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Our practice support tools are developed using current reference material. The source of this material is available upon request.



## Overview

This tool is a resource for nurses in all practice settings to help them understand:

- General principles of care directives (CD)
- Nurses roles, responsibilities and accountabilities in CDs
- Implementing CDs without an authorized prescriber
- Elements of a care directive

Authorized prescribers in Nova Scotia are nurse practitioners (NPs), RN prescribers, physicians, midwives, optometrists, pharmacists, dentists and veterinarians. Dietitians are authorized to prescribe therapeutic diets, tube feedings, and medications that directly relate to nutrition problems. Physician assistants are not authorized prescribers, rather they are granted the authority to prescribe a defined list of medications and interventions under the supervising physician's license under NSH policy.

## What is a Care Directive?

A [care directive](#) (CD) is an order or authorization, which exists as an organizational [policy](#) and is developed and approved by an [authorized prescriber](#) and the organization for an [intervention](#) or series of interventions. A CD is meant to be implemented by another care provider for a range of clients with identified health conditions, in specific circumstances.

Example of a CD: a policy that would enable a nurse to administer influenza vaccines (intervention) to all first-year nursing students enrolled in a nursing program (range of clients) within a specific time period (specific circumstances).

- The purpose of a CD is to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers.
- CDs are developed by organizations and authorized prescribers that have established formalized processes regarding the development, approval, implementation and evaluation of the CD.
- Interventions within the CD must be within the scope of practice of nursing.
- For a nurse to carry out or implement a CD, the nurse should assess their competence to carry out the CD, and ensure that when they do that they comply with nursing standards of practice and other applicable legislation.
- A CD does not exist on each client's individual chart; rather it is an organizational policy.

A CD is not 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 organizational policy) and administered at a specific time(s). For example, Medication X, 100 mg p. o., q4h X 10 days.
- [Pre-printed orders](#) are lists of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders. For example, pre-printed orders could include bladder and bowel care for long-term care residents or post-op surgical orders for clients undergoing a total hip replacement.

## Nurses Roles, Responsibilities and Accountabilities in Care Directives

Nurses are guided by their respective standards of practice and, as self-regulated professionals, are always accountable for their actions. To meet their standards, nurses must acquire and maintain the competence necessary for the provision of safe and effective care and recognize the limits of their practice and individual competence when implementing CDs.

# Nurses Roles in Appropriateness and Implementation of Care Directives

There are two nursing practices associated with a care directive:

1. Determining the CD's appropriateness
2. Implementing the CD in practice

Determining if a CD is appropriate requires interpretation of client data collected from:

- Assessing the clients condition, risks, predictability and management of client outcomes
- Ensuring specified CD criteria has been met
- Ensuring availability of and access to support and resources if necessary

Organizational policy which supports care directive utilization can include but is not limited to: procedure, process, decision making tools or practice guidelines.

Implementation involves carrying out the interventions outlined in a CD.

All nurses must have the required competencies to determine the appropriateness of the CD and to implement it. The CD should not be implemented if the nurse determines doing so could lead to greater risk for the client. The nurse should notify the prescriber responsible for the overall care of the client that the CD will not be implemented.

## RN PRACTICE

RNs are authorized to both determine the CDs appropriateness and to implement the CD.

- RNs should interpret the data needed for a client assessment.
- RNs establish the initial plan of care related to the CD including goals and expected outcomes.
- If the implementation of the CD is assigned to the LPN, the RN through a collaborative conversation should verify that the LPN has the competence to perform the intervention(s).

## LPN PRACTICE

### LPN Independent Practice

LPNs are authorized to both determine the CDs appropriateness and to implement the CD when:

- the client needs are known,
- the intervention is part of an established plan of care, and
- the client's response(s) to the intervention are known, consistent over time, or readily anticipated.

There should be sufficient resources (e.g., staff, policy, and equipment) in the practice environment to support the client or the nurse if necessary.

### LPN Collaborative Practice

LPNs may determine the CDs appropriateness in direct or remote collaboration with the RN or another health care professional (HCP) with the legislative authority and competence to provide consultation and guidance and implement the CD when:

- the client's needs are unknown,
- the interventions are not part of an established plan of care, and
- the client's responses to the interventions are not known or predictable.

Organizational policy should support remote collaboration.

In practice contexts that do not have an RN as part of the care team, the LPN collaborates with the authorized prescriber or another health care professional (HCP) with the legislative authority and competence to provide consultation and guidance to determine the appropriateness of the CD.

## Not Authorized

LPNs are not authorized to **independently** determine appropriateness or implement CDs in situations when client needs are complex or increasing in complexity. While the LPN can collect and contribute to the data to be assessed by the RN or another health care professional, that person is accountable to interpret it and determine the appropriateness of the CD. Organizational policy which supports care directive utilization can include but is not limited to: procedure, process, decision making tools or practice guidelines.

## Emergency Situations

In [emergency situations](#) where there is no RN or authorized prescriber readily available and the CD authorizes emergent care i.e. anaphylaxis, the LPN should implement the CD, make sure the client is safe and notify the RN or authorized prescriber as soon as possible. Employers and LPNs who have questions about these limitations should consult an NSCN Practice Consultant for guidance at [practice@nscn.ca](mailto:practice@nscn.ca).

All nurses should ensure:

- Organizational policy exists to support nursing practice in the implementation of a CD.
- They have the competence required to safely assess for appropriateness and implementation of the CD.
- They understand the documentation requirement related to the CD.
- They identify any supports or resources needed to safely implement a CD, including additional education.
- They identify situations in which a CD may improve health outcomes for clients and follow organizational processes to collaborate with appropriate members of the health care team to develop them.
- If they have concerns about the appropriateness or validity of the CD they should communicate those concerns to the prescriber and their manager/employer.
- They are aware of how the organization defines “prescriber availability”.

## Implementing Care Directives in Emergency and Non-Emergency Situations with No Authorized Prescriber Available

There may be times when there is a need to implement a CD and there is no authorized prescriber available. For example:

- Emergency Situations: CDs may be implemented, such as in emergent life-saving measures. This process must be supported by organizational policy.
- Non-Emergency Situations: CDs should include the management of client care in non-emergent situations. This process must be supported by organizational policy.

## Elements of a Care Directive

It is recommended a care directive policy includes:

1. Client population in which the CD applies
2. Description of the intervention(s)
3. Name, date and signature of an authorized prescriber(s)
4. Specific client clinical conditions and situational circumstances that must be met before the CD can be implemented
5. Identification of the health care professionals who can perform the intervention
6. Prescriber availability
7. Specific monitoring parameters and/or reference to appropriate emergency care measures
8. List of contraindications to implementation
9. List of educational requirements
10. Date and confirmation of policy approval

## Key Points

- Care directives are organizational policies developed in consultation with authorized prescriber(s) for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions or needs when specific circumstances exist.
- Care directives are intended to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers.
- RNs are required to assess the appropriateness of the CD and autonomously implement the interventions within the CD.
- LPN practice may include independent, collaborative or authorized practice for CD appropriateness and implementation.
- Collaboration with health care team members is an integral component of CDs.

## Suggested Reading

- [Documentation Guidelines for Nurses](#)
- [Medication Guidelines for Nurses](#)

For further information on anything contained within this practice guideline, please contact an NSCN Practice Consultant at [practice@nscn.ca](mailto:practice@nscn.ca).