



# **NURSE PRACTITIONER STANDARDS FOR PRACTICE**

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### **Acknowledgement**

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## Table of Contents

	Page
Introduction	1
Scope of Practice	2
Standard 1: Professional Responsibility and Accountability	3
Standard 2: Health Assessment and Diagnosis	4
Standard 3: Therapeutic Management	5
Standard 4: Health Promotion and Prevention of Illness and Injury	9
Standard 5: Consultation, Referral and Transfer	10
Glossary	11
References	13

## Introduction

The College of Registered Nurses of Prince Edward Island is the professional and regulatory body for registered nurses and nurse practitioners in PEI. A nurse practitioner (NP) is a registered nurse who has graduated from a recognized nurse practitioner program and who is registered to practice as an NP in PEI. Only nurses who are registered with an RN-Extended Class Registration can use the designation “nurse practitioner”. Nurse Practitioners practice in a variety of settings including community, acute care and long-term care.

In accordance with the Regulated Health Professions Act, Registered Nurses Regulations, a nurse practitioner in PEI has the legislated authority to: (i) diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client; (ii) order and interpret screening and diagnostic tests; (iii) select, prescribe and monitor the effectiveness of drugs; and (iv) order the application of forms of energy.

Standards are authoritative statements that identify the legal and professional expectations for nursing practice. They describe the desired and achievable level of practice against which actual performance can be measured. Nurse practitioners must adhere to both the *Standards for Nursing Practice* (2018) and the *Nurse Practitioner Standards for Practice*.

The *Nurse Practitioner Standards for Practice* contains five standards. Each standard is supported by indicators meant to illustrate how the nurse practitioner will meet the standards. Indicators are meant to apply across a variety of settings, and they may therefore be further refined by the context of practice.

The *Canadian Nurse Practitioner Core Competency Framework* is a companion document of the *Nurse Practitioner Standards for Practice*. These documents are intended for all nurse practitioners, regardless of their role or practice setting, and may also be used by other stakeholders including members of the public, professional organizations, educators, health care team members, and health care administrators.

## **Nurse Practitioner Scope of Practice**

A nurse practitioner is a generalist who offers comprehensive care to clients across the health continuum and throughout the client's lifespan including health promotion, disease and injury prevention, curative, supportive, rehabilitative and palliative care.

In accordance with the Registered Nurses Regulations (Section 23) the practice of a nurse practitioner consists of the following:

- (a) Communicating to the person or the person's personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the person in circumstances in which it is reasonably foreseeable that the person or the person's personal representative will rely on the diagnosis;
- (b) Applying or ordering the application of electrical energy for diagnostic or treatment purposes;
- (c) Applying or ordering the application of prescribed forms of energy for the purpose of conducting screening and diagnostic tests, including
  - (i) Ultrasound
  - (ii) Echo cardiogram, and
  - (iii) Electrocardiogram
- (d) Ordering
  - (i) X-rays, and
  - (ii) Computerized axial tomography scans;
- (e) Ordering and interpreting screening and diagnostic tests that do not use prescribed forms of energy;
- (f) Ordering a therapeutic diet that is to be administered by enteral instillation or parenteral instillation;
- (g) Prescribing or selling a drug as defined in the *Pharmacy Act* R.S.P.E.I. 1988, Cap. P-6.1

The nurse practitioner must have reasonable access to a medical practitioner in respect to any client for the purposes of consultation, referral, and transfer.

## **Standard 1: Professional Responsibility and Accountability**

The nurse practitioner is responsible and accountable for their own practice and professional conduct. The nurse practitioner:

- 1.1 Practices in accordance with current federal and provincial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice;
- 1.2 Maintains a current registration with CRNPEI;
- 1.3 Understands the differences in scope of practice from that of a registered nurse and the responsibilities and accountabilities of a nurse practitioner registration;
- 1.4 Attains, maintains, and enhances competencies within their own area of practice;
- 1.5 Assists in the development of federal and provincial legislation, standards, policies and practice guidelines related to client care and nurse practitioner practice (NSCN);
- 1.6 Incorporates knowledge of diversity, cultural safety, and the determinants of health in assessment, diagnosis, and therapeutic management of the client;
- 1.7 Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory;
- 1.8 Integrates the principles of resource allocation and cost-effectiveness in clinical decision-making;
- 1.9 Provides consultation to and accepts referrals from other health care providers or clients whose health conditions are within the NP scope of practice and individual expertise;
- 1.10 Consults with and/or refers to other health care providers when the diagnosis and/or treatment plan is unclear or is not within the NP scope of practice;
- 1.11 Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner;
- 1.12 Maintains and retains client health records according to relevant legislation, professional standards and employer policies;
- 1.13 Practices within the context of a therapeutic nurse-client relationship and directs friends and family members to seek care from other health care providers when possible;
- 1.14 Arranges with health care team members and/or employer for ongoing client care/management when absent from the practice setting or when leaving the practice setting;
- 1.15 Does not become involved in self diagnosis and/or treatment;

- 1.16 Acts as a preceptor and mentor to nursing colleagues, other members of the health care team and students;
- 1.17 Contributes to the advancement of evidence-based practice through initiation and/or participation in research activities, presentations, or publications; and
- 1.18 Articulates the role of the NP to clients, health care professionals and key stakeholders.

## **Standard 2: Health Assessment and Diagnosis**

The nurse practitioner integrates a broad knowledge base and critical appraisal in determining diagnosis and client needs.

The nurse practitioner:

- 2.1 Applies advanced assessment techniques and clinical decision-making skills when assessing clients;
- 2.2 Systematically collects and interprets health data by performing a comprehensive and focused health assessment using multiple tools and sources of data;
- 2.3 Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness;
- 2.4 Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience;
- 2.5 Ensures that diagnostic tests are interpreted, and results are acted upon in an appropriate and timely manner;
- 2.6 Documents all diagnostic tests ordered and/or discontinued on the client's permanent health record;
- 2.7 Communicates the diagnosis to clients and to interdisciplinary team members as required;
- 2.8 Involves clients in the development, implementation and evaluation of their plan of care; and
- 2.9 Synthesizes information from individual clients to identify broader implications for health within the family or community.



### **Standard 3: Therapeutic Management**

The nurse practitioner utilizes advanced knowledge and judgment in applying pharmacological and non-pharmacological interventions.

The nurse practitioner:

- 3.1 Provides treatments in accordance with provincial Registered Nurses Regulations  
Considers the known risks and benefits to the client, the anticipated outcome, and ensures safeguards and resources are available to manage outcomes when initiating interventions;
- 3.2 Provides client education about interventions including expected action, importance of compliance, side effects, potential adverse reactions, possible interactions and follow-up plan;
- 3.3 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place;
- 3.4 Obtains and documents informed consent from clients prior to performing procedures;
- 3.5 Performs procedures (non-invasive and invasive) for the clinical management/prevention of disease, injuries, disorders or conditions;
- 3.6 Utilizes an authoritative source of evidence-based drug and therapeutic information when prescribing drugs and other interventions;
- 3.7 Prescribes drugs in accordance with the Pharmacy Act and its associated Regulation;
- 3.8 Documents interventions and client's response(s) in the client's permanent health record;
- 3.9 Documents and reports adverse events associated with drugs and other interventions; and
- 3.10 Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.

\*3.1 was merged from 2 separate items in the 2012 edition

#### **Standard 4: Health Promotion and Prevention of Illness and Injury**

The nurse practitioner promotes health and reduces the risk of complications, illness and injury for clients.

The nurse practitioner:

- 4.1 Integrates the five World Health Organization principles of primary health care into clinical decision making: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration;
- 4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications;
- 4.3 Initiates or participates in the evaluation process of health promotion and prevention strategies;
- 4.4 Advocates for health promotion and prevention strategies at the policy level; and
- 4.5 Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.

### **Standard 5: Consultation, Referral, and Transfer (new)**

The nurse practitioner recognizes when consultation, referral, or transfer of client care is required to provide safe and competent care to their clients. The nurse practitioner will accept consultations and referrals from other health care providers related to client care.

The nurse practitioner:

- 5.1 Establishes collaborative relationships with other health care providers and community groups;
- 5.2 Consults other health care providers when the needs of the client are beyond the legislated scope of the NP, the NP's individual competence, or when the NP identifies the client would benefit from the expertise of another health care provider;
- 5.3 Evaluates the recommendations received from other health care providers;
- 5.3 Accepts consultations and referrals from other health care providers; and
- 5.4 Communicates recommendations or proposed treatments from consultations or referrals with clients and other health care providers.

## Glossary of Terms

**Accountability** - The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

**Adverse event** - An event that results in unintended harm to the client and is related to the care and/or service provided to the patient rather than the client's underlying condition.

**Advocate** - Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

**Client** - Individuals, families, group, population or entire communities who require nursing expertise; the client may be referred to as a patient or resident.

**Collaboration** - Joint communication and decision-making processes between the client, nurse practitioner and other members of the health care team, who work together to use their separate and shared knowledge and skills to provide optimum client-centered care. The health care team works with clients toward identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

**Consultation** - An explicit request for another health care professional's advice on the care of a client, with the goal of enhancing and/or improving client care. The consultant may or may not see the client. The responsibility for clinical outcomes remains with the consultee, who is free to accept or reject the advice of the consultant (Barron & White, 2014). Additional information and/or assistance are required from a professional with more extensive knowledge base related to a specific client situation.

**Cultural Safety** - Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

**Determinants of Health** - Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

**Diversity** - The *CNA Code of Ethics for Registered Nurses (2017)* describes diversity as the variation between people in terms of a range of factors: ethnicity, national origin, gender, age, ability, physical characteristics, religion, beliefs, sexual orientation, socio-economic class or life experiences.

**Health Conditions** - Health conditions that fall within the NP scope of practice shall be interpreted to mean the normal health events, common acute illness/injuries, chronic diseases and emergency health needs that NPs encounter within the context of their practice.

**Indicator** - statements that illustrate how each standard is applied and met.

**Non-Pharmacological Interventions** - Refers to aids, medical devices, medical supplies and/or other therapies including non-invasive and/or invasive procedures.

**Standard** - Authoritative statements that identify the legal and professional expectations for nursing practice.

**Therapeutic Management** - The diagnosis, treatment and evaluation of clients' health conditions which may include a range of pharmacological and non-pharmacological interventions.

## References

- Association of Registered Nurses of Newfoundland and Labrador (2013). *Standards for Nurse Practitioner Practice in Newfoundland and Labrador*. St. John's: Author.
- Barron, A. & White, P. A. (2014). Consultation. In A. Hamric, J. Spross, & C. Hanson (Eds.). *Advanced practice nursing: An integrative approach*. St. Louis: Saunders Elsevier.
- Canadian Nurses Association (2017). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- College of Registered Nurses of Prince Edward Island (2018). *Standards for Nursing Practice*. Charlottetown: Author.
- College of Registered Nurses of Prince Edward Island (2011). *Core Competencies for Nurse Practitioners*. Charlottetown: Author.
- Canadian Nurses Association (2019). *Advanced Practice Nursing A Pan-Canadian Framework*. Ottawa: Author.
- Nova Scotia College of Nurses (2018). *Standards of Practice for Nurse Practitioners*. Halifax: Author.
- Nurses Association of New Brunswick (2018). *Standards of Practice for Primary Health Care Nurse Practitioners*. Fredericton: Author.
- Saskatchewan Association of Registered Nurses (2017). *Registered Nurses (Nurse Practitioner) Practice Standards*. Regina: Author.