

# Nurse Practitioner *Revised 2016*

## INTRODUCTION

The College of Nurses of Ontario's (the College's) standards inform nurses of their accountabilities and the public of what to expect of nurses. Standards are expectations that contribute to public protection and are the benchmark for the expected performance of a competent nurse.

This *Nurse Practitioner* practice standard describes the accountabilities specific to Nurse Practitioners (NPs) in Ontario. NPs are also accountable for complying with relevant laws and other College standards and guidelines<sup>1</sup> <http://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/> as applicable.

NPs, also known as Registered Nurses in the Extended Class, are Registered Nurses who have met additional nursing education, experience and exam requirements set by the College. Only those registered with the College in the Extended Class can call themselves "Nurse Practitioner" or "NP".

NPs are authorized to diagnose, order and interpret diagnostic tests, and prescribe medications and other treatments for clients. NP practice includes health promotion with an aim to optimize the health of people, families, communities and populations. This emphasis enables NPs to practice with diverse client populations in a variety of contexts and practice settings such as acute care, primary care, rehabilitative care, curative and supportive care, and palliative/end-of-life care.

The College registers NPs with one or more of the following specialty certificates:

- Nurse Practitioner - Primary Health Care (NP-PHC)
- Nurse Practitioner - Paediatrics (NP-Paediatrics)
- Nurse Practitioner - Adult (NP-Adult)

The specialty certificate refers to a specific client population and not a clinical focus or a practice sector. The College does not restrict the clinical areas or sectors in which NPs work.

## SCOPE OF PRACTICE

The *Regulated Health Professions Act, 1991* (RHPA) and *Nursing Act, 1991* set the legal framework for the practice of nursing. Key components of the legislative framework are a scope of practice statement and a number of controlled acts.

### Nursing scope of practice statement

The following statement applies to all nurses:

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<sup>1</sup> All standards and guidelines are available at: [www.cno.org/standards](http://www.cno.org/standards)

44 *The practice of nursing is the promotion of health and the assessment of, the provision*  
45 *of care for and the treatment of health conditions by supportive, preventive,*  
46 *therapeutic, palliative and rehabilitative means in order to attain or maintain optimal*  
47 *function (Nursing Act, 1991).*

#### 48 **Controlled acts**

49 Under the *Nursing Act, 1991*, NPs are authorized to perform the following controlled  
50 acts:<sup>2 3</sup>

- 51
- 52 1. Communicating to a client, or a client's representative, a diagnosis made by the NP.
  - 53 2. Performing a procedure below the dermis or a mucous membrane.
  - 54 3. Putting an instrument, hand or finger:
    - 55 i. beyond the external ear canal;
    - 56 ii. beyond the point where the nasal passages normally narrow;
    - 57 iii. beyond the larynx;
    - 58 iv. beyond the opening of the urethra;
    - 59 v. beyond the labia majora;
    - 60 vi. beyond the anal verge; or
    - 61 vii. into an artificial opening of the body.
  - 62 4. Applying and ordering<sup>4</sup> the application of a prescribed form of energy.
  - 63 5. Setting or casting a bone fracture or joint dislocation.
  - 64 6. Administering a substance by injection or inhalation.
  - 65 7. Prescribing, dispensing, selling or compounding a medication.
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#### 67

#### 68 **Other Authorized activities**

69 The following is not an exhaustive overview of the tests that NPs can order, but  
70 reflects tests that require specific authorization under provincial legislation.

71 NPs are authorized to order the following x-rays and ultrasounds:

- 72 1. X-ray of the chest, ribs, arm (including shoulder and elbow), wrist, hand, leg  
73 (including hip and knee), ankle and foot.<sup>5</sup>
- 74 2. Mammographic exam<sup>5</sup> including specific views.
- 75 3. Diagnostic ultrasounds of the abdomen, pelvis and breast;<sup>6</sup> including specific views  
76 and techniques within these anatomical regions.

77 NPs are authorized to order laboratory tests.<sup>7</sup>

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## 80 **STANDARDS**

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<sup>2</sup> *Nursing Act, 1991*

<sup>3</sup> See pages 6-9 for legal requirements and restrictions that apply to some controlled acts.

<sup>4</sup> NPs are not authorized to apply a form of energy until the Ontario government creates a regulation to enable this practice. The only form of energy NPs can order is diagnostic ultrasound of the abdomen, pelvis and breast.

<sup>5</sup> *Healing Arts Radiation Protection Act, 1990*, ss. 6(2) and 6(3).

<sup>6</sup> O.Reg 107/96, *Controlled Acts*, ss. 7.1(2).

<sup>7</sup> O. Reg. 682 *Laboratories*, ss. 9(1).

82 NPs:

- 83 • Practise according to College standards, guidelines, [http://www.cno.org/en/learn-](http://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/)
- 84 [about-standards-guidelines/standards-and-guidelines/](http://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/) and relevant laws.
- 85 • Use the protected title Nurse Practitioner (NP) or Registered Nurse Extended Class
- 86 (RN(EC)), and may add their specialty certificate(s) to their title.
- 87 • Maintain competence in clinical NP practice. This clinical practice must include
- 88 advanced nursing knowledge and decision-making skill in health assessment,
- 89 diagnosis and therapeutics in the treatment of clients appropriate for the NP's
- 90 specialty certificate.
- 91 • Demonstrate the NP competencies as applicable to their practice.
- 92 • Limit their practice to clients appropriate for the NP's specialty certificate.

93

### 94 **Health Assessment**

95 *NPs integrate an evidence-informed knowledge base with advanced assessment skills to*

96 *obtain the necessary information to identify client diagnoses, strengths and needs.*

97

98

98 NPs:

- 99 • Conduct a comprehensive or focused health assessment as appropriate to the
- 100 individual client's presentation.
- 101 • Obtain and consider the necessary information to inform the health assessment.
- 102 • Identify urgent, emergent and life-threatening situations.

103

### 104 **Diagnosis**

105 *NPs are engaged in the diagnostic process and develop differential diagnoses through*

106 *identification, analysis, and interpretation of findings from a variety of sources.*

107

108

108 NPs:

- 109 • Consider the differential diagnoses and establish the probable diagnoses.
- 110 • Order appropriate tests.
- 111 • Arrange appropriate follow-up of test results; they also implement in their practice
- 112 reliable systems for test results to be received and communicated in a timely
- 113 manner, and work with organizations in which they practice to implement such
- 114 systems.
- 115 • Communicate clinically significant results, and their implications, to the client and
- 116 other health professionals as appropriate.
- 117 • Communicate diagnoses to the client, including discussing relevant clinical
- 118 information, treatment plans and the expected outcomes and prognoses.
- 119 • Verify that the client understands information related to relevant findings and their
- 120 diagnoses.

121

### 122 **Therapeutic Management**

123 *NPs, on the basis of assessment and diagnosis, formulate the most appropriate plan of*

124 *care for the client, implementing evidence-informed therapeutic interventions in*

125 *partnership with the client to optimize health.*

126

127

127 NPs:

- 128 • Formulate and document a plan of care based on assessment findings, diagnosis and  
129 evidence-informed practice.
- 130 • Select the appropriate treatments or interventions in collaboration with the client.
- 131 • Intervene to stabilize the client in urgent, emergent and life-threatening situations.
- 132 • Provide pharmacological interventions, treatment, or therapy:
  - 133 ○ Review the best possible medication history for the client
  - 134 ○ Select pharmacotherapeutic options as indicated by diagnosis based on  
135 determinants of health, evidence-informed practice, and client preference
  - 136 ○ Counsel the client on pharmacotherapeutics, including rationale, cost,  
137 potential adverse effects, interactions, contraindications and precautions as  
138 well as reasons to adhere to the prescribed regimen and required monitoring  
139 and follow up
  - 140 ○ Complete accurate prescription(s) in accordance with applicable laws
  - 141 ○ Establish a plan to monitor the client's responses to medication therapy and  
142 continue, adjust or discontinue a medication based on assessment of the  
143 client's response.
  - 144 ○ Apply strategies to reduce risk of harm involving controlled substances,  
145 including medication misuse, addiction, and diversion
- 146 • Develop and implement an appropriate follow-up and monitoring plan in  
147 collaboration with the client.

#### 148 Controlled Substances

149 *Controlled substances are medications that are restricted by the **Controlled Drugs and***  
150 ***Substances Act** as they present a high risk of misuse, addiction and diversion. In*  
151 *addition to the standards for therapeutic management listed above, NPs have other*  
152 *accountabilities when prescribing and dispensing controlled substances.*  
153

#### 154 When prescribing controlled substances, NPs:

- 155 • Consider the available treatment options (pharmacological and non-  
156 pharmacological) based on available evidence and client circumstances before  
157 using a controlled substance in a treatment plan.
- 158 • Incorporate evidence-informed strategies for assessing, managing and  
159 monitoring the risks of misuse, addiction and diversion.
- 160 • Prescribe a quantity of controlled substances to be dispensed that balances the  
161 need to reassess and monitor the client with the risk of harm that may result if  
162 the client runs out of medication. NPs providing episodic care should prescribe  
163 the minimum amount necessary until the client can be assessed by their regular  
164 provider.
- 165 • Monitor the client's response to the prescribed controlled substances after the  
166 initial trial and on a regular basis
- 167 • Inform clients of the unique risks associated with medication misuse, addiction  
168 and diversion, and provide clients with education and strategies for minimizing  
169 risk.

- 170       • Advise the client on safe use and storage of controlled substances

171  
172 Medical marijuana is a controlled substance that differs from conventional medications  
173 in that it is available in a variety of strains that vary in their potency and chemical  
174 composition. Therefore NPs exercise caution if they are considering the use of medical  
175 marijuana in the client's treatment plan.

176 NPs who complete a medical document authorizing a client to access fresh or dried  
177 marijuana or cannabis oil are expected to use evidence to inform treatment decisions.

178 NPs are also expected to inform clients of unique risks associated with medical  
179 marijuana as a result of the variability in composition and potency.

180

181 When dispensing a controlled substance, NPs consider the unique risks associated with  
182 medication misuse, addiction and diversion, implement strategies to mitigate these  
183 risks and provide clients with education and strategies for minimizing risk.

184

## 185 **Collaboration, Consultation, and Referral**

186 *NPs identify when collaboration, consultation and referral are necessary for safe,*  
187 *competent and comprehensive client care.*

188

189 NPs:

- 190 • Establish collaborative relationships with healthcare providers and community-based  
191 services
- 192 • Work with other health care professionals and service providers to develop a  
193 common understanding of the plan of care, communication strategies and individual  
194 accountabilities.
- 195 • Consult other health care professionals when encountering client care needs beyond  
196 the legal scope of NP practice, their individual competence, or when the client would  
197 benefit from the expertise of the other health care professional(s).
- 198 • Review consultation and/or referral recommendations from other health care  
199 providers with the client and integrate these recommendations into the plan of care  
200 as appropriate.
- 201 • Provide consultation, respond to questions, and clarify orders and the plan of care  
202 to other care providers.
- 203 • Provide verbal orders only when they are not able to immediately document the  
204 order themselves and sign the verbal orders.

205

## 206 **Conflict of Interest**

207 *NPs recognize and ethically manage actual, potential and perceived conflicts of*  
208 *interest.*

209

210 NPs:

- 211 • Do not use their professional designation to endorse or promote one treatment  
212 option over another.
- 213 • Must not obtain any personal benefit,<sup>8</sup> which conflicts with their ethical duty to  
214 clients, as a result of their NP practice.
- 215 • Develop strategies to mitigate the risk that their interactions with industry<sup>9</sup> may  
216 interfere with evidence-informed decision-making.
- 217 • Do not prescribe medication to themselves.
- 218 • Do not provide professional services to family members, partners, friends or  
219 acquaintances unless the circumstances outlined in the *Therapeutic Nurse Client*  
220 *Relationship* practice standard exist.
- 221 • **Only prescribe a controlled substance to a family member, partner, friend or**  
222 **acquaintance to intervene in an emergency situation and only when there is no**  
223 **other prescriber immediately available.**  
224

### 225 **Discontinuing the NP-client relationship**

226 An NP's primary obligation is to provide safe and ethical nursing services to clients.  
227 Under provincial law,<sup>10</sup> nurses may only discontinue professional services that are  
228 needed if:

- 229 • the client requests discontinuation;
- 230 • alternative or replacement services are arranged; or
- 231 • the client is given reasonable opportunity to arrange alternative or  
232 replacement services.

233  
234 NPs may be required to discontinue their professional relationship with clients when the  
235 nurse-client relationship is eroded to the point where NPs can no longer meet their  
236 professional obligations toward the client. Discontinuing the professional relationship  
237 when the client still requires service and has not requested discontinuation is a last  
238 resort.

239  
240 NPs:

- 241 • Advocate for employer policies about accepting, treating and discharging clients  
242 that are fair, transparent and driven by client interest.
- 243 • Discuss with the client any issues, as they arise, that impact the NP-client  
244 relationship.
- 245 • Work with the client to develop and implement strategies for resolving issues  
246 impacting the NP-client relationship wherever feasible.
- 247 • Discuss concerns, and seek assistance from their employer and other members of  
248 the health care team to assist in addressing the issues.
- 249 • Communicate to the client the decision to discontinue care, and discuss with the  
250 client the reason for this decision whenever feasible.
- 251 • Identify an appropriate alternate provider for the client or allow the client a  
252 reasonable amount of time to find an alternate provider.

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<sup>8</sup> Includes financial and non-financial benefit, whether direct or indirect.

<sup>9</sup> Includes pharmaceutical, medical device and technology companies.

<sup>10</sup> O.Reg 799/93, *Professional Misconduct*, s. 1, p. 5.

- 253 • Continue to provide essential health care services, whenever feasible, until another  
254 provider has been identified.  
255 • Document the reason for the decision to discontinue services, including a  
256 description of actions taken to resolve issues prior to the decision.  
257

## 258 LEGAL REQUIREMENTS AND RESTRICTIONS

259 The remainder of this document describes laws that set restrictions and requirements  
260 with which NPs must comply.

261

### 262 Delegation<sup>11</sup>

263 NPs are not authorized to delegate the following controlled acts:

- 264 • prescribing, dispensing, selling or compounding medication;  
265 • ordering the application of a form of energy; or  
266 • setting a fracture or joint dislocation

267 NPs can authorize directives. Information about delegation and directives can be found  
268 in the *Authorizing Mechanisms* and *Directives* practice guidelines.

269

### 270 Medical Assistance in Dying<sup>12</sup>

271 Federal law allows NPs to provide medical assistance in dying. NPs who participate in  
272 medical assistance in dying must comply with the legal requirements outlined in the  
273 College's document: *Guidance on Nurses' Roles in Medical Assistance in Dying*.

274

### 275 Medication Practices<sup>13</sup>

276 NPs:

- 277 • Prescribe, dispense, compound, or sell medication, and administer substances by  
278 injection or inhalation, only for therapeutic purposes when there is a professional  
279 relationship with the client.  
280 • Are **not** authorized to sell or compound controlled substances  
281 • Must not obtain any personal benefit,<sup>14</sup> which conflicts with their ethical duty to  
282 clients, as a result of prescribing, dispensing, compounding or selling medication.  
283 • Only dispense, compound, or sell medication when they have reason to believe the  
284 medication was obtained and stored in accordance with applicable laws.  
285 • Only dispense, compound, or sell medication after checking that the medication will  
286 not expire before the client is expected to finish it.  
287 • Must not advertise that they dispense or sell medication, unless they also  
288 communicate the specific circumstances in which they are authorized to do so.<sup>15</sup>  
289 • Must comply with the legal restrictions and requirements specific to the controlled  
290 acts of prescribing, dispensing, compounding and selling medications outlined in  
291 Table 1 (p.8)

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<sup>11</sup> O. Reg 275/94, s. 36.

<sup>12</sup> Criminal Code, s. 241.1

<sup>13</sup> O. Reg 275/94, s. 16-20.

<sup>14</sup> Includes financial and non-financial benefit, whether direct or indirect.

<sup>15</sup> The specific circumstances are listed in Table 1 the chart on pages 8-9.

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**Controlled Substances**

Under federal law,<sup>16</sup> NPs are **not** authorized to prescribe the following controlled substances:

- diacetylmorphine (heroin)
- opium
- coca leaves
- methadone<sup>17</sup>; and
- anabolic steroids *except* testosterone (NPs *are authorized* to prescribe testosterone.)

NPs must not authorize directives for controlled substances

NPs who complete a medical document authorizing a client to access fresh or dried marijuana or cannabis oil must comply with the requirements under the *Controlled Drugs and Substances Act* including the *Access to Cannabis for Medical Purposes Regulation* <http://laws.justice.gc.ca/eng/regulations/SOR-2016-230/>

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<sup>16</sup> *New Classes of Practitioners regulations* under the *Controlled Drugs and Substances Act*

<sup>17</sup> To prescribe methadone NPs must be exempted under section 56 of the *Controlled Drugs and Substances Act*. No exemption process exists for Ontario NPs.

<b>Table 1: Medication Practices: Legal Requirements and Restrictions<sup>18</sup></b>			
<b><i>Prescribing</i></b>	<b><i>Dispensing</i></b>	<b><i>Compounding</i></b>	<b><i>Selling</i></b>
<p>NPs must include the following information on a prescription and in the client's health record:</p> <ul style="list-style-type: none"> <li>• client's name and address;</li> <li>• the date;</li> <li>• name of the medication;</li> <li>• strength (if applicable) of the medication;</li> <li>• directions for use including the dose, route of administration, frequency and if applicable, the duration of therapy;</li> <li>• quantity of the medication;</li> <li>• number of refills, if applicable; and</li> <li>• the NP's name, business address, telephone number, protected title, College registration number and signature (includes electronic signature).</li> </ul> <p><b>NPs prescribing monitored medications must include a</b></p>	<p>NPs may only dispense medication they've prescribed. NPs working in a team environment may dispense medications prescribed by a colleague.</p> <p>NPs may only dispense a reasonable quantity of medication necessary to fulfill a client's needs in the following circumstances:</p> <ul style="list-style-type: none"> <li>• the client does not have reasonable or timely access to a pharmacy;</li> <li>• the client would not otherwise receive the medication;</li> <li>• the client does not have the financial resources to obtain the medication if it is not dispensed by the NP;</li> <li>• the medication is dispensed as part of a health promotion initiative; or</li> <li>• the medication is dispensed to test the client's therapeutic response to the medication.</li> </ul>	<p>NPs may only compound two or more non-sterile creams or ointments for topical use only. <b>NPs are not authorized to compound any substances that contain a controlled substance.</b></p> <p>NPs may only compound in the following circumstances:</p> <ul style="list-style-type: none"> <li>• the client does not have reasonable or timely access to a pharmacy;</li> <li>• the client would not otherwise receive the medication; or</li> <li>• the client does not have the financial resources to obtain the medication if it is not compounded by the NP.</li> </ul> <p>NPs must:</p> <ul style="list-style-type: none"> <li>• document the circumstance under which the medication is compounded;</li> <li>• dispense the compounded medication to the client or their representative, or apply it directly to the client; and</li> <li>• include the following information on the medication container and in</li> </ul>	<p>NPs may only sell medication that they administer or dispense to the client (or client's representative). <b>NPs are not authorized to sell controlled substances</b></p> <p>NPs may only sell medication in the following circumstances:</p> <ul style="list-style-type: none"> <li>• the client does not have reasonable or timely access to a pharmacy;</li> <li>• the client would not otherwise receive the medication;</li> <li>• the client does not have the financial resources to obtain the medication if it is not sold by the NP; or</li> <li>• the medication is sold as part of a health promotion initiative.</li> </ul> <p>NPs must:</p> <ul style="list-style-type: none"> <li>• document the circumstance under</li> </ul>

<sup>18</sup> O. Reg 275/94, s. 16-20.

<b>Prescribing</b>	<b>Dispensing</b>	<b>Compounding</b>	<b>Selling</b>
<p>client identification number from an acceptable form of identification as defined by the Ontario government.<sup>19</sup></p> <p>NPs prescribing fentanyl patches must<sup>20</sup>:</p> <ul style="list-style-type: none"> <li>• notify the pharmacy about the prescription by telephone or by faxing a copy of the prescription; and</li> <li>• write the following information on the prescription: <ul style="list-style-type: none"> <li>• the name and location of the pharmacy at which the client, or their authorized representative, intends to fill the prescription; and “first prescription” if the NP has not previously prescribed a fentanyl patch for the client and the NP is reasonably satisfied</li> </ul> </li> </ul>	<p>NPs must:</p> <ul style="list-style-type: none"> <li>• document the circumstance under which the medication is dispensed;</li> <li>• provide the medication directly to the client (or the client’s representative); and</li> <li>• include the following on the label of the medication dispensed and in the client’s health record: <ul style="list-style-type: none"> <li>• identification number if applicable;</li> <li>• client’s name;</li> <li>• the date;</li> <li>• name of the medication;</li> <li>• strength (if applicable) and manufacturer (if available) of the medication;</li> <li>• directions for use including the dose, route of administration, frequency and if applicable, the duration of therapy ;</li> <li>• quantity of medication</li> </ul> </li> </ul>	<p>the client’s health record:</p> <ul style="list-style-type: none"> <li>• identification number if applicable;</li> <li>• client’s name;</li> <li>• the date the medication was compounded;</li> <li>• the date the medication was dispensed (if different from above);</li> <li>• name of each substance used in the compound;</li> <li>• strength (if applicable) and manufacturer of each substance used in the compound;</li> <li>• percentage of each substance used in the compound;</li> <li>• quantity of compounded cream or ointment in the container;</li> <li>• directions for use;</li> <li>• expiry date; and</li> </ul>	<p>which the medication is sold and the price charged.</p> <p>NPs must not:</p> <ul style="list-style-type: none"> <li>• charge the client more than the actual cost of the medication.</li> </ul>

<sup>19</sup> Monitored medications include, but are not limited to, controlled substances. For further information about the Narcotics Monitoring System, including monitored medications and acceptable forms of client identification, refer to: <http://www.health.gov.on.ca/en/pro/programs/drugs/ons/> and the *Narcotics Safety and Awareness Act, 2010*.

<sup>20</sup> *Safeguarding our Communities Act (Patch for Patch return Policy), 2015*

<b>Table 1: Medication Practices: Legal Requirements and Restrictions<sup>18</sup></b>			
<i>Prescribing</i>	<i>Dispensing</i>	<i>Compounding</i>	<i>Selling</i>
<p>that the client has not previously obtained a fentanyl prescription from another prescriber.</p>	<ul style="list-style-type: none"> <li>dispensed;</li> <li>expiry date (if applicable); and</li> <li>the NP's name and protected title, business address, telephone number.</li> </ul>	<ul style="list-style-type: none"> <li>the NP's name and protected title, business address, telephone number.</li> </ul>	

<sup>15</sup> O. Reg 275/94, s. 16-20.

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