Scope of Practice
for
REGISTERED NURSES
STANDARDS
LIMITS
CONDITIONS
Scope of Practice for Registered Nurses

This document contains information about scope of practice for registered nurses (includes licensed graduate nurses) and nurse practitioners in British Columbia. It also includes important information for registered nurses related to 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.

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* Terms defined in the Glossary (Appendix 4) 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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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 by Nurses available at 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:
- Health care for promoting, maintaining and restoring health
- Prevention, treatment and palliation of illness and injury, primarily by assessing health status, planning and implementing interventions, and coordinating health services

This definition does not refer to evaluation, but neither does it exclude it. Evaluation is, of course, an important part of nursing practice.

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 life-threatening emergencies. Registered nurses are ethically obligated to provide the best care they can, given the circumstances and their individual competence.
2. Where a formal delegation process is in place. See Part 4.

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. The Regulation assigns specific restricted activities to registered nurses. Restricted activities are discussed in Part 3.

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**: A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.
- **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 must successfully complete additional education before carrying out conservative sharp wound debridement.

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

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.

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1 The B.C. government is currently developing a master list of restricted activities. The complete list of proposed restricted activities is available at [www.health.gov.bc.ca/leg/pdfs/HPGR_proposed_restricted_activities_Dec_11-2008.pdf](http://www.health.gov.bc.ca/leg/pdfs/HPGR_proposed_restricted_activities_Dec_11-2008.pdf). 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.
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 for registered nurses 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 activities may be carried out by registered nurses without an order, while other activities require a client-specific order. The Regulation also defines what an order is and who may give an order to a registered nurse.

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

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 without an order and activities that require a client-specific order
Sections 6 and 7 of the Regulation list the restricted activities that registered nurses may carry out as part of general 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 activities as certified practices. Registered nurses cannot carry out these activities (or carry them out without an order) until they have been certified through an education program approved by CRNBC.

**NURSE PRACTITIONER PRACTICE**

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.

Table 1 depicts practice activities and CRNBC regulatory requirements for general practice, certified registered nurse practice and nurse practitioner practice.

**Table 1: Practice Activities and Regulatory Requirements**

<table>
<thead>
<tr>
<th>Practice Activities</th>
<th>General Practice (Novice to Expert)</th>
<th>Certified Practice</th>
<th>Nurse Practitioner Practice</th>
</tr>
</thead>
</table>
| Practice Activities | • Activities that are not restricted activities  
• Sections 6 and 7 restricted activities | • Section 8 restricted activities for certified practice | • All activities within registered nurse scope of practice  
• Nurse practitioner activities as set out in the Regulation |
| Regulatory Requirements | • CRNBC Standards, Limits and Conditions | • CRNBC Standards, Limits and Conditions  
• Completion of a certification program approved by CRNBC | • CRNBC Standards, Limits and Conditions  
• Registration with CRNBC as a nurse practitioner |

See Appendix 3 for a graphic model that reflects registered nurses’ scope of practice.
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.

**Examples of nursing activities that are not restricted**

- Assigning care to other members of the health care team
- 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)
- Requisitioning blood work
- Taking a swab for culture and sensitivity
- 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:

1. **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.

2. Emergency contraception using levonorgestrel in the provision of reproductive health care to women. Some preparations of levonorgestrel are now in Schedule III and dispensing or administering them is not a restricted activity. However, this activity is new for registered nurses in general practice.

**CRNBC Limits and Conditions**
Registered nurses who administer or dispense levonorgestrel (Plan B) must follow an established decision support tool (DST).

Acting Without an Order

Registered nurses carry out many activities without an order. They make decisions about performing activities that are restricted as well as activities that are not restricted. Making a decision to carry out an activity without an order requires a different level of knowledge, skill, attitude and judgment than when the same activity is carried out under an order from another health professional.

In certain situations, it is appropriate for a registered nurse to decide independently that a specific activity is required and to carry out that activity without a client-specific order. In these situations, registered nurses may either carry out the activity or write the care plan for other registered nurses to follow. (Because nursing roles vary, registered nurses who are considering acting without an order are advised to clarify their role and responsibility within the health care team and with their employer.)

CRNBC strongly encourages employers to develop or adopt decision support tools to assist nurses in their practice. This is particularly important when nurses are moving toward more independent practice.
CRNBC Standards for Acting Without an Order

Before carrying out any activity without an order, registered nurses:

1. Accept sole accountability for determining that the client’s condition warrants performance of the activity

2. Assess client status and make a nursing diagnosis of a client condition that can be improved or resolved through nursing activities

3. Ensure that the activity is
   - within the scope of practice for registered nurses as set out in the Regulation
   - congruent with any limits or conditions established by CRNBC
   - within any restrictions imposed by organization policy

4. Interpret and use current evidence from research and other credible sources to support both the activity and the decision to carry it out

5. Have the competence to
   - Determine whether the client’s condition warrants performance of the activity, having considered
     • The known risks and benefits to the client
     • The predictability of outcomes of performing the activity
     • Other relevant factors specific to the situation
   - Carry out the activity safely and ethically
   - Manage the intended and unintended outcomes of the activity, having considered the safeguards and resources available in the circumstances to safely manage the intended and unintended outcomes of performing the activity

6. Obtain client consent

Adapted from standards developed by the College of Nurses of Ontario

Working With Others

Generally speaking, registered nurses work with other health professionals to provide safe and effective care to clients. They communicate their nursing decisions and actions to others. They may seek advice from others before arriving at a nursing diagnosis, finalizing a plan of care, or determining the most appropriate nursing intervention for a client. In these cases, registered nurses are following the Standards for Acting Without an Order by using evidence from credible sources.

Registered nurses also request direction or orders from other health professionals when the activity is outside the scope of practice or their individual competence (e.g., from a physician for medical diagnosis and treatment orders or from a wound care clinician for direction on complex wound care). In these cases, the Standards for Acting With an Order apply (see Part 3).
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.

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.

**DIAGNOSIS**

6 (a) 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.

A nursing diagnosis is a clinical judgment of a client’s mental or physical condition. It is made to determine whether the condition can be improved or resolved by the registered nurse intervening appropriately to achieve a result for which the registered nurse is accountable.

Registered nurses diagnose and treat a variety of conditions, including those that are resolved with nursing treatment and others that 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 physician can diagnose and treat the underlying disease (e.g., severe bleeding, hypoxia). Other examples of conditions that are diagnosed and treated by registered nurses 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 about client status (i.e., they must make a nursing diagnosis).

In some practice settings and roles, registered nurses also make provisional diagnoses of diseases and
disorders for purposes of 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 order diagnostic tests permitted by the Regulation.

**WOUND CARE**

6 (a) for the purpose of wound care, including 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**

Registered nurses may only suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Wound Care Committee decision support tool. They must follow this decision support tool when suturing such lacerations.

Note: Suturing lacerations is a new activity for nurses in general practice. A link to the decision support tool will be inserted when it is available online.

Registered nurses must successfully complete additional education before

- Suturing skin lacerations
- Carrying out conservative sharp wound debridement
- Directing negative pressure wound therapy, biological debridement therapy or compression therapy for wounds

Registered nurses must follow established decision support tools when carrying out

- Conservative sharp wound debridement
- Negative pressure wound therapy
- Biological debridement therapy
- Compression therapy for wounds

**INTRAVENOUS**

6 (a) (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

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

- To collect a blood sample or donation from a client
- To establish and maintain intravenous (IV) access
- To manage 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 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).
ASSESSING CLIENTS AND TREATING CONDITIONS

6 (a) (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 (a) (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

6 (a) (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 equal to or less than the pressure created by the use of an otoscope, or
(ii) water that is under pressure equal to or less 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 independently 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)
• Managing pessaries (treating 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 an order to apply fetal scalp electrodes.

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. This activity could potentially be done through a formal delegation process. Registrants who are interested in carrying out endotracheal intubation should contact CRNBC for direction.

Managing pessaries is common registered nurse practice. Fitting pessaries, however, is less common and requires the provision of Schedule I medications.

CRNBC Limits and Conditions
Registered nurses require an order to fit a pessary.

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 assessments of maternal and fetal well-being 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 the B.C. Perinatal Health Program (BCPHP) and follow decision support tools established by BCPHP. www.bcphp.ca

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

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

In addition, the Regulation 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. Defibrillation using other devices will be subject to CRNBC limits and conditions. These limits and conditions are currently being developed and registrants will be notified as soon as they have been approved by the CRNBC Board.
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. Examples of nursing practice that use the application of such electricity are transcutaneous electrical nerve stimulation and biofeedback.

Applying laser for the purpose of cutting or destroying tissue is considered a restricted activity. Registered nurses have not been authorized to apply laser independently. 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,

(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

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 order X-ray or ultrasound only under the following circumstances:

- Registered nurses who order X-ray or ultrasound must follow established decision support tools.
- Registered nurses who order X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.
- Registered nurses order 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 order 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 II of the Drug Schedules Regulation,

(i) compound the drug,

(ii) dispense the drug, or

(iii) administer the drug by any method;

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

(i) compound the drug,

(ii) dispense the drug, or

(iii) administer the drug by any method

for the purposes of

(iv) treating

(A) anaphylaxis,

(B) cardiac dysrhythmia,
(C) opiate overdose,
(D) respiratory distress in a known asthmatic,
(E) hypoglycemia, or
(F) post-partum hemorrhage,
(G) conditions that are symptomatic of influenza-like illness, or
(v) preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents

Under the Regulation, registered nurses are permitted to 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 – Medications and Dispensing Medications.

Schedule II medications include drugs such as:

- Glucagon
- Activated charcoal
- Sublingual nitroglycerine
- Gentian violet
- Some pediculicides
- Some debriding agents
- Some sclerosing 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 to 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 without an order to treat a condition following an assessment and nursing diagnosis. Registered nurses require an order 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 had diagnosed diabetes and ordered insulin therapy.

CRNBC Limits and Conditions

Registered nurses must successfully complete additional education before carrying out insulin dose adjustment. Registered nurses must use an established decision support tool when making such adjustments.

Registered nurses who administer or dispense levonorgestrel must follow an established decision support tool.
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. [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](http://www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm)

- 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 [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](http://www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm) and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide [www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf](http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf) in conjunction with the Canada Communicable Disease Reports [www.phac-aspc.gc.ca/ccdrw-rmtch/index-eng.php](http://www.phac-aspc.gc.ca/ccdrw-rmtch/index-eng.php). 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 [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](http://www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm) as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.

Limits and conditions are being developed in relation to the prevention of sexually transmitted infections following sexual assault. Registrants will be notified as soon as they have been approved by the CRNBC Board.

The Regulation states that registered nurses may 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:

- Naloxone to treat suspected drug/opiate overdose
- Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics
- Oxytocin to treat post-partum hemorrhage
- D50W to treat hypoglycemia
- Epinephrine to treat anaphylaxis
Registered nurses who administer naloxone, salbutamol, ipratropium bromide, D50W or epinephrine must follow an established decision support tool.

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

Registered nurses who administer oxytocin must possess the competencies established by B.C. Perinatal Health Program (BCPHP) and follow decision support tools established by BCPHP. [www.bcphp.ca](http://www.bcphp.ca)

Limits and conditions related to emergency cardiac care drugs are being developed. Registrants will be notified as soon as they have been approved by the CRNBC Board.

The Regulation also permits registered nurses to compound, dispense or administer Schedule 1 drugs (antivirals) to treat symptoms of influenza-like illness.

**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 – Registered Nurse Decision Support Tool (Clinical Practice Guidelines): Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms in the absence of a Medical Practitioner or Nurse Practitioner
[www.hls.gov.bc.ca/pho/pdf/H1N1%20Clinical%20Care%20Guideline%20for%20Nurses.pdf](http://www.hls.gov.bc.ca/pho/pdf/H1N1%20Clinical%20Care%20Guideline%20for%20Nurses.pdf)

**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 without an order. 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**
Without an order, registered nurses can compound and dispense a therapeutic diet administered through enteral instillation only to stable clients with an established diet. Registered nurses must get an 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

Restricted activities listed in Section 7 of the Regulation, and outlined below, require an order. An order is an instruction or authorization for a specific client that is given by an authorized health professional to a registered nurse to carry out an activity that includes a restricted activity listed in Section 7 of the Regulation.

Health professionals authorized to give orders to registered nurses under the Regulation are dentists, midwives, naturopaths, nurse practitioners, physicians and podiatrists. 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 dentist for a medication to treat congestive heart failure.

Registered nurses and other health professionals not named in the Regulation do not order. Instead, they participate in the development of care plans that direct and guide the provision of aspects of client care.

Orders can include instructions that:

- Are pre-printed
- Set out the usual care for a particular client group or client problem
- Are made client-specific by the health professional by adding the name of the individual client, making any necessary changes to the pre-printed order to reflect the needs of the individual client, and signing the order

The Regulation also permits orders that refer to another document. 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.

In addition, registered nurses need to take appropriate action if the order does not seem to be evidence-based or if it does not appear to take individual client characteristics and wishes into consideration. Appropriate actions could include getting more information from the client, consulting with a colleague or manager, or questioning the health professional who gave the order.

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3 Registered nurses who have completed a certification course approved by CRNBC may be able to carry out some of the restricted activities listed in Section 7 without an order. See Section 8.

4 The authorized health professional must be authorized by legislation to provide or perform the restricted activity or to give an order to perform it.

5 This situation may change if registered nurses are named as health professionals in regulations that set out the scope of practice for other health professionals (e.g., licensed practical nurses).
CRNBC Standards for Acting with an Order
Before carrying out an order, registered nurses:

1. Ensure that the order is:
   - Client-specific
   - Made by a health professional authorized to give an order to a registered nurse

2. Ensure that the activity is:
   - Within the scope of practice for registered nurses as set out in the Regulation
   - Congruent with any limits or conditions established by CRNBC
   - Within any restrictions imposed by organization policy

3. Have the competence to:
   - Carry out the activity safely and ethically
   - Manage the intended outcomes of the activity
   - Recognize unintended outcomes of the activity and implement the plan for dealing with these unintended outcomes

4. Take appropriate action if the order does not seem to be evidence-based or if it does not appear to consider individual client characteristics or wishes

5. Obtain client consent

PROCEDURES BELOW BODY SURFACES
7 (a) 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

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.

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 (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, 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 conscious 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 and would, therefore, not require an order (see Section 6). On the other hand, in some circumstances, an order may be appropriate. In these cases, employer policies will require registered nurses to receive an order before carrying out the restricted activity. For example, irrigating a ureterostomy tube with sterile normal saline would require an order.

**PUTTING ITEMS INTO BODY OPENINGS**

7 (c) (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, registered nurses may put items (such as fingers and instruments) into natural and artificial openings of the body.

Many of these nursing activities could be done to assess or treat a condition and would therefore not require an order. In other circumstances, an order is appropriate (e.g., passing a tube or instrument past a fresh surgical site). In these cases, employer policies will require registered nurses to receive an order before carrying out the restricted activity.

**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 competencies established by the Provincial Health Services Authority (PHSA) and follow decision support tools established by PHSA.

Endotracheal intubation is not currently considered to be within the scope of practice of registered nurses in B.C. This activity could potentially be done through a formal delegation process. Registrants who are interested in carrying out endotracheal intubation should contact CRNBC for direction.
PUTTING SUBSTANCES INTO EARS
7 (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 equal to or less than the pressure created by the use of an ear bulb syringe and syringing ears using greater pressure (e.g., using a 60 c.c. syringe). Registered nurses need an order before they can syringe an ear with any device that creates greater pressure than an ear bulb syringe.

HAZARDOUS FORMS OF ENERGY
7 (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 an order, 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) without an order. With an order, registered nurses working in specialty areas may carry out additional related activities. For example, vascular access nurses working in hemodialysis can 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 an order, registered nurses can 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, 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 (f) in respect of a drug specified in Schedule I or IA of the Drug Schedules Regulation,
(f) 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 an order. 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 Triplicate/Duplicate 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 an order, administer experimental medications not yet listed in any drug
schedule as part of a formal research program.

Registered nurses occasionally administer, under an order, “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 conscious 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 (c) (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 have
an order before they carry out allergy challenge testing by any method.

For clients who have no history of anaphylaxis, registered nurses require an order 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 without an order in 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 complete a certification program approved by CRNBC.

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), except compound, dispense or administer a drug specified in Schedule IA of the Drug Schedules Regulation, B.C. Reg. 9/98;
   (b) make a diagnosis identifying a disease, disorder or condition as the cause of the signs or symptoms of the individual.

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 categories of certified practice are:
   • Remote Nursing Practice
   • Reproductive Health
   • RN First Call

Table 2 shows the three certified practice categories, along with the education required for practice in each category.

CRNBC approves four components of certified practice programs:
   • Competencies
   • Decision support tools
   • Course development and delivery
   • Exit evaluation

The decision support tools 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, anterior epistaxis and impetigo. The certified practice decision support tools are available at www.crnbc.ca
### Table 2: Certified Practice Categories and Education Requirements

<table>
<thead>
<tr>
<th>CERTIFIED PRACTICE EDUCATION REQUIREMENTS</th>
<th>REQUIRED COURSES</th>
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<tbody>
<tr>
<td></td>
<td>Remote Practice</td>
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<tr>
<td>REMOTE PRACTICE</td>
<td>X</td>
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<tr>
<td>• diagnose/treat minor acute illness as set out in DSTs, including administering, compounding or dispensing Schedule I medications without an order</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 illness, including administering, compounding or dispensing Schedule I medications without an order, as set out in DSTs</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>- STI (sexually transmitted infections) only</td>
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<tr>
<td>- diagnose/treat sexually transmitted diseases</td>
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<tr>
<td>- CM (contraceptive management) only</td>
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<tr>
<td>- provide birth control</td>
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<td></td>
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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 states that:
- Delegation of a restricted activity by registrants must be in accordance with their college bylaws
- Delegation of a restricted activity to a registrant must be in accordance with the bylaws of the registrant’s college

The Act also says that government may establish:
- Restricted activities that must not be delegated
- Any limits and conditions that apply to delegation of a restricted activity

The Act gives regulatory bodies responsibility for determining aspects of practice that a registrant either may or must not delegate to a non-registrant.

The sections of the Health Professions Act dealing with delegation, however, are not in force. Similarly, the master list of restricted activities for all health professions has not been finalized in regulation. Until this legislative structure is in place and CRNBC bylaws on delegation are approved, CRNBC board-approved Standards provide direction for delegation.6

The CRNBC Standards for Delegating to Registered Nurses are consistent with the Health Professions Act and with commonly accepted principles of delegation (e.g., those of the College of Physicians and Surgeons of British Columbia).

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6 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.

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 and pelvic inflammatory 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.
Appendix 1: CRNBC Scope of Practice Standards

**CRNBC STANDARDS FOR ACTING WITHOUT AN ORDER**

Before carrying out any activity without an order, registered nurses:

1. Accept sole accountability for determining that the client’s condition warrants performance of the activity
2. Assess client status and make a nursing diagnosis of a client condition that can be improved or resolved through nursing activities
3. Ensure that the activity is
   - within the scope of practice for registered nurses as set out in the Regulation
   - congruent with any limits or conditions established by CRNBC
   - within any restrictions imposed by organization policy
4. Interpret and use current evidence from research and other credible sources to support both the activity and the decision to carry it out
5. Have the competence to
   - Determine whether the client’s condition warrants performance of the activity, having considered
     • The known risks and benefits to the client
     • The predictability of outcomes of performing the activity
     • Other relevant factors specific to the situation
   - Carry out the activity safely and ethically
   - Manage the intended and unintended outcomes of the activity, having considered the safeguards and resources available in the circumstances to safely manage the intended and unintended outcomes of performing the activity
6. Obtain client consent

*Adapted from standards developed by the College of Nurses of Ontario*

**CRNBC STANDARDS FOR ACTING WITH AN ORDER**

Before carrying out an order, registered nurses:

1. Ensure that the order is:
   - Client-specific
   - Made by a health professional authorized to give an order to a registered nurse
2. Ensure that the activity is:
   - Within the scope of practice for registered nurses as set out in the Regulation
   - Congruent with any limits or conditions established by CRNBC
   - Within any restrictions imposed by organization policy
3. Have the competence to:
   - Carry out the activity safely and ethically
   - Manage the intended outcomes of the activity
- Recognize unintended outcomes of the activity and implement the plan for dealing with these unintended outcomes
4. Take appropriate action if the order does not seem to be evidence-based or if it does not appear to consider individual client characteristics or wishes
5. Obtain client consent

**CRN BC 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.
Appendix 2: 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.
Registered nurses who administer or dispense levonorgestrel (Plan B) must follow an established decision support tool.

Limits and Conditions on Section 6 Restricted Activities

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

CRNBC Limits and Conditions
Registered nurses may only suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Wound Care Committee decision support tool. They must follow this decision support tool when suturing such lacerations.

Registered nurses must successfully complete additional education before
• Suturing skin lacerations
• Carrying out conservative sharp wound debridement
• Directing negative pressure wound therapy, biological debridement therapy or compression therapy for wounds

Registered nurses must follow established decision support tools when carrying out
• Conservative sharp wound debridement
• Negative pressure wound therapy
• Biological debridement therapy
• Compression therapy for wounds

6 (a) (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 an order before inserting a central venous catheter.
6 (a) (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 the B.C. Perinatal Health Program (BCPHP). www.bcphp.ca

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

CRNBC Limits and Conditions
Without an order, registered nurses can administer enteral feeds only to stable clients with an established diet. Registered nurses must get an order from an appropriate 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 (a) (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 (a) (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;

6 (a) (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 equal to or less than the pressure created by the use of an otoscope, or
   (ii) water that is under pressure equal to or less 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 an order to apply fetal scalp electrodes.
Registered nurses may not carry out endotracheal intubation.
Registered nurses require an order to fit a pessary.

6 (a) (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 the B.C. Perinatal Health Program (BCPHP) and follow decision support tools established by BCPHP. [www.bcphp.ca](http://www.bcphp.ca)

6 (a) (i) apply ultrasound for the purposes of bladder volume measurement, blood flow monitoring or fetal heart monitoring;
6 (a) (j) apply electricity for the purpose of defibrillation in the course of emergency cardiac care;

6 (a) (j.1) in the course of assessment, issue an instruction or authorization for another person to apply, to a named individual,
6 (a) (i) ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus, or
6 (a) (ii) X-rays for diagnostic or imaging purposes, except X-rays for the purpose of computerized axial tomography

CRNBC Limits and Conditions
Registered nurses order X-ray or ultrasound only under the following circumstances:

- Registered nurses who order X-ray or ultrasound must follow established decision support tools.
- Registered nurses who order X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.
- Registered nurses order 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 order 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 (a) (k) in respect of a drug specified in Schedule II of the Drug Schedules Regulation,
6 (a) (i) compound the drug,
6 (a) (ii) dispense the drug, or
6 (a) (iii) administer the drug by any method;

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

for the purposes of
6 (a) (iv) treating
6 (a) (A) anaphylaxis,
6 (a) (B) cardiac dysrhythmia,
(C) opiate overdose,
(D) respiratory distress in a known asthmatic,
(E) hypoglycemia, or
(F) post-partum hemorrhage,
(G) conditions that are symptomatic of influenza-like illness, or
(v) preventing disease using immunoprophylactic agents and post-exposure chemoprophylactic agents

CRNBC Limits and Conditions
Registered nurses only compound, dispense or administer Schedule II medications without an order to treat a condition following an assessment and nursing diagnosis. Registered nurses require an order before compounding, dispensing or administering Schedule II medications to treat a disease or disorder.

Registered nurses must successfully complete additional education before carrying out insulin dose adjustment. Registered nurses must use an established decision support tool when making such adjustments.

Registered nurses who administer or dispense levonorgestrel must follow an established decision support tool.

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. [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm)
- 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 [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm) and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide [www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf](www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf) in conjunction with the Canada Communicable Disease Reports [www.phac-aspc.gc.ca/ccdrw-rmtch/index-eng.php](www.phac-aspc.gc.ca/ccdrw-rmtch/index-eng.php). 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 [www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm](www.bccdc.ca/imm-vac/ForHealthProfessionals/ImmsCompetency.htm) as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.

Registered nurses may compound or administer:

- Naloxone to treat suspected drug/opiate overdose
- Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics
- Oxytocin to treat post-partum hemorrhage
- D50W to treat hypoglycemia
- Epinephrine to treat anaphylaxis

Registered nurses who administer naloxone, salbutamol, ipratropium bromide, D50W or epinephrine must follow an established decision support tool.
Registered nurses who administer naloxone, salbutamol or ipratropium bromide must successfully complete additional education.

Registered nurses who administer oxytocin must possess the competencies established by B.C. Perinatal Health Program (BCPHP) and follow decision support tools established by BCPHP. [www.bcphp.ca](http://www.bcphp.ca)

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 – *Registered Nurse Decision Support Tool (Clinical Practice Guidelines): Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms in the absence of a Medical Practitioner or Nurse Practitioner*
[www.hls.gov.bc.ca/pho/pdf/H1N1%20Clinical%20Care%20Guideline%20for%20Nurses.pdf](http://www.hls.gov.bc.ca/pho/pdf/H1N1%20Clinical%20Care%20Guideline%20for%20Nurses.pdf)

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

**CRNBC Limits and Conditions**
Without an order, registered nurses can compound and dispense a therapeutic diet administered through enteral instillation only to stable clients with an established diet. Registered nurses must get an order from an appropriate health professional for all other clients.

**Limits and Conditions on Section 7 Restricted Activities**

7 (a) 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

**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 (a) (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 (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 competencies established by the Provincial Health Services Authority (PHSA) and follow decision support tools established by PHSA.

7 (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 (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 an order, 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 3: Model Reflecting RN Scope of Practice

**Model Reflecting RN Scope of Practice**

- **Within Scope**
  - **General Practice**
    - Nursing practice activities
    - Not Restricted Activities
    - Restricted activities without an order
    - Restricted activities with an order
  - **CRNBC-Certified Practice**
    - Restricted activities for CRNBC-certified practice
  - **Out of Scope**
    - Restricted activities outside RN scope of practice
    - Delegation

**CRNBC Standards, Limits and Conditions**
**Appendix 4: Glossary**

**Additional education:** Structured education (e.g., workshop, course, program of study) that provides the competencies required to carry out a specific activity. The term does not refer to a course or program approved by CRNBC for CRNBC-certified practice.

**Biological debridement therapy:** The therapeutic use of live medical grade maggots (fly larvae) for debriding or cleaning wounds.

**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. (2007). *Screening for Cancer of the Cervix: An Office Manual for Health Professionals.*]

**Client:** An individual, family, group, population or entire community that requires nursing expertise. In some clinical settings, a client may be referred to as a patient or a resident.

**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, attitudes and judgment required to perform safely, ethically and appropriately within an individual's nursing practice or in a designated role or setting.

**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.

**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 deliberate and voluntary agreement to some act or purpose made by a capable individual.

Conservative sharp wound debridement: The removal of loose, soft, necrotic tissue at the interface between non-viable and viable tissue, using instruments (e.g., scalpel, scissors, curette) to create a clean wound bed. The procedure involves minimal pain and bleeding, and does not require general anesthesia. [Adapted from Provincial Skin and Wound Committee. (2010). Guideline and Procedure: Conservative Sharp Wound Debridement.]

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 either an evaluation for existing practitioners in the certified practice area or 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.

Dispense: The selection, preparation and transfer of a medication to a client, and taking steps to ensure its pharmaceutical and therapeutic suitability and its proper use. Dispensing may also include collecting money for the medication on behalf of the employer.

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. (2007). Endotracheal Intubation. Retrieved May 25, 2009 from www.medicinenet.com/endotracheal_intubation/article.htm.]

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.

Exit evaluation: A mechanism for evaluating competence at the time the student exits an education course or program.

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).

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 wound healing or to manage heavily exuding wounds.

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. May also include identifying potential problems and taking preventive (rather than corrective) actions.

Order: An instruction or authorization for a specific client given by a health professional (i.e., a physician, midwife, podiatrist, nurse practitioner, dentist or naturopath) to a registered nurse to carry out an activity that includes a restricted activity listed in Section 7 of the Regulation. This includes pre-printed orders that set out the usual care for a particular client group or client problem and are made client-specific by the health professional adding the name of the individual client, making any necessary changes to the pre-printed order to reflect the needs of the individual client, and signing the order. The Regulation also permits orders that refer to other documents. However, to support safe practice, these documents should be placed on the client's chart.

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 (2009). 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 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:** A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.
Appendix 5: Resources

**CRNBC Resources**
Information, education and consultation about scope of practice are available from CRNBC’s Practice Support Service. E-mail practice@crnbc.ca or telephone 604.736.7331 ext 332 or 1.800.565.6505.

**Available from the CRNBC website www.crnbc.ca**
- Appropriate Use of Titles by Nurses (Practice Standard – pub. 343) [www.crnbc.ca/downloads/343.pdf](http://www.crnbc.ca/downloads/343.pdf)
- Assigning and Delegating to Unregulated Care Providers (pub. 98) [www.crnbc.ca/downloads/98.pdf](http://www.crnbc.ca/downloads/98.pdf)
- Consent (Practice Standard – pub. 359) [www.crnbc.ca/downloads/359.pdf](http://www.crnbc.ca/downloads/359.pdf)
- CRNBC-Certified Practices [www.crnbc.ca/Standards/CertifiedPractice/Pages/Default.aspx](http://www.crnbc.ca/Standards/CertifiedPractice/Pages/Default.aspx)
- Delegating Tasks to Unregulated Care Providers (Practice Standard – pub. 429) [www.crnbc.ca/downloads/429.pdf](http://www.crnbc.ca/downloads/429.pdf)
- Dispensing Medications (Practice Standard – pub. 486) [www.crnbc.ca/downloads/486.pdf](http://www.crnbc.ca/downloads/486.pdf)
- Legislation Relevant to Nurses’ Practice (pub. 328) [www.crnbc.ca/downloads/328.pdf](http://www.crnbc.ca/downloads/328.pdf)
- Medications (Practice Standard – pub. 408) [www.crnbc.ca/downloads/408.pdf](http://www.crnbc.ca/downloads/408.pdf)
- Medications (pub. 3) [www.crnbc.ca/downloads/3.pdf](http://www.crnbc.ca/downloads/3.pdf)
- Professional Standards for Registered Nurses and Nurse Practitioners (pub. 128) [www.crnbc.ca/downloads/128.pdf](http://www.crnbc.ca/downloads/128.pdf)
- Understanding the Scope of Registered Nurses’ Practice (web learning module)
Scope of Practice
FOR REGISTERED NURSES

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).
- Information about health professions legislative reform, including scope of practice

**Federal Legislation and Regulation**

- Federal drug schedules under the Controlled Drugs and Substances Act