



COMPETENCIES
AND STANDARDS
OF PRACTICE
FOR NURSE
PRACTITIONERS
IN PRIMARY
HEALTH CARE

NURSES ASSOCIATION
OF NEW BRUNSWICK

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OUR MISSION

The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

The Nurses Association of New Brunswick endorses the principles of self-regulation, that is, promoting good practice, preventing poor practice and intervening when practice is unacceptable.

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ISBN 1 895613-44-2

Effective October 2002

The *Nurses Act* was amended in July 2002 to enable the practice of nurse practitioners in New Brunswick. The nurse practitioner role is regulated in addition to that of a registered nurse because the nurse practitioner performs activities that are not considered part of the scope of practice of registered nurses. This role is a nursing role, and nurse practitioners must practise in accordance with all standards relevant to the nursing profession including the NANB *Standards for Nursing Practice* and the CNA *Code of Ethics for Registered Nurses*.

Nurse practitioners have the potential to make a significant contribution to new models of health care delivery based on primary health care principles. NANB has promoted the utilization of nurse practitioners in emergency rooms, community health centres, family practice, and nursing homes.

The present document lists the competencies and standards which focus on the responsibilities in nurse practitioner practice which require additional regulation by NANB.

2. SCOPE OF PRACTICE OF THE NURSE PRACTITIONER IN PRIMARY HEALTH CARE

A nurse practitioner is a registered nurse who meets the requirements for registration with the Nurses Association of New Brunswick for practice as a nurse practitioner. The nurse practitioner has completed a nurse practitioner program in primary health care and has advanced knowledge and clinical expertise in assessment, diagnosis, and health care management. The nurse practitioner in primary health care is a generalist who offers comprehensive and continuous care to clients across the health continuum and throughout the client's lifespan. The client is defined as individual, family, groups and community. The nurse practitioner provides comprehensive primary health care services including health promotion, disease and injury prevention, curative, rehabilitative and supportive services to clients in all health settings. As a member of the interdisciplinary health team, the nurse practitioner role is both autonomous and collaborative in nature.

The "practice of a nurse practitioner" is defined in the *Nurses Act* (amended July 2002) as the practice in which a nurse practitioner may:

- diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client;
- order and interpret screening and diagnostic tests;
- select, prescribe and monitor the effectiveness of drugs; and
- order the application of forms of energy.

This authority is what makes the practice of nurse practitioners different from that of all other registered nurses.

The screening and diagnostic tests that may be ordered and interpreted, the drugs that may be selected or prescribed, and the forms of energy that may be ordered by the nurse practitioner are established by the Nurse Practitioner Therapeutics Committee and are set out in Schedules "A," "B" and "C" in the *NANB Rules*. The Nurse Practitioner Therapeutics Committee, which is made up of two physicians, two pharmacists and two nurse practitioners, meets at least once annually and makes recommendations to the NANB Board regarding the schedules. The Minister of Health and Wellness must approve the schedules or any changes made to the schedules prior to implementation.

3. NURSE PRACTITIONER COMPETENCIES

Competencies are defined as knowledge, skills, attitudes, and judgements required to perform safely in own area of nursing practice.

The following competencies are required by nurse practitioners upon entry into practice. They reflect the advanced knowledge and skills which require additional regulation on the part of the Nurses Association of New Brunswick. Nurse practitioner competencies build on the competencies required of all nurses.

The nurse practitioner competencies are grouped under the following headings:

- (i) Health Assessment and Diagnosis,
- (ii) Health Management of Acute and Chronic Health Conditions,
- (iii) Health Promotion and Disease Prevention, and
- (iv) Professional Role and Responsibilities

(i) Health Assessment and Diagnosis

The nurse practitioner:

- completes a comprehensive health assessment, including an appropriate health history and physical examination;
- demonstrates sound clinical judgement and diagnostic reasoning abilities in synthesizing health information in order to identify a health condition and make a diagnosis;
- modifies assessment techniques according to the client's condition, culture, and stage of development;
- synthesizes information from individual clients to identify broader implications for health within the family or community;
- applies the principles of physiology, pathophysiology and pathogenesis, including clinical manifestations of commonly encountered health conditions in order to make a diagnosis;
- determines the need for, orders and interprets the results of relevant screening and diagnostic laboratory tests; and/or interprets reports of x-rays and diagnostic ultrasounds, as per Schedules "A" and "B" in the *NANB Rules Respecting Nurse Practitioners* (APPENDIX "A") to:
 - diagnose a health condition,
 - monitor clients who have a previously diagnosed health condition, or
 - alter/adjust therapy previously established;
- effectively communicates health findings and/or the diagnosis of a health condition to the client and discusses the prognosis and options for treatment for those conditions;
- establishes a mutually acceptable plan of care based upon established priorities of care that maximizes health potential.

(ii) Health Management of Acute and Chronic Health Conditions

The nurse practitioner manages the treatment of clients' health conditions by:

- providing effective pharmacological, counselling, or other interventions;
- assisting/supporting clients to design and follow the plan of treatment and care;
- selecting/prescribing the appropriate treatment/intervention according to current best-practice guidelines;
- applying knowledge of pharmacology, including pharmacokinetics and pharmacodynamics when selecting/prescribing drugs as per Schedule "C" of the *NANB Rules Respecting Nurse Practitioners* (APPENDIX "A") to treat health conditions;
- monitoring the effect of the chosen therapy, including pharmacological and non-pharmacological treatment modalities;
- evaluating the effect of selected treatments and interventions using sound diagnostic reasoning skills;

3. NURSE PRACTITIONER COMPETENCIES

- altering therapy and making necessary adjustments when indicated;
- ensuring reasonable access to a physician for the purposes of consultation and referral or transfer of any client to a physician for care; and
- initiating timely and appropriate consultation, referral or collaboration with physicians and/or with other members of the health care team.

(iii) Health Promotion and Disease Prevention

The nurse practitioner:

- determines the need for and provides health promotion services to clients who are healthy or who have acute or chronic conditions;
- implements primary, secondary and tertiary prevention strategies for individuals, families and communities, or for specific age and cultural groups, in accordance with population health principles;
- provides anticipatory guidance and counselling to reduce risk factors and prevent disease and disabilities; and
- applies theories of teaching and learning when providing health education to individuals, families and groups.

(iv) Professional Role and Responsibilities

The nurse practitioner:

- practices both autonomously and collaboratively, offering the full scope of nurse practitioner practice;
- demonstrates knowledge of relevant professional, ethical and legal standards for nurse practitioner practice and incorporates such standards in practice;
- participates as a member of the health care team in the provision of health care by interacting with professional colleagues to provide comprehensive care;
- recognizes the importance of maintaining nurse practitioner competencies by actively seeking learning opportunities and continuing education programs;
- participates in quality assurance review including systematic review of records and treatment plans; and
- maintains active registration as a nurse practitioner with NANB.

The nurse practitioner performs a comprehensive health assessment and synthesizes data from multiple sources to formulate a differential diagnosis of a health condition. The nurse practitioner communicates health assessment findings and/or diagnosis, and discusses prognosis and treatment options with the client.

The nurse practitioner:

- utilizes critical thinking and applies current relevant clinical research findings in assessing health conditions of clients;
- orders preventative and diagnostic procedures based on client's age, history and presenting signs and symptoms; and
- communicates effectively with client, intentionally including principles of health promotion, illness/disease prevention, and capacity development in client teaching, and other interventions based on the established diagnosis.

2. STANDARDS FOR ORDERING X-RAYS AND ULTRASOUNDS

Nurse practitioners are authorized to order specific x-rays and diagnostic ultrasounds as listed in Schedule “A” in the *NANB Rules Respecting Nurse Practitioners (2002)* (APPENDIX “A”):

- to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client’s history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with a physician for treatment;
- to assess/monitor ongoing conditions of clients with chronic illnesses;
- for screening activities;
- to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
- to confirm symptoms of decreasing/increasing function of a vital organ or system.

Any x-ray or ultrasound not found on the list must be ordered by a physician.

The nurse practitioner:

- knows the contraindications to ionizing radiation exposure, and the associated risks and benefits of ordering an x-ray or an ultrasound;
- obtains informed consent prior to ordering an x-ray or ultrasound, and
 - explains the reason(s) for the x-ray or ultrasound,
 - explains the general risks and benefits of performing the x-ray or ultrasound, and
 - answers any questions that the client has;
- understands the radiologist’s diagnostic interpretation of a specific x-ray or ultrasound and consults with the radiologist if the interpretation of an x-ray or ultrasound requires clarification;
- makes decisions about treatment based on results of x-rays and/or consults with a physician in accordance with the expectations for consultation with physicians by nurse practitioners;
- may request a copy of the radiologist’s x-ray or ultrasound report for x-rays or ultrasounds ordered by a physician for clients with whom the nurse practitioner has been involved in providing care; and
- documents the x-ray or ultrasound order on the permanent client record as part of the treatment plan.

The authority to order x-rays does not include operating the x-ray machine, nor does the authority to order ultrasounds include performing or interpreting the ultrasound.

The interpretation of an x-ray film and/or of an ultrasound is the responsibility of a radiologist and falls outside the scope of practice of the nurse practitioner.

3. STANDARDS FOR ORDERING LABORATORY TESTS

Nurse practitioners are authorized to order laboratory tests as listed in Schedule “B” of the NANB *Rules Respecting Nurse Practitioners* (2002) (APPENDIX “B”):

- to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client’s history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
- to assess/monitor ongoing conditions of clients with chronic illnesses;
- for screening activities;
- to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
- to confirm symptoms of decreasing/increasing function of a vital organ or system.

Laboratory tests not included in Schedule “B” must be ordered by a physician.

The nurse practitioner:

- interprets the laboratory tests in the context of the individual client’s presentation, makes decisions about treatment, and/or consults in accordance with the expectations for consultation with physicians by nurse practitioners;
- may request a copy of a laboratory report for laboratory tests ordered by a physician for clients with whom the nurse practitioner has been involved in providing care;
- documents the order for laboratory tests on the permanent client record as part of the treatment plan;
- takes or handles specimens in accordance with the infection control guidelines in place; and
- complies with the transportation of infectious substances guidelines (Transport Canada guidelines are available from all laboratories) in preparing specimens for transport.

4. STANDARDS FOR PRESCRIBING DRUGS

Nurse practitioners are authorized to prescribe a range of drugs while respecting the restrictions/limitations outlined in Schedule “C” established in the *NANB Rules Respecting Nurse Practitioners* (2002) (APPENDIX “C”):

The authority does not include dispensing drugs. Nurse practitioners may administer a limited quantity of a specific drug to the client so that the client may start therapy immediately while waiting for the pharmacy to open to fill a prescription.

The nurse practitioner:

- completes prescriptions accurately and completely including the following information (*Pharmacy Act*):
 - date of issue;
 - name and address (if available) of client;
 - name, strength and quantity of prescribed drug - refer to the generic name of the drug;
 - quantity of the drug which may be dispensed;
 - directions for use - refers to the frequency, route of administration, and the duration of drug therapy, and special instructions, such as “take with food”;
 - directions for number of allowable refills and interval between refills, where applicable - if a prescription includes more than one drug, any drug that may be refilled must be clearly identified;
 - if all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug; and
 - prescriber’s name, address, telephone number, fax number and signature or unique nurse practitioner identifier;
- provides educational information to clients about prescription and non-prescription drugs which includes information regarding:
 - the expected action of the drug;
 - the importance of compliance with prescribed frequency and duration of the drug therapy;
 - the potential side effects;
 - the signs and symptoms of potential adverse effects (e.g. allergic reactions) and action to take if they occur;
 - potential interactions between the drug and certain foods, other drugs, or substances;
 - specific precautions to take or instructions to follow; and
 - recommended follow-up;
- establishes a working relationship with the pharmacist(s) for purposes of consultation;
- monitors and documents the client’s response to drug therapy. Based on the client’s response, the nurse practitioner may decide to continue, adjust, or withdraw the drug, or to consult with a physician in accordance with the expectations for consultation;
- establishes appropriate methods for keeping physicians informed of their mutual clients’ health conditions and of their treatment decisions (including decisions to repeat particular drugs);
- stores blank prescriptions in a secure area that is not accessible to the public; It is improper practice to provide any person with a blank, signed prescription as this may lead to potential theft or forgery.;
- does not prescribe for family members or for oneself; and
- does not become involved in self-care and encourages friends and family members to seek care from other health care providers.

4. STANDARDS FOR PRESCRIBING DRUGS

A prescription may be transmitted by facsimile to a pharmacy, provided that the following requirements are met (*Pharmacy Act*):

- the prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription;
- the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;
- the prescription must include all information listed above, and in addition must include:
 - time and date of transmission;
 - name and fax number of the pharmacy intended to receive the transmission; and
 - a signed certification that the prescription represents the original of the prescription drug order, the addressee is the only recipient and there are no others, and the words "This certifies that the above prescription has been transmitted only to the pharmacy indicated."

5. STANDARDS FOR CONSULTATIONS AND REFERRAL

The term consultation means an explicit request by a nurse practitioner for a physician to become involved in the care of a client for which the nurse practitioner, at the time of the consultation request, has primary responsibility. Consultation is required when the nurse practitioner approaches or reaches the limits of nurse practitioner practice, beyond which she or he cannot provide care independently and additional information and/or assistance is required. The nurse practitioner also recognizes the need for and initiates consultation with other members of the health care team in a timely manner.

The *Nurses Act* stipulates that the nurse practitioner must have reasonable access to a physician for the purpose of consultation with respect to any client and be able to refer or transfer any client to the care of a physician.

The nurse practitioner must provide to the NANB Registrar, annually, the employee's name and a statement from the employer verifying that the nurse practitioner, in the course of employment, has reasonable access to a physician for the purpose of consultation and referral or transfer of any client to a physician for care. The nurse practitioner must notify the NANB Registrar immediately if employment circumstances change.

Clinical expectations

The nurse practitioner seeks consultation with a physician:

- when the signs, symptoms, diagnosis and plan of treatment are unclear or beyond the knowledge, skill and judgement of the nurse practitioner to determine, including but not limited to the following:
 - persistent or recurring sign(s) or symptom(s) that cannot be attributed to an identifiable cause;
 - sign(s), symptom(s), report(s) of imaging or laboratory tests suggestive of a previously undiagnosed chronic systemic illness;
 - symptomatic or laboratory evidence of decreased or decreasing function of any vital organ or system;
 - sign(s) of recurrent or persistent infection;
 - any atypical presentation of a common illness or unusual response to treatment;
 - any sign(s) or symptom(s) of a sexually transmitted disease in a child;
 - any sign(s) or symptom(s) of behavioral changes that cannot be attributed to a specific cause; and
 - deviation from normal growth and development in an infant or child;
- in potentially life-threatening situations, (emergent situations) including but not limited to the following:
 - any sign(s) or symptom(s) of an acute event that is potentially threatening to life, limb, or senses;
 - sign(s) or symptom(s) of obstruction of any system;
 - signs of severe or widespread infection;
 - a fever greater than 39° in a child 3-36 months with no identifiable focus of infection;
 - any sign(s) or symptom(s) of illness in a child less than 3 months;
 - any blunt, penetrating, or other wound that may involve damage below the fascia or functional impairment; and
 - sign(s) or symptom(s) of any fetal or maternal pregnancy risk factor;
- when a client's chronic condition destabilizes, including but not limited to the following:
 - symptomatic or laboratory evidence of destabilization and/or unexpected deterioration in the condition of a client who is being managed for a previously diagnosed illness.

Consultation may be required at any stage of the nurse practitioner-client relationship, from the time of the initial assessment through to the evaluation of effectiveness of treatment. Expectations for consultation also apply when managing the care of a client with a chronic condition. Consultation

5. STANDARDS FOR CONSULTATIONS AND REFERRAL

takes place following a formal request and can occur in a variety of ways, for example, face to face, by telephone, in writing. The degree to which the physician becomes involved may vary. Consultation may result in the physician providing an opinion and recommendation; an opinion, recommendation, and concurrent intervention; or assuming primary responsibility for the care of the client (transfer of care). Consultation occurs with a family physician; however, a nurse practitioner may consult with a specialist physician if appropriate to the situation and the practice setting.

When requesting a consultation by a physician, the nurse practitioner:

- clearly presents the reason for and the level of urgency of the consultation;
- describes the level of consultation requested: an opinion and recommendation; an opinion, recommendation, and concurrent intervention; or immediate transfer of care;
- ensures that the physician has appropriate access to the client's known health information;
- confirms the understanding of the nurse practitioner and physician responsibilities in the specific situation; and
- documents the request for and outcome of the consultation.

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