



Nurses Association
OF NEW BRUNSWICK

Standards for the Practice of Primary Health Care Nurse Practitioners



Mission

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

The Nurses Association of New Brunswick (NANB) is mandated to regulate nurse practitioner (NP) practice, in addition to that of a registered nurse. The NP performs activities that are beyond the scope of practice of a registered nurse, such as diagnosing and prescribing. The document *Standards for the Practice of **Primary Health Care**¹ Nurse Practitioners* is intended to describe the NP's scope of practice and identify expectations for NP practice in New Brunswick. These standards for practice reflect the minimum professional practice performance that the public can expect from any NP in New Brunswick, in any practice setting. The NP must also practise in accordance with all standards relevant to the nursing profession including the NANB *Standards of Practice for Registered Nurses* and the CNA *Code of Ethics for Registered Nurses*.

The document *Standards for the Practice of Primary Health Care Nurse Practitioners* contains four standards. Standards are authoritative statements that identify the legal and professional expectations for nursing practice. They describe the desired and achievable level of practice against which actual performance can be measured. Each standard is supported by indicators. Indicators serve as examples of activities which demonstrate how a standard may be applied. Indicators are not intended to be all-inclusive and are equally important regardless of their placement. Indicators are meant to apply across a variety of settings and they may therefore be further refined by the context of practice.

The document titled *Nurse Practitioner Core Competencies* is a companion document of the *Standards for the Practice of Primary Health Care Nurse Practitioners*. These two documents are intended for all NPs, regardless of their role or practice setting. The most current NANB publications may be found online at www.nanb.nb.ca.

¹ Words in **bold** print are defined in the glossary.

Note: The term 'nurse practitioner' in this document, refers to the primary health care nurse practitioner and is gender neutral.



Primary Health Care Nurse Practitioner Scope of Practice

A nurse practitioner is a registered nurse who has completed a nurse practitioner program (masters level degree), in primary health care and has advanced knowledge and clinical expertise. The NP exercises a high degree of independent judgement - providing comprehensive health assessments, making differential diagnosis and determining the treatment of human responses to actual or potential health problems.

The primary health care NP is a generalist who offers **client-centered** care across the health continuum and throughout the **client's** lifespan, including: health promotion, disease and injury prevention, curative, supportive, rehabilitative and palliative care. The NP is a member of the interdisciplinary health team, whose role is autonomous. NPs may practise in a variety of settings including, but not limited to: emergency rooms, community health centres, schools, work sites, family practice offices and nursing homes.

NPs are authorized to 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 (*Nurses Act, 2002*). This authority is what makes the practice of nurse practitioners different from registered nurses. They engage in reflective practice and support others in this process through clinical supervision or mentoring, possessing the leadership skills to lead care and care teams.



Standard 1: Professional Responsibility and Accountability

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

The nurse practitioner:

- 1.1 maintains a registration as an NP in New Brunswick;
- 1.2 practises in accordance with current federal and provincial legislation, professional and ethical standards, and policy relevant to NP practice;
- 1.3 attains, maintains and enhances competence within own area of practice;
- 1.4 engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory;
- 1.5 incorporates knowledge of vulnerable populations, **diversity, cultural safety** and the determinants of health in assessment, diagnosis, and **therapeutic management** of the client;
- 1.6 integrates the principles of resource allocation and cost-effectiveness in clinical decision-making;
- 1.7 demonstrates professional integrity and ethical conduct when dealing with therapeutic product manufacturers and pharmaceutical companies;
- 1.8 collaborates, **consults** and/or refers to other health care providers when the diagnosis and/or treatment plan is unclear or is not within the NP scope of practice (See Appendix 1);
- 1.9 provides consultation to and accepts referrals from other health care providers for clients whose **health conditions** are within the NP scope of practice and individual expertise;
- 1.10 documents clinical data, assessment findings, diagnoses, plan of care, therapeutic intervention (including consent), client's response and clinical rationale in a timely and accurate manner in the client's permanent health record;
- 1.11 documents and reports adverse events associated with pharmacological and **non-pharmacological interventions**, (including controlled drugs and substances) according to federal/provincial/territorial legislation, regulation and policy, and organizational policy (e.g. MedEffect Canada at www.healthcanada.gc.ca/medeffect)



- 1.12 adheres to policies regarding safe storage and transportation of controlled drugs and substances, if required in their focus of practice;
- 1.13 maintains and retains client health records according to relevant legislation, professional standards and employer policies;
- 1.14 practises within the context of a therapeutic nurse-client relationship, directing friends and family members to seek care from other health care providers;
- 1.15 recognizes and addresses situations that place the NP in a **conflict of interest**² and takes steps to avoid such situations;
- 1.16 acts as a preceptor and mentor to nursing colleagues, other members of the health care team and students; and
- 1.17 demonstrates leadership, acting as both a leader and a role model for the professional development of colleagues and the profession of nursing.

Standard 2: Health Assessment and Diagnosis

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

The nurse practitioner:

- 2.1 applies advanced assessment techniques, critical thinking and clinical decision making skills when assessing clients;
- 2.2 systematically collects, documents and critically analyzes health data by performing a holistic health assessment using multiple tools and sources of data, including:
 - the cause and nature of symptoms,
 - history of comorbid conditions,
 - substance use and prescribed pharmaceuticals (utilizing a prescription drug monitoring program to evaluate a patient's medication history, when available),
 - psychosocial and psychiatric health,
 - risk assessment for misusing substances (ex: addictive behaviours and/or drug diversion), and
 - pre- and post-intervention assessments;

² For more information, please see NANB document *Guideline for Conflict of Interest*, 2015.



- 2.3 orders diagnostic imaging tests, laboratory and other tests when clinically indicated and in accordance with *Nurse Practitioner Schedules for Ordering: Schedules "A" and "B"* (See Appendix 2);
- 2.4 explains to clients the reasons for ordering specific screening and diagnostic tests, including the associated risks and benefits;
- 2.5 ensures that diagnostic tests are interpreted and results are acted upon in an appropriate and timely manner;
- 2.6 documents all diagnostic tests ordered and/or discontinued on the client's permanent health record, including any follow-up required as a result of the test;
- 2.7 formulates a differential diagnosis by systematically comparing and contrasting clinical findings that were obtained during the interview, physical examination, diagnostic tests, or diagnostic procedures, including findings from other healthcare professionals;
- 2.8 communicates the diagnosis to clients and to interdisciplinary team members as required;
- 2.9 discusses prognosis and treatment options with the client; and
- 2.10 synthesizes information from individual clients to identify broader implications for health within the family or community.

Standard 3: Therapeutic Management

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

The nurse practitioner:

- 3.1 does not become involved in self-care;
- 3.2 involves each client in the development, implementation and evaluation of their plan of care;
- 3.3 utilizes an authoritative source of evidence-informed drug and therapeutic information when prescribing drugs, blood products and other interventions;
- 3.4 prescribes drugs, including controlled drugs and substances, based on a knowledge of pharmacological and physiological principles, and in accordance with the NANB *NP Schedules for Ordering: Schedule "C"* (See Appendix 2), provincial legislation and federal legislation;



- 3.5 completes a prescription accurately and completely according to relevant legislation, standards and policies (See Appendix 3);
- 3.6 considers and discusses with the client any potential non-pharmacological alternatives for symptom management;
- 3.7 considers the known risks and benefits to the client, the anticipated outcome, and ensures safeguards and resources are available to manage outcomes when initiating interventions;
- 3.8 provides client education about pharmacological interventions, including: indications for use, expected therapeutic effect, management of potential adverse effects/withdrawal symptoms, interactions with other medications or substances, precautions specific to the drug or the client, adherence to prescribed regimen, safe handling and storage, and required follow-up;
- 3.9 respects the rights of the client to make informed decisions throughout their health/illness experience or episode, while ensuring access to accurate information is available to the client;
- 3.10 obtains and documents informed consent from the client prior to performing **procedures**;
- 3.11 performs procedures (non-invasive and invasive) for the clinical management/prevention of disease, injuries, disorders or conditions;
- 3.12 provides specific medications in small quantities in situations where a pharmacist is not available or accessible and/or it is in the best interest of the client;
- 3.13 evaluates client outcomes of selected treatments and interventions, incorporating evidence-informed assessment tools, when available (ex: wound care assessment tool or a tool for assessing risk of addiction);
- 3.14 maintains, adjusts, weans or discontinues pharmacological or non-pharmacological treatments and interventions, based on the client's therapeutic response and with adherence to the treatment plan;
- 3.15 documents interventions and client's response, in the client's permanent health record; and
- 3.16 is proactive and analytical in acquiring new knowledge, as required to provide comprehensive, quality, and evidenced-informed care.



Standard 4: Health Promotion and Prevention of Illness and Injury

The nurse practitioner promotes health and reduces the risk of complications, illness and injury for clients while contributing to the sustainability of the health care system.

The nurse practitioner:

- 4.1 articulates the role of the NP to clients, health care professionals and key stakeholders;
- 4.2 integrates the five World Health Organization principles of primary health care into clinical decision making: accessibility, public participation, health promotion, appropriate technology and intersectoral **collaboration**;
- 4.3 **advocates** for and participates in:
 - health promotion and prevention strategies (for individuals, families and communities, or for specific age and cultural groups),
 - the evaluation process of health promotion and prevention strategies,
 - improved access to the health care system at the policy level,
 - the development of evidence-informed prescribing practices for the safety of prescribers, patients and the public (e.g. prescription drug monitoring),
 - the development, implementation, and the evaluation of strategies to address potential risks of harm to coworkers, clients, and the public arising from the loss, theft or misuse of controlled drugs and substances; and
- 4.4 contributes to advancement of evidence-based practice through initiation and/or participation in research activities, presentations, or publications.



Appendix 1: Clinical expectations for consultation with a physician

1. The NP involves the client in the consultation process starting with the identification of the need for consultation and the desired outcomes.
2. The NP consults a physician when the diagnosis and/or treatment plan is beyond the NPs scope of practice, beyond the individual NP's **competence**, and/or the expertise of a physician is required to diagnose or manage a client's health condition.
3. Consultation takes place following a formal request and can occur in a variety of ways, for example, face to face, by telephone and/or in writing.
4. The level of physician involvement as a result of the consultation will be one of the following:
 - a. The physician provides an opinion and recommendation to the NP who continues to have primary responsibility for the health of the client, or
 - b. The physician assumes shared responsibility for some aspects of the care, and the physician and NP jointly clarify who is assuming responsibility for the overall coordination of care and various aspects of the client's care, or
 - c. The care of the client is referred and/or transferred to the physician who then assumes responsibility for the client.
5. The NP may consult with or refer to a specialist when required.
6. The NP documents the request for and the outcome of a consultation in the client's permanent health record.



Appendix 2: Nurse Practitioner Schedules for Ordering

SCHEDULE “A” – Medical Imaging Tests

Based on their client population, and as part of their practice, NPs have the authority to order medical imaging tests as listed below. NPs will base decisions for treatment plans on a radiologist’s interpretation of medical imaging tests.

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, order medical imaging tests in the following areas:

- General Radiology
- Ultrasound
- Bone Density
- Mammography
- Nuclear Medicine
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT Scan)

SCHEDULE “B” – Laboratory and Other Non-Laboratory Tests

Based on their client population, and as part of their practice, NPs have the authority to order and interpret laboratory and other non-laboratory tests.

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, order laboratory and other non-laboratory tests in the following areas:

LABORATORY TESTS

- Anatomical Pathology
- Biochemistry
- Coagulation
- Cytopathology
- Hematology
- Immunology
- Microbiology
- Molecular Genetics
- Serology
- Therapeutic Drug Monitoring
- Transfusion Medicine
- Virology



OTHER NON-LABORATORY TESTS

Additional tests required by the client population may include, but are not limited to: BP Monitoring, Holter Monitoring, ECG, 24-hour Pulse Oximetry, Sleep Apnea Test, and Pulmonary Function Tests.

SCHEDULE “C” – Drugs and Drug Interventions

Based on their client population, and as part of Primary Health Care NP practice, NPs have the authority to prescribe drugs.

Nurse practitioners are authorized, in accordance with the competencies and standards established by the NANB Board of Directors, to prescribe drugs within the following guidelines.

- A Nurse Practitioner may prescribe any drug listed in part I and II of Section G of the Food and Drug Regulations, with the exception of the following:
 - Drugs found in section G, part III* of the Food and Drug Regulations³, (excluding testosterone).
 - Opium, heroin and coca leaves.

Most of these drugs are listed in Schedule I of the National Association of Pharmacy Regulatory Authorities (NAPRA) ** National Drug Schedules (NDS)⁴.

- Non-prescription drugs can be obtained without a prescription, however, NPs can write a prescription for such drugs, if required (Schedule II and III NAPRA’s National Drug Schedules).
- A Nurse Practitioner may prescribe vaccines in accordance with the immunization standards for New Brunswick Public health Services as outlined in the *New Brunswick Immunization Handbook* and the *Canadian Immunization Guide* as revised from time to time, and “vaccine” means any biological product used in the New Brunswick immunization program

A Nurse Practitioner may want to consult the *New Brunswick Prescription Drug Program Formulary*, to verify the provision of drug benefits to eligible residents of New Brunswick. Prescription medicines not listed in the Formulary may be obtained through the Special Authorization Process.

*** Drugs found in section G, part III of the Food and Drug Regulations is a listing of Anabolic Steroids. NPs are not authorized to prescribe anabolic steroids except for Testosterone.**

****NAPRA Schedule I lists controlled drugs and substances by using subscripts at the end of the listed drug name. The reader must then refer to the definitions of the subscripts at the top of the NAPRA web-site. The subscripts are in English only at the time of this publication.**

³ <http://laws.justice.gc.ca/PDF/C.R.C., c. 870.pdf>

⁴ www.napra.ca/pages/Schedules/Search.aspx



Appendix 3: Clinical expectations for completing a prescription

1. The NP completes a prescription accurately and completely according to relevant legislation, standards and policies.

Prescriptions must include:

- a. date;
 - b. client name;
 - c. address (if known);
 - d. name, strength, and quantity of prescribed drug (refer to generic name of the drug when possible for single entity products; brand name may be used for compound products);
 - e. directions for use; including dose, frequency, the route and expected duration of treatment (if known);
 - f. number of refills; and
 - g. NP's name, designation, NANB registration number, business address and signature (written legibly).
2. The NP may prescribe using written, faxed or electronic prescriptions. Under extenuating circumstances NPs may telephone a prescription to a pharmacist on behalf of a client.
 3. A prescription may be transmitted by facsimile (fax) to a pharmacy, in accordance with relevant NB legislation or regulation provided that the following requirements are met:
 - a. The prescription must be sent only to pharmacy of the client's choice with no intervening person having access to the prescription.
 - b. The prescription must be sent directly from the health institution or the prescriber's office or from another location providing that the pharmacist is confident of the prescriber's legitimacy.
 - c. The prescription must include all information listed above and, in addition, must include:
 - i. Date and time of transmission;
 - ii. Name and fax number of the pharmacy intended to receive the transmission.
 4. Blank prescriptions must be stored in a secure area that is not accessible to the public.
 5. The NP does not provide any person with a blank, signed prescription.



Glossary

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

Client: Individuals, families, groups, populations or entire communities who require nursing expertise. The term “client” reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

Client-Centered Care: An approach to care in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client-centered care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making.

Conflict of Interest: When the NP’s personal interests influence (or potentially influence) her professional judgement or interferes with her duty to act in the best interest of the client.

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

Consult/Consultation: An explicit request for another health care professional’s advice on the care of a client, with the goal of enhancing and/or improving client care. The consultant may or may not see the client. The responsibility for clinical outcomes remains with the consultee, who is free to accept or reject the advice of the consultant (Barron & White, 2009). Additional information and/or assistance are required from a professional with more extensive knowledge base related to a specific client situation.

Competence: The ability of an NP to integrate and apply the knowledge, skills, judgements, and personal attributes to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs.

Cultural safety: Addresses power differences inherent in health service delivery and affirms, respects, and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & Canadian Nurses Association, 2009; Browne et al., 2009; Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada, 2008).



Diversity: The variation between people in terms of a range of factors: ethnicity, national origin, gender, age, ability, physical characteristics, religion, beliefs, sexual orientation, socio-economic class or life experiences (*Code of Ethics for Registered Nurses, CNA, 2008*).

Health condition: The normal health events, common acute illness/injuries, chronic diseases and emergency health needs that NPs encounter within the context of their practice.

Leadership: A process that involves critical thinking, action and advocacy with the goal of influencing and inspiring others, whether formally (through a set role) or informally. Nursing leaders think critically and inform their practice with evidence, while taking charge when needed and advocating for patients and the public as required, for improved health and healthcare systems.

Non-pharmacological interventions: Refers to aids, medical devices, medical supplies and/or other therapies including non-invasive and/or invasive procedures.

Primary health care (PHC): Essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. Essential health care includes health promotion, disease prevention, curative, rehabilitative and supportive care. As a philosophy, PHC is based on the values of equity, solidarity and social justice. PHC supports the end of exclusion, promoting accessibility by focusing on individual and community strengths, opportunities and involvement (WHO, 2008). The five principles of PHC are: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.

Procedures: Non-invasive and invasive procedures to assess, restore, regain or maintain physiological stability of clients.

Schedule I Medication: A medication that requires a prescription or order from an authorized prescriber. Controlled drugs and substances are included in Schedule I.

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



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