

AH1100 – REGISTERED NURSE AND REGISTERED PSYCHIATRIC NURSE ORDERS

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and T̓silhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To improve timely and appropriate access to care for clients.

To delineate required organizational supports, processes, and resources to support Registered Nurse (RN) and Registered Psychiatric Nurse (RPN) Orders.

2.0 DEFINITIONS

TERM	DEFINITION
<i>RN/RPN Order</i>	<i>An instruction or authorization given by a RN or RPN to another nurse (RN, RPN, or Licensed Practical Nurse [LPN]) to provide care for a specific client which may include restricted activities.</i>
<i>Most Responsible Practitioner (MRP)</i>	<i>The member of the Medical Staff who has the overall responsibility for the management and coordination of care for a patient admitted to, or being treated in, a Facility or Program operated by the IHA. The MRP shall be an Active or Provisional Medical Staff member who is a Physician, Midwife, Dentist or Nurse Practitioner.</i>
<i>Certified Practice (C)</i>	<i>Term used to describe a distinct British Columbia College of Nurses and Midwives (BCCNM) nursing designation for RNs and RPNs who have completed additional education and have specialized knowledge and skills enabling them to practice within an expanded scope of practice.</i>

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Policy Steward: Chief Nursing & Allied Health Officer, Professional Practice Office		
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3.0 POLICY

This policy applies to sites and programs where RNs and RPNs are operationally supported to give client-specific orders.

3.1 Scope of Practice

- Per the BC College of Nurses and Midwives (BCCNM) Scope of Practice, a RN or RPN gives orders for activities that are:
 - Within [autonomous scope of practice](#),
 - Within the nurse’s individual competence,
 - Consistent with relevant practice standards, limits and conditions established by BCCNM, and
 - Consistent with IH organizational policy, procedures and restrictions.
- RNs and RPNs give verbal or telephone orders only when there are no reasonable alternatives and it is in the best interest of the client (see [PHB0100 – Safe Communication of Medication Orders](#) section 3.4).
- RNs and RPNs follow BCCNM standards for [Acting within Autonomous Scope of Practice](#) and/or [Giving Client-Specific Orders](#) when they give, change or cancel an existing client-specific order.
- RNs and RPNs communicate orders to the client’s MRP and other members of the healthcare team following existing site processes for communication and documentation.
 - When cancelling or changing an existing client-specific order, RNs and RPNs communicate and collaborate with the practitioner who gave the initial order.
- RNs, RPNs, and LPNs who carry out activities with RN and RPN orders meet their BCCNM [Acting with Client-Specific Orders](#) standard and/or other BCCNM standards (e.g. [Medication](#), [Documentation](#), etc.)

3.2 IH Standards

- All orders are client-specific.
- Only RN and RPNs give orders. **LPNs do not give orders.**
- RNs and RPNs who give orders for medications will adhere to [PHB0100 - Safe Communication of Medication Orders Policy](#).
- RNs and RPNs give orders when decision support tools are available that outline accountabilities, responsibilities, continuity and transfer of care.
 - The Chief Nursing and Allied Health Officer & Professional Practice Leader (CNAO) endorses all [IH Clinical Decision Support Tools](#) (CDST) used by RNs and RPNs who give orders.
 - RNs and RPNs who hold BCCNM certified practice registration give orders following provincially established decision support tools (DST) managed by the [Nurses and Nurse Practitioners Association of British Columbia \(NNPBC\)](#), the [British Columbia Centre on](#)

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[Substance Use \(BCCSU\)](#), and/or [British Columbia Centre for Disease Control \(BCCDC\)](#).

- The ordering RN or RPN documents the order(s) in the client’s permanent health record.
 - Document medication order on the relevant client-specific orders form (paper or electronic).
 - Document non-medication order on the client-specific plan of care.
- Orders must include:
 - All the information needed to safely carry-out the ordered activity (e.g. time, frequency, dosage [for medications], monitoring/follow-up, etc.).
 - A unique identifier including the RNs or RPNs written signature or an electronically generated identifier.
 - The ordering nurse’s designation (i.e. RN, RPN, or RN (C) and RPN (C) for nurses with certified practice designations).

3.3 Responsibilities of ordering RNs and RPNs

- Accept accountability and responsibility for orders given.
- Only give orders in site/programs where this practice is established and supported.
- Evaluate and manage intended and unintended client outcomes related to the ordered activities.
- Follow IH processes to document assessment, nursing diagnosis, treatment plan, interventions, and outcomes.
- Follow established decision support tools and operational processes for handing over nursing care (e.g. at shift change, on vacation/other leave or at any transition in care) to:
 - Ensure orders are communicated appropriately with all members of care team.
 - Ensure appropriate follow-up and reassessment of orders.
 - Ensure continuity of care.
- Participate in continuous quality improvement initiatives related to orders.
- Collaborate with the MRP and health care team as appropriate.

3.4 Responsibilities of Certified Practice ordering RNs and RPNs

- Follow the above responsibilities in 3.3, and
- Review and follow-up on ordered diagnostic testing and lab results.

4.0 PROCEDURES

RNs and RPNs will follow DSTs, as per section 3.2., and program specific processes when giving orders.

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5.0 REFERENCES

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4. Interior Health [Policy PHB0100](#) – Safe communication of medication orders.
5. Interior Health [Policy MSQ0100](#) – Most responsible practitioner. *Medical Staff Policy Manual*.
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8. British Columbia Centre Disease Control. (2024). STI Certified Practice. <http://www.bccdc.ca/health-professionals/clinical-resources/sti-certified-practice>
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