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TITLE: RPN SCOPE OF PRACTICE	Page 1 of 4

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PURPOSE

To define the scope of practice and utilization of Registered Practice Nurses (RPNs) at Health Sciences North in both in-patient and outpatient departments.

POLICY STATEMENT

Nursing is a profession that is focused on collaborative relationships that promote the best possible outcomes for patients. RPNs practice autonomously, safely and competently along the continuum of care. The College of Nurses of Ontario (CNO) outlines three key concepts that play a crucial role in the decision making for which care provider (RN or RPN) is best suited to care for a patient.

PROCEDURE

Method

1. A nurse must consider the following three concepts, outlined by the CNO, when determining to perform an activity for safe patient care:
 - A. Authority:
 - i. Ensure appropriate authority is in place, in the form of direct orders or directives.
 - ii. Follow orders that are clear, complete and appropriate for the patient.
 - iii. Ensure initiation of an activity complies with CNO, practice guidelines and HSN specific policies.
 - iv. Document orders and activities performed or initiated in compliance with CNO and HSN policies.

- B. Context
- i. Ensure HSN policies and procedures permit and support nurses to perform an activity or skill.
 - ii. Consider any environmental risks that could impact the ability to safely perform an activity.
 - iii. Collaborate and communicate with other health care team members for safe and effective patient care, and as needed, escalate to an appropriate health care provider.
 - iv. Comply with all infection control and safety requirements.
- C. Competence
- i. Demonstrate the knowledge, skill and judgment to perform an activity safely and effectively, including:
 - Understanding the purpose of the intervention
 - Understanding the indications and contraindications
 - Demonstrating cognitive and technical competence to perform the activity
 - Managing potential outcomes and modifying actions as appropriate
 - ii. Consult or transfer care to another care provider when necessary for safe patient care.
 - iii. Refrain from performing any activity when not competent to perform and, as needed, escalate to an appropriate health care provider.
2. RPNs consult with RNs when they identify they do not have the knowledge, skill or judgment to provide patient care. This can include when a patient's complexity increases, a patient becomes less predictable and/or when the risk of a negative outcome increases.
- A. The outcomes of the consultation may be: the RPN continues care independently; part of care is transferred to another nurse with the knowledge, skill and judgment; or all of the care is transferred.
 - B. When it is deemed safe and feasible, care will remain with the RPN.
3. With expanded knowledge, training and/or certification, patient care needs within RPN scope of practice include, but are not limited to:
- A. Blood product administration and monitoring
 - B. Enteral feedings
 - C. Biliary Tube (T-Tube) care and maintenance
 - D. G-tube dressings – care and maintenance
 - E. Percutaneous Nephrostomy Tube (PNT) dressing and care (**excludes flushing**)
 - F. Wound care assessment and management which includes dressing changes of stable wounds that are Stage 1, 2 or Stage 3 that are non-tunneled or have undermining, including VAC dressings for skin grafts.
 - G. Tracheostomy care and management
 - H. Pronouncement of expected Death
 - I. Chest tube management 24 hours post-insertion and dressing changes (**excludes removal**)
 - J. Central venous access device management and dressing changes (Certification)
 - K. Peripherally Inserted Central Catheter (PICC) removal (Certification)
 - L. Administration of alteplase for thrombotic occlusions (Certification)
 - M. Specimen collection from PICC (Certification)
 - N. Automated External Defibrillator (Certification)
 - O. Peripheral venous access device initiation, care and maintenance (Certification)
 - P. Care and recovery of post-angiography patients, including femoral clamp and hemobands (**excludes sheath removal**)
 - Q. Administration of po Level 1 Cytotoxic medications (established on treatment)
 - R. Administration of IM/SubQ Level 1 Cytotoxic medications for non-oncology indications
 - S. Administration of IV PCA (Certification)
 - T. Administration of Total Parental Nutrition (TPN) once goal rate achieved
 - U. Management of patients on established home CPAP for sleep apnea
 - V. Care of patients who have received moderate/deep sedation for elective/routine procedures (i.e. endoscopy)

4. Patient care needs beyond RPN scope of practice include, but are not limited to:

Note: There may be instances where based on the stability of the patient, the clinical support resources available and the ability of the RPN to maintain competency and certification, that some of the care needs listed below may be deemed appropriate for RPN scope of practice within a specific unit/department.

- A. Changing patient condition with undetermined treatment plan:
 - i. Unexplained sudden decrease in level of consciousness
 - ii. Symptomatic hypotension or hypertension (30 mmHg variance from baseline extending greater than two hours)
 - iii. Blood sugar fluctuation requiring frequent/continuous intervention and monitoring beyond the first hour of fluctuation
 - iv. Unstable patient requiring a new Critical Care Response Team (CCRT) consultation
- B. Vital sign monitoring more frequently than q2h (**except where routine protocols require more frequent monitoring**)
- C. Acute BiPAP management
- D. Wound management that entails wounds that are equal or greater than Stage 3 with tunneling or undermining. This includes VAC dressing change or management. (Note: may assist RN with VAC dressing change)
- E. Administration of IV and Intravesical Level 1 Cytotoxic medications
- F. Critical care patients less than 24 hours post written transfer out of the critical care area
- G. Febrile neutropenia (**may care for the patient once afebrile for 48 hours**)
- H. Continuous IV medications requiring titration and close monitoring (i.e. Heparin – refer to IV monographs)

EDUCATION AND TRAINING

Definitions

1. **Authority:** When a nurse is legally entitled to perform an activity by the RHPA, the *Nursing Act, 1991* and the regulations under those Acts, is permitted by setting-specific legislation and employee policies and the required authorizing mechanisms are in place.
2. **Competence:** The knowledge, skill and judgment required to perform an activity safely and manage outcomes within a nurse's role and practice setting.
3. **Context:** The broader environment in which nurses work, the health care setting and the available resources to support the nurse and the client.

Education/Training Related Information

All nursing staff (RN, RPN) attend General Nursing Orientation.

All RNs and RPNs are assigned the Generic Nursing passport, which includes self-learning packages, medical directives and standardized on-unit orientation.

All RNs and RPNs will complete the same orientation for care on the unit, and ongoing learning will be completed as a team when feasible.

Nurses are expected to self-reflect, identify learning needs and continuously seek out and integrate learning to improve their knowledge, skill and judgment in relation to their practice.

References and Related Documents

College of Nurses of Ontario. (2023) Scope of Practice.

College of Nurses of Ontario. (2023) Entry to Practice Competencies for Registered Practical Nurses.

Sunnybrook Health Sciences Centre. (2018). Guidelines for Intra-professional Collaborative Practice: RN and RPN.