PRACTICE STANDARD

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

Nurse Practitioner

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Introduction

The College of Nurses of Ontario's (CNO's) standards inform nurses of their accountabilities and the public about what to expect of nurses. These expectations contribute to public protection and are the benchmark for how a competent nurse should perform.

This *Nurse Practitioner* practice standard describes the accountabilities specific to Nurse Practitioners (NPs) in Ontario (also known as Registered Nurses in the Extended Class). Nurse Practitioners are also accountable for complying with relevant laws and other CNO standards and guidelines[1] as applicable.

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

Nurse Practitioners are authorized to diagnose, **order** and interpret diagnostic tests and prescribe **medications** and other treatments for **clients**. Nurse Practitioner practice includes health promotion with the aim of optimizing the health of people, families, communities and populations. This 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.

Bolded terms are defined in the glossary.

Scope of Practice

Nursing scope

The *Regulated Health Professions Act, 1991* (RHPA) and *Nursing Act, 1991*, set the legal framework for the practice of nursing. This includes a definition of the scope of practice of nursing and the controlled acts NPs are authorized to perform. (See Scope of Practice standard.)

The Nursing Act, 1991, defines the nursing scope of practice: The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

Controlled acts

Under the *Nursing Act, 1991*, NPs are authorized to perform the following controlled acts:[2]

1. communicating to a client, or a client's representative, a diagnosis made by the NP
2. performing a procedure below the dermis or a mucous membrane
3. putting an instrument, hand or finger
   - i. beyond the external ear canal
   - ii. beyond the point where the nasal passages normally narrow
   - iii. beyond the larynx
   - iv. beyond the opening of the urethra
   - v. beyond the labia majora
   - vi. beyond the anal verge
   - vii. into an artificial opening of the body
4. applying or ordering the application of a specified form of energy
5. setting or casting a bone fracture or joint dislocation
6. administering a substance by injection or inhalation

[1] All standards and guidelines are available at: www.cno.org/standards

[2] See pages 7-9 for legal requirements and restrictions that apply to some controlled acts.

7. prescribing, **dispensing**, selling or **compounding** a medication
8. treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Other authorized activities

Nurse Practitioners have the authority to order and apply specified tests. Please visit our website at www.cno.org/np for more information.

Standards

This section describes standards for NP practice.

Nurse Practitioners:

- practice according to CNO standards, guidelines, and relevant laws
- use the protected title "Nurse Practitioner" (NP) or "Registered Nurse Extended Class" (RN[EC])
- maintain competence in clinical NP practice. This clinical practice must include the use of advanced nursing knowledge and decision-making skill in health assessment, diagnosis and therapeutics
- demonstrate the NP competencies applicable to their practice

Health assessment

Nurse Practitioners integrate an evidence-informed knowledge base with advanced assessment skills to obtain the information necessary for identifying client diagnoses, strengths and needs.

Nurse Practitioners:

- conduct a comprehensive or focused health assessment as appropriate to the individual client's presentation
- perform procedures for client assessments
- obtain and consider the necessary information for the health assessment
- identify urgent, emergent and life-threatening situations

Diagnosis

Nurse Practitioners are engaged in the diagnostic process and develop differential diagnoses through identification, analysis and interpretation of findings from a variety of sources.

Nurse Practitioners:

- consider differential diagnoses and establish probable diagnoses
- order appropriate tests
- perform appropriate procedures
- arrange appropriate follow-up of test results, implement reliable systems for test results to be received and communicated in a timely manner and work with organizations in which they practice to implement such systems
- communicate clinically significant results, and their implications, to the client and other health professionals as appropriate
- communicate diagnoses to the client, including discussing relevant clinical information, treatment plans and the expected outcomes and prognoses
- verify that the client understands information related to relevant findings and their diagnoses

Therapeutic management

Nurse Practitioners, on the basis of assessment and diagnosis, formulate the most appropriate plan of care for the client and implement evidence-informed therapeutic interventions in partnership with the client to optimize health.

Nurse Practitioners:

- formulate and document a plan of care based on assessment findings, diagnosis and evidence-informed practice
- select the appropriate treatments or interventions in collaboration with the client
- perform appropriate procedures
- stay informed about reliable quality assurance systems in their practice setting and advocate for reliable systems if there are none
- intervene to stabilize the client in urgent, emergent and life-threatening situations
- provide pharmacological interventions, treatment or therapy by
  - ✓ reviewing the best possible medication history for the client
  - ✓ selecting pharmacotherapeutic options as indicated by diagnosis, based on determinants of health, evidence-informed practice and client preference
  - ✓ counselling the client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow-up
  - ✓ completing accurate prescription(s) in accordance with applicable laws
  - ✓ establishing a plan to monitor the client's response to medication therapy, and continue, adjust or discontinue a medication based on assessment of the client's response
  - ✓ applying strategies to reduce risk of harm involving **controlled substances**, including medication misuse, addiction and diversion
- develop and implement an appropriate follow-up and monitoring plan in collaboration with the client

Controlled substances

In addition to the standards for therapeutic management listed above, NPs have other accountabilities when prescribing and dispensing controlled substances.

Controlled substances are medications that are restricted by the *Controlled Drugs and Substances Act, 1996*, because they present a high risk of misuse, addiction and diversion.

When prescribing controlled substances, NPs:

- consider the available treatment options (pharmacological and non-pharmacological) based on available evidence and client circumstances before using a controlled substance in a treatment plan
- incorporate evidence-informed strategies for assessing, managing and monitoring the risks of misuse, addiction and diversion
- prescribe a quantity of controlled substances to be dispensed that balances the need to reassess and monitor the client with the risk of harm that may result if the client runs out of medication. Nurse Practitioners providing episodic care should prescribe the minimum amount necessary until the client can be assessed by their regular provider
- monitor the client's response to the prescribed controlled substances after the initial trial and on a regular basis

- inform clients of the unique risks associated with medication misuse, addiction and diversion, and provide clients with education and strategies for mitigating risk
- advise the client on safe use, storage and disposal of controlled substances

When dispensing controlled substances, NPs:

- consider the unique risks associated with medication misuse, addiction and diversion
- implement strategies to mitigate these risks
- provide clients with education and strategies for minimizing risk

Medical cannabis

Medical cannabis is not a controlled substance and differs from conventional medications. It is available in a variety of strains and formulations that vary in potency and chemical composition. Nurse Practitioners should exercise caution if they are considering the use of medical cannabis in their patient's treatment plan. Nurse Practitioners who complete a written order or medical document authorizing the use of cannabis for medical purposes are expected to use evidence to inform this treatment decision. Nurse Practitioners must also comply with cannabis regulations under the *Cannabis Act, 2018*.

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

Collaboration, consultation and referral

Nurse Practitioners identify when collaboration, consultation and referral are necessary for safe, competent and comprehensive client care.

Nurse Practitioners:

- establish collaborative relationships with health care providers and community-based services
- work with other health care professionals and service providers to develop a common understanding of the plan of care, communication strategies and individual accountabilities
- consult other health care professionals when encountering client care needs beyond the legal scope of NP practice, their individual competence or when the client would **benefit** from the expertise of the other health care professional(s)
- review consultation and/or referral recommendations from other health care providers with the client and integrate these recommendations into the plan of care as appropriate provide consultation
- respond to questions and clarify orders and the plan of care to other care providers
- provide verbal orders only when they are not able to immediately document the order themselves, and sign the verbal orders as soon as possible

Conflict of interest

*Nurse Practitioners recognize and ethically manage actual, potential and perceived **conflicts of interest**.*

Nurse Practitioners:

- do not use their professional designation to endorse or promote one treatment option over another
- must not obtain any personal benefit,[3] which conflicts with their ethical duty to clients, as a result of their NP practice
- develop strategies to mitigate the risk that their interactions with industry[4] may interfere with evidence-informed decision-making
- do not prescribe medication to themselves

[3] Includes financial and non-financial benefit, whether direct or indirect.
[4] Includes pharmaceutical, medical device and technology companies.

- only provide professional services to family members, partners, friends or acquaintances when there are no other providers available in circumstances outlined in the *Professional Boundaries and Nurse-Client Relationships* practice standard
- only prescribe a controlled substance to a family member, partner, friend or acquaintance to intervene in an emergency situation and only when there is no other prescriber immediately available

Discontinuing the NP-client relationship

A NP's primary obligation is to provide safe and ethical nursing services to clients. Under provincial law,[5] nurses may only discontinue necessary professional services if:

- the client requests discontinuation
- alternative or replacement services are arranged
- the client is given reasonable opportunity to arrange alternative or replacement services

Nurse Practitioners may be required to discontinue their **professional relationship** with clients when the nurse-client relationship is eroded to the point where NPs can no longer meet their professional obligations toward the client.

Discontinuing the professional relationship when the client still requires service and has not requested discontinuation should be a last resort.

Nurse Practitioners:

- advocate for employer policies, about accepting, treating and discharging clients, that are fair, transparent and driven by client interest and safety
- discuss with the client any issues, as they arise, that impact the NP-client relationship
- work with the client to develop and implement strategies for resolving issues impacting the NP-client relationship wherever feasible
- discuss concerns and seek assistance from their employer and other members of the health care team to assist in addressing issues
- communicate to the client the decision to discontinue care and discuss with the client the reason for this decision whenever feasible
- identify an appropriate alternate provider for the client or allow the client a reasonable amount of time to find an alternate provider
- continue to provide essential health care services, whenever feasible until another provider has been identified
- document the reason for the decision to discontinue services, including a description of actions taken to resolve issues prior to the decision

Legal Requirements and Restrictions

The remainder of this document describes legal restrictions and requirements with which NPs must comply.

Delegation[6]

Nurse Practitioners are not authorized to **delegate** the following controlled acts:

- prescribing, dispensing, selling or compounding medication
- ordering the application of a form of energy
- setting a fracture or joint dislocation
- treating, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning

[5] O.Reg 799/93, Professional Misconduct, s. 1, p. 5.
[6] O. Reg 275/94, s. 36.

Nurse Practitioners can authorize **directives**. Information about delegation and directives can be found in the *Scope of Practice* standard and *Directives* practice guideline.

Medical assistance in dying[7]

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

Medication practices[8]

Nurse practitioners:

- prescribe, dispense, compound or sell medication, and administer substances by injection or inhalation, only for therapeutic purposes when there is a professional relationship with the client
- are not authorized to sell or compound controlled substances
- must not obtain any personal benefit,[9] which conflicts with their ethical duty to clients, as a result of prescribing, dispensing, compounding or selling medication
- only dispense, compound or sell medication when they have reason to believe the medication was obtained and stored in accordance with applicable laws
- only dispense, compound or sell medication after checking that the medication will not expire before the client is expected to finish it
- must not **advertise** that they dispense or sell medication, unless they also communicate the specific circumstances in which they are authorized to do so[10]
- must comply with the legal restrictions and requirements specific to the controlled acts of prescribing, dispensing, compounding and selling medications outlined on page 15

Controlled substances

Nurse Practitioners who have successfully completed CNO-approved education[11] (Ontario entry-level NP programs or Council-approved controlled substances courses) are authorized to prescribe controlled substances.

[7] Criminal Code, s. 241.1.
[8] O. Reg 275/94, s. 16-20.
[9] Includes financial and non-financial benefit, whether direct or indirect.
[10] The specific circumstances are listed in Table 1.
[11] O. Reg 275/94 Part III.

Medication Practices: Legal Requirements and Restrictions

Prescribing

Information required on a medication prescription and in the client's health record[12]:

- name and address of the person for whom the medication is prescribed
- name of the medication, strength (where applicable) and quantity of the medication that is prescribed
- directions for use, including dose, route of administration, frequency and if applicable the duration of therapy
- NP's name, address, telephone number, title and registration number
- NP's signature (may be an electronic signature)
- date on which the medication is prescribed
- number of refills, if applicable

Nurse Practitioners prescribing **monitored medications** must include a client identification number from an acceptable form of identification as defined by the Ontario government.[13]

Nurse Practitioners prescribing fentanyl patches must[14]:

- notify the pharmacy about the prescription by telephone or by faxing a copy of the prescription
- write the following additional information on the prescription:
  - ✓ the name and location of the pharmacy at which the client, or their authorized representative, intends to fill the prescription
  - ✓ indicate "first prescription" if the NP has not previously prescribed a fentanyl patch for the client and the NP is reasonably satisfied that the client has not previously obtained a fentanyl prescription from another prescriber

Dispensing

Nurse Practitioners may only dispense medication they have prescribed or medication prescribed by an authorized provider.

Nurse Practitioners must:

- document the circumstance under which the medication is dispensed
- provide the medication directly to the client (or the client's representative)

Information required on the label of the medication dispensed and in the client's health record:[15]

- identification number, if applicable
- dispensing nurse's name and title along with the name and title of the prescriber, if the nurse is not the prescriber
- name, address and telephone number of the place from which the medication is dispensed
- identification of the medication, as to its name, its strength (where applicable) and, if available, its manufacturer
- quantity of the medication dispensed
- date the medication is dispensed
- expiry date of the medication, if applicable
- name of the client for whom the medication is dispensed
- directions for use

Nurse Practitioners dispensing fentanyl patches must meet the requirements for dispensers in the *Safeguarding our Communities Act, 2015*[16]

[12] See section 16.1(2)3 of O. Reg 275/94

[13] 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: https://www.ontario.ca/page/narcotics-monitoring-system and the *Narcotics Safety and Awareness Act, 2010*.

[14] *Safeguarding our Communities Act (Patch for Patch return Policy)*, 2015: https://www.ontario.ca/laws/statute/15s33

[15] See subsection 18(5)6 & 18(5)7 of O. Reg 275/94

[16] *Safeguarding our Communities Act (Patch for Patch return Policy),* 2015: https://www.ontario.ca/laws/statute/15s33

Compounding

Nurse Practitioners may compound only two or more non-sterile creams or ointments for topical use only

Nurse Practitioners are **not** authorized to compound any substances that contain a controlled substance.

Nurse Practitioners may only compound in the following circumstances:
- the client does not have reasonable or timely access to a pharmacy
- the client would not otherwise receive the medication
- the client does not have the financial resources to obtain the medication if it is not compounded by the NP

Nurse Practitioners must:
- document the circumstance under which the medication is compounded
- dispense the compounded medication to the client or their representative, or apply it directly to the client

Information required on the medication container and in the client's health record[17]:
- an identification number, if applicable
- the name and title of the NP
- the name, address and telephone number of the place in which the compounded cream or ointment was compounded
- the identification of the substances used in the compounded cream and ointment, their names, strength and manufacturer
- the percentage of each of the creams or ointments used to make the compounded cream or ointment and the quantity placed in the container
- the date the compounded cream or ointment was compounded and the date the compounded cream or ointment was dispensed, if different from the former date
- the expiry date of the compounded cream or ointment
- the name of the patient for whom the cream or ointment was compounded
- the directions for use

Selling

Nurse Practitioners may only sell medication they administer or dispense to the client (or client's representative).

Nurse Practitioners are **not** authorized to sell controlled substances.

Nurse Practitioners may only sell medication in the following circumstances:
- the client does not have reasonable or timely access to a pharmacy
- the client would not otherwise receive the medication
- the client does not have the financial resources to obtain the medication if it is not sold by the NP
- the medication is sold as part of a health promotion initiative

Nurse Practitioners must:
- document the circumstance under which the medication is sold, and the price charged

Nurse Practitioners must not:
- charge the client more than the actual cost of the medication

[17] See section 19 of O. Reg 275/94

Glossary

Advertise: To make known to the general public. It does not include a NP communicating directly to an existing client about professional services.

Benefit: Any incentive (financial or non-financial), whether direct or indirect, that conflicts with the nurse's professional or ethical duty to a client.

Client: An individual, family, group or community.

Compounding: The act of combining two or more elements to create a distinct pharmaceutical product.

Conflict of interest: When a nurse's personal interests (financial or non-financial) could improperly influence their professional judgment or interfere with their duty to act in the best interest of clients. It is professional misconduct for a nurse to practice while in a conflict of interest.

Controlled act: A restricted activity under the *Regulated Health Professions Act, 1991* that is considered potentially harmful if performed by an unqualified person.

Controlled substance: Any medication or substance included in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act, 1996*, and includes narcotics, benzodiazepines and targeted substances, and controlled drugs (part I, II and III).

Delegate: A formal process by which a regulated health care professional who has the legal authority and competence to perform a procedure under one of the controlled acts transfers that authority to others, under certain conditions.

Directive: An order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health care professional who has the legislative authority to order — and ultimate responsibility for — the procedure.

Dispensing: The selection, preparation and transfer of one or more prescribed medication doses to a client, or his or her representative, for use at a later time.

Emergency situation: Sudden onset of severe or urgent symptoms that require immediate attention such that a delay in treatment would place the individual at risk of serious harm.

Medication: A drug as defined by the *Drugs and Pharmacies Regulation Act, 1990*.

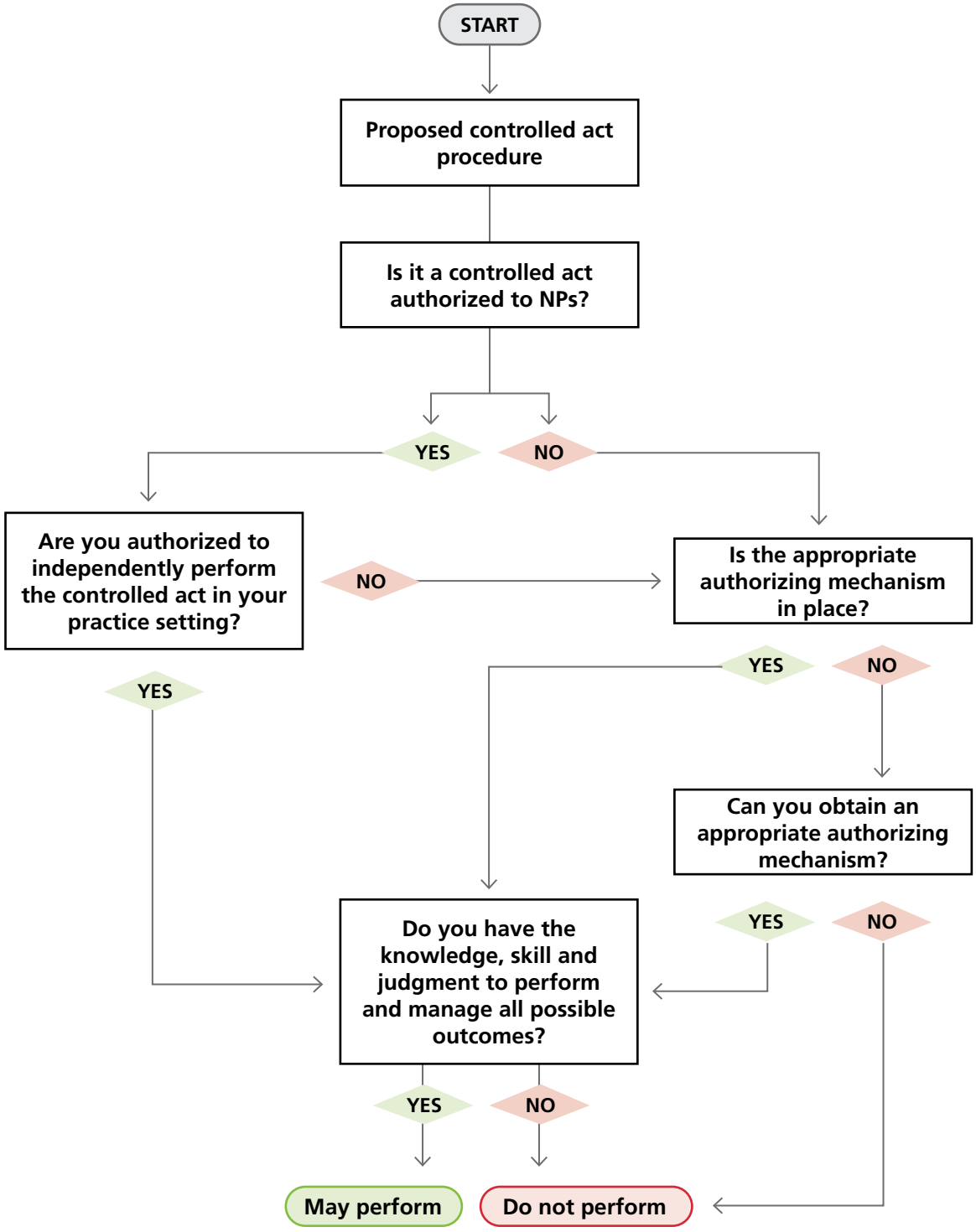
Monitored medication: Any medication tracked by the Ontario Ministry of Health and Long-Term Care's Narcotics Monitoring System. Broader than narcotics, monitored medications include all controlled substances and any additional medications that the Health Ministry specifies. The list of monitored medication is available at: https://www.ontario.ca/page/narcotics-monitoring-system

Order: An authorization or instruction for a procedure, treatment, medication or intervention to be provided to, or performed for, a client.

Professional relationship: A broad term that refers to an association, in some way, of a nurse to a client. This relationship is established and maintained by the nurse and is the foundation for providing nursing services. The relationship is based on trust, respect, empathy and the appropriate use of the nurse's inherent power. The relationship can be direct or indirect, for example, when authorizing a directive.

Protected title: A regulatory tool available to health regulatory colleges under the *Regulated Health Professions Act, 1991*, which is used to limit the use of a professional title in the public interest. The titles: RN, RPN, NP, RN(EC) and "nurse" are legally protected.

Decision Tree for NPs: Deciding to Perform a Controlled Act



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