice (pub. 328)

Managing Labour—Joint Statement between College of Registered Nurses of British Columbia, College of Physicians & Surgeons of British Columbia, College of Midwives of British Columbia (pub. 475)

Orders and Delegation—Joint Statement between the College of Registered Nurses of British Columbia and the College of Physicians and Surgeons of B.C. (pub. 473)

Overview of Health Professions Act, Nurses (Registered) and Nurse Practitioners Regulation, CRNBC Bylaws (pub. 324)

Pharmacists’ Authority to Adjust, Interchange and Substitute Medications—Joint Statement between the College of Registered Nurses of British Columbia and the College of Pharmacists of B.C. (pub. 474)

Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions (pub. 688)

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).

Web learning Module

Understanding the Scope of Registered Nurses’ Practice

Regulatory Practice Support

Information, education and consultation about Professional Standards are available from CRNBC’s Regulatory Practice Support staff. Email practice@crnbc.ca or telephone 604.736.7331 (ext. 332) or 1.800.565.6505 (ext. 332).

Other Resources

Provincial Legislation and Regulation

Health Professions Act

Nurses (Registered) and Nurse Practitioners Regulation

List of proposed restricted activities—when finalized, will be added to the Health Professions General Regulation
Drug Schedules Regulation to the Pharmacy Operations and Drug Scheduling Act of British Columbia

Federal Legislation and Regulation

Federal drug schedules under the Controlled Drugs and Substances Act