

Fact Sheet: Directive

A directive is a written order from an authorized prescriber¹ for an intervention² or a series of interventions that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. The specifics of the directive will depend on the client population, the nature of the orders involved, and the knowledge, skill, and judgment of the nurse³ implementing the directive. This document is intended to provide guidance to nurses on their responsibilities and accountabilities related to directives.

Guiding Principles for Directives

- Directives should be in the client’s best interest and appropriate for the practice environment.
- Interventions must be in the nursing [scope of practice](#) and comply with [nursing standards](#) and other applicable legislation.
- Interventions that require assessment of the client by the authorized prescriber require a client-specific direct order.
- The responsibility and accountability to initiate, implement, and maintain a directive for client care is shared by nurses, authorized prescribers and employers.
- Employer policies should be in place to support the use of directives, including supporting the required education to attain and maintain competencies⁴.
- The [Controlled Drugs and Substance Act](#) does not allow directives to be used for controlled substances. Orders for controlled substances must be client specific.

The health care team needs to determine whether an intervention can safely be ordered by means of a directive, or whether assessment of the client by an authorized prescriber is required before an intervention is implemented. A directive should not be confused with a *direct order* or a *pre-printed order*.

- A direct order is an order for a specific intervention written by an authorized prescriber for an individual client. It is usually time-limited (as per employer policy) and administered at a specific time. For example, Medication X, 100 mg p.o., q4h X 10 days.
- Pre-printed orders are lists of orders for specific health conditions or medical procedures from which the authorized prescriber selects applicable orders for a specific client. For example, pre-printed orders could include bladder and bowel care for long-term care

¹ A practitioner lawfully entitled to prescribe treatments or medications (New Brunswick College of Pharmacists, 2014). In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians, and physician assistants (College of Physicians and Surgeons of New Brunswick, 2013).

² An intervention is a task, procedure, treatment, or action with clearly defined limits, which can be assigned or delegated within the context of client care (Nova Scotia College of Nurses [NSCN], 2023).

³ The term “nurse” refers to graduate nurses, registered nurses, and nurse practitioners.

⁴ Please refer to the [Practice Guideline: Beyond Entry-Level Competencies](#) (BELCs). BELCs can also be referred to as advanced nursing tasks, added or advanced competencies, contextual competencies, and specialized skills.

residents or post-op surgical orders for clients undergoing a total hip replacement (NSCN, 2023).

Responsibilities of Nurse Practitioners Writing a Directive

The nurse practitioner (NP) writing an order for an intervention (whether that order is a direct order or is applicable to several clients by means of a directive) is responsible for:

- adhering to the [Standards for the Practice of Primary Health Care Nurse Practitioners](#);
- knowing the risks of performing the interventions being ordered;
- knowing the predictability of the outcomes associated with the interventions;
- knowing the degree to which safe management of the possible outcomes requires involvement or intervention of a NP;
- ensuring that appropriate resources are available to intervene as required; and
- ensuring that informed consent has been obtained (College of Nurses of Ontario [CNO], 2020).

Responsibilities of Nurses Implementing a Directive

Nurses are guided by their [Standards of Practice for Registered Nurses](#) and, as self-regulated professionals, are always accountable for their actions. To meet their [standards](#), nurses must acquire and maintain the necessary competencies for the provision of safe and effective care and recognize the limits of their practice and individual competence when implementing directives (NSCN, 2023).

The nurse implementing a directive is responsible for:

- verifying that informed consent has been obtained⁵;
- ensuring the directive can be initiated by assessing the client to determine if the directive's specific conditions and situational circumstances are met;
- knowing any risks to the client of implementing the directive;
- possessing the knowledge, skill and judgment required to implement the directive safely;
- knowing the predictability of the outcomes of the intervention or series of interventions;
- determining whether management of the possible outcomes is within the nursing [scope of practice](#); if so, whether they are competent to provide such management and if not, whether the appropriate resources are available to assist as required; and
- knowing how to contact the authorized prescriber responsible for care if required.

⁵ Please refer to the [Fact Sheet-Consent](#). There may be times when there is a need to implement a directive in an emergency situation (e.g., anaphylaxis treatment) and consent cannot be obtained. This process should be supported by employer policy.



Components of a Directive

There are several specific components required in a directive. They include:

- client population to whom the directive applies;
- the name and description of the intervention or series of interventions 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;
- specific monitoring parameters and/or reference to appropriate emergency measures;
- identification of the health care professionals who can perform the intervention or series of interventions;
- the name and signature of the authorized prescriber⁶ who is approving and taking responsibility for the directive; and
- the date and signature of the administrative authority approving the directive.

When used appropriately, a directive can be an excellent tool for providing timely, effective, and efficient client care. A directive uses the combination of the expertise of the authorized prescriber and the discretion and judgement of nurses implementing it.

For further information on directives, please contact a Nurse Consultant at practiceconsultation@nanb.nb.ca.

Resources

[Standards for Medication Management](#)

[FAQ - Medication Management](#)

⁶ A practitioner lawfully entitled to prescribe treatments or medications (New Brunswick College of Pharmacists, 2014). In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians, and physician assistants (College of Physicians and Surgeons of New Brunswick, 2013)

References

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College of Physicians and Surgeons of New Brunswick. (2013). *Regulation #6: Physician Assistants.*

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