



What Is a Directive?

The NANB considers a Directive to be: a written order from an authorized prescriber¹ for a procedure or treatment, for a number of clients, when specific conditions are met. The specifics of the Directive will depend on the client population; the nature of the orders involved and the expertise of the health care professionals implementing the Directive.

Guiding Principles for Directives²

- Directives should never contraindicate legislation, policy or accepted standards for nursing practice.
- The accountability and responsibility to initiate, implement and maintain a Directive for client care is shared by registered nurses (RNs), authorized prescribers and employers.
- Employer policies should be in place to support the implementation of Directives, (including education and competencies required by the practitioners following the Directive).
- Directives should be in the best interest of clients and be appropriate for the practice environment.
- Directives should promote the optimal application of the competencies of RNs.
- Health Canada, the federal department responsible for the Controlled Drugs and Substance Act (CDSA), does not allow directives to be used for drugs such as narcotics and benzodiazepines.
- Procedures that require direct assessment of the client by the authorized prescriber, require direct orders.

The health care team needs to determine whether a procedure can safely be ordered by means of a directive, or whether direct assessment of the client by a nurse practitioner (NP) or a physician is required before a procedure is implemented.

Contents of a Directive:³

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 clinical conditions and situational circumstances that must be met before the Directive can be implemented;
- clear identification of any contraindications for implementing the Directive;
- the name and signature of the authorized prescriber who is taking responsibility for, the Directive; and
- the date and signature of the administrative authority approving the Directive.

A directive may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. It is now recognized that knowledge, skill and judgment are critical, and that no order, regardless of how routine it may seem, should be automatically implemented. Directives should not be confused with preprinted medical orders that are signed by a prescriber prior to a medical procedure, such as surgical order sets.

Responsibilities of the Nurse implementing the Directive

The RN who implements an intervention on the basis of a directive is responsible for:

clarifying that informed consent has been obtained;

- assessing the client to ascertain that the specific client conditions and any situational circumstance are met;
- knowing any risks to the client;
- possessing the knowledge, skill and judgment required to implement the directive safely;
- knowing the predictability of the outcomes of the intervention; and
- knowing how to contact the NP or physician responsible for care, if required.

¹ Authorized Prescriber: a person lawfully entitled to prescribe treatments or medications. In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists and midwives.

² <https://crnns.ca/wp-content/uploads/2015/02/CareDirectives.pdf>

³

<http://www.nanb.nb.ca/media/resource/NANB-MedStandardRevised-November2016-E.pdf>

An Example of Creating and Implementing a Directive

An RN working with bachelor of nursing students, is doing a community clinical rotation in the downtown area of a local city, where opioid using persons are living. Naloxone kits can be purchased at the pharmacy by the public, however the RN knows that in order to give a medication while employed as a nurse, she is to have an order from an authorized prescriber.

The RN collaborates with a NP by using the *Flowchart: Development and Implementation of Directives*, to create a

directive for the administration of naloxone. The clients are persons showing evidence of opioid overdose and the authorizing prescriber is the NP. The directive includes the signs and symptoms of opioid overdose and the appropriate dosage, route and clinical considerations with naloxone administration.

Once the draft directive is completed, the RN meets with her supervisor for agency approval and for the permission to create an employer policy to support this practice of naloxone administration.

Flowchart: Development and Implementation of Directives²

