



## Nurse Practitioner FAQ's

**I work with registered nurses in providing care to clients. Am I able to write a Directive for registered nurses to follow?**

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, write a Directive. NANB encourages nurse practitioners to work with employers in developing policies and to practice within these policies when writing a Directive. NP standards stipulate that NPs are accountable for their prescribing decisions and must always act within their level of competence and scope of practice and to consult with other health care providers when the diagnosis and/or treatment plan is unclear or is not within the NP scope of practice.

The term Directive is used to apply to both medical practitioners and nurse practitioners as authorized prescribers. **The NANB considers a Directive to be:** a written order from an authorized prescriber for a procedure, treatment or drug for a number of clients, when specific conditions are met. There are a number of specific components required in a Directive, including:

- ? the name and description of the procedure, treatment or drug being ordered;
- ? specific client clinical conditions and situational circumstances that must be met before the Directive can be implemented;
- ? clear identification of the contraindications for implementing the Directive;
- ? the name and signature of the authorized prescriber approving, and taking responsibility for, the Directive; and
- ? the date and signature of the administrative authority approving the Directive, if required by the employer. (For example, the Director of Nursing may be required to sign off on all directives annually in some institutions).

The degree to which client conditions and situational circumstances are specified will depend on the client population, the nature of the orders involved and the expertise of the health care professionals implementing the Directive.