



College of  
Registered Nurses  
of Manitoba

# Scope of Practice for RN(AP)s

All RN reserved acts are also within the registered nurse (authorized prescriber) scope of practice (refer to the *Scope of Practice for RNs* document for this).

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## Purpose

The purpose of this document is to provide information about the scope of practice for registered nurse (authorized prescriber)s or RN(AP)s.

The information in this document is subject to change as College of Registered Nurses of Manitoba (the College) policy is revised or legislation is amended. Where necessary, additional scope of practice information is included in the College's practice directions.

## Scope of Practice of the RN(AP) in Manitoba

Legal authority for RN(AP) practice is found in the *Practice of Registered Nursing Regulation*. Scope of practice refers to the range of activities that RN(AP)s are both educated and authorized to perform.

RN practice forms the foundation for RN(AP) scope of practice. All of the reserved acts that are within the legislated scope of practice for the RN profession are also in the legislated scope of practice for the RN(AP). Please refer to RN scope of practice for a listing of these reserved acts.

The RN(AP) adds to their scope of practice through the application of knowledge, skill and judgment in authorized prescriber practice in one or more of the following areas:

1. travel health;
2. reproductive health, sexually transmitted infections and blood borne pathogens; or
3. diabetes health.

### Limit

RN(AP)s with an approved client population for diabetes health may practise as needed only in:

1. collaboration with a physician or RN(NP); or
2. an approved practice setting.

*The General Council Regulations* articulate the scope of practice under *The Regulated Health Professions Act* (RHPA) reserved act model. Reserved acts are those clinical activities listed in the RHPA. They are clinical activities done in the course of providing health care that are to be limited to certain regulated health professions and members of those professions who are qualified and competent to perform them because they present a significant risk of harm to the public when performed incompetently. Each reserved act can be performed by more than one category of health-care provider as determined by that health-care profession's regulations.

RN(AP)s may perform the same reserved acts as RNs plus three additional reserved acts:

- prescribing drugs or vaccines listed in the schedule (Appendix A);
- ordering and receiving screening or diagnostic tests listed in the schedule (Appendix B); and
- making a diagnosis that is appropriate to one's practice as an RN(AP).

## Practice Expectations and Employer Policies

A practice expectation is the expected level of performance against which actual performance is compared. In addition to standards of practice in the *General Regulation*, RN(AP)s must meet all applicable practice expectations contained in practice directions.

RN(AP) practice is rooted in RN practice, so it is essential to:

- meet the practice direction *Practice Expectations for RNs* and any applicable practice directions;
- apply the requisite knowledge, skill and judgment to competently perform any act or service as part of RN practice;
- acknowledge any of their limitations in knowledge, skill and judgment;
- function within their practice limitations; and
- only perform a practice if it is both safe and appropriate for the practice to be provided.

Employer policies also provide further direction for RN(AP) practice in the facility or region which the RN(AP) works. Employer policies are expected to not be inconsistent with the RHPA, regulations, bylaws, standards of practice, *Code of Ethics* and practice directions. Each RN(AP) is expected to follow practice directions and employer policies.

## Initiating a Reserved Act

Before deciding to initiate a reserved act, the RN(AP) must determine whether the client's condition warrants the performance of the reserved act.

*The RN(AP) scope of practice is more than a set of reserved acts.*

## Reserved Acts

The following describes reserved acts for RN(AP)s as set out in the *General Council Regulation*.

Because the reserved acts for RNs are included in the scope of practice for RN(AP)s, it is necessary to refer to the *Scope of Practice for RNs* for these additional reserved acts.

### Reserved Act 1 Diagnosis

*Make a diagnosis that is appropriate to the RN(AP)'s practice as an RN(AP) and communicate it to an individual or their personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.*

With the education and clinical practice that the RN(AP) completed to obtain the authorized prescriber notation, the individual competence of the RN(AP) broadens the diagnoses that can be made in the practice areas of travel health, reproductive health, sexually transmitted infections and blood borne pathogens and/or diabetes health. The availability of diagnostic tools and clinical knowledge in the interpretation of assessment data both impact the diagnoses that a RN(AP) can skillfully make.

This reserved act is only completed when the RN(AP) communicates the diagnosis to the individual client (or their personal representative). Communicating a diagnosis provides a basis from which the individual (or their representative) decides on goals of care and continues to work toward achieving their health-care goals.

#### Limits and Criteria

To competently and safely make a diagnosis according to this reserved act, the RN(AP) must:

- a. use diagnostic reasoning skills to generate diagnosis; and
- b. meet all other practice expectations and applicable practice directions.

### Reserved Act 2: Order or receive screening or diagnostic tests

*Order or receive reports of screening or diagnostic tests listed in the Schedule (Appendix A).*

#### Limits and Criteria

To competently and safely perform the ordering or receiving of reports of screening or diagnostic tests, the RN(AP) must:

- a. consider evidence-informed practice to determine the appropriateness, contraindications, safety and cost-effectiveness of screening and diagnostic tests as well as relevant provincial and federal legislation and standards;
- b. establish efficient and safe processes for response to critical screening and diagnostic test results including any necessary collaboration with other health-care providers;
- c. maintain accurate information about their current employer and work contact information in their CRNM profile to inform other relevant health-care partners (e.g. Diagnostic Services Manitoba); and
- d. meet all other practice expectations and applicable practice directions.

### Reserved Act 6: Prescribing a drug or vaccine

*Prescribe a drug or vaccine listed in the Schedule (Appendix B).*

The regulations stipulate that the RN(AP) may prescribe specific devices necessary for their client population as listed in Appendix C.

#### Limits and Criteria

To competently and safely prescribe a drug or vaccine listed in the schedule or a device listed in the legislation, the RN(AP) must:

- a. prescribe only those medications, devices and vaccines listed in the regulations; and
- b. meet all other practice expectations and applicable practice directions.

## Definitions

**Approved practice settings:** a health care facility operated by the government or other organization listed in the CRNM general council regulations.

**Order:** an instruction or authorization for a specific client that is given to a member to perform a reserved act by a:

- RN (nurse practitioner), RN(NP);
- RN (authorized prescriber), RN(AP);
- physician; or
- any other person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act listed in Schedule 2 of the Act,

who is legally permitted and competent to give the order.

**Practice Direction:** A document, issued by Council with the purpose to enhance, explain, add or guide members with respect to the subject matters described in the *College of Registered Nurses of Manitoba General Regulations* or any other matter relevant to the practice of registered nursing.

**RN (authorized prescriber):** an RN who holds a valid certificate of practice with the notation (authorized prescriber).

**Reserved acts:** clinical activities that are determined to present a significant risk of harm to the public when performed incompetently and as such, are reserved in legislation to only be performed for qualified and competent health professions.

## References

Canadian Nurses Association (2017). *Code of Ethics*.

Government of Manitoba (2017). *College of Registered Nurses of Manitoba General Regulation* (Aug. 31, 2017).

Government of Manitoba (2009). *The Regulated Health Professionals Act S.M. 2009. c.15*.

Government of Manitoba (2017). *Practice of Nursing Regulation*.

## Appendix A

### Schedule ordering or receiving reports

For the purpose of performing reserved act 2, an RN(AP) may order or receive reports of the following screening or diagnostic tests for the registered nurse's approved patient population:

#### Travel Health

##### *Malaria*

- Hematology
  - Glucose-6-Phosphate Dehydrogenase (G6PD) screening test

##### *Serology*

- Hepatitis A virus
  - Hepatitis A immunoglobulin G antibodies
  - Hepatitis A immunoglobulin M antibodies
- Hepatitis B virus
  - Hepatitis B surface antigen
  - Hepatitis B surface antibodies
  - Hepatitis B core antibodies
- Hepatitis C virus antibodies
- Human immunodeficiency virus (HIV) antibodies
- Measles immunoglobulin G antibodies
- Mumps immunoglobulin G antibodies
- Rubella immunoglobulin G antibodies
- Varicella immunoglobulin G antibodies
- Interferon Gamma Release Assay (IGRA)
- Rabies titre — serum of rabies neutralizing antibody

##### *Transfusion Medicine*

- ABO blood typing

##### *Other*

- Chest X-ray to assess for possible latent tuberculosis infection (LTBI)

#### Reproductive Health, Sexually Transmitted Infections and Blood Borne Pathogens

##### *Chlamydia*

- Clinical Microbiology
  - Urine for Chlamydia trachomatis nucleic acid test
  - Genital swab for Chlamydia trachomatis nucleic acid test
  - Rectal, eye or throat swab for direct fluorescent antibody microscopy

##### *Gonorrhea*

- Sexually Transmitted Infections (STI) Bacteriology
  - Urine for Neisseria gonorrhoea nucleic acid test
  - Genital swab for Neisseria gonorrhoea nucleic acid test
  - Genital swab for Neisseria gonorrhoea culture
  - Rectal, eye or throat swab for Neisseria gonorrhoea culture

##### *Syphilis*

- Serology
  - Blood or serum

##### *Trichomonas*

- Clinical Microbiology
  - Vaginal swab for fixed stain microscopy, culture
  - Vaginal swab for Trichomonas vaginalis antigen
  - Vaginal swab for Trichomonas vaginalis nucleic acid test

##### *Bacterial Vaginosis*

- Clinical Microbiology
  - Swab for microscopy

##### *Candida*

- Clinical Microbiology
  - Swab for culture and microscopy

##### *Herpes Simplex Virus (HSV)*

- Virus Detection
  - Swab for HSV nucleic acid testing

##### *Treatment of Genital Warts*

- Human papillomavirus nucleic acid testing

##### *Hepatitis B*

- Serology
  - Hepatitis B virus
- Hepatitis B surface antigen
- Hepatitis B surface antibodies
- Hepatitis B core antibodies

## Appendix A continued

### *Other Diagnostics for Sexual and Reproductive Health*

- Clinical Biochemistry and Genetics
  - Pregnancy test (serum and urine)
- Serology
  - Hepatitis A virus
- Hepatitis A immunoglobulin G antibodies
- Hepatitis A immunoglobulin M antibodies
  - Hepatitis C virus antibodies
  - Human Immunodeficiency Virus (HIV)
- HIV antibodies
- Cervical cancer screening/Pap testing
- Human papillomavirus nucleic acid testing

### **Diabetes Health**

#### *Biochemistry*

- Glucose — (plasma)
- Glycosylated hemoglobin — A1C (blood)
- Glucose tolerance test, 2 hour — (plasma)
- Glucose tolerance test, 75 g — (plasma)
- Apolipoprotein B — (serum)
- Creatinine — (serum)
- Potassium — (serum)
- Sodium — (serum)
- Estimated glomerular filtration rate — (plasma)
- Cholesterol, total — (plasma)
- Cholesterol, high density lipoprotein — (plasma)
- Cholesterol, low density lipoprotein (calculated) — (plasma)
- Triglycerides — (plasma)
- Albumin-to-Creatinine Ratio (ACR) — (urine)
- Urinalysis, complete — (urine)

## Appendix B

### Schedule for prescribing drugs and vaccines

For the purpose of performing reserved act 6, an RN(AP) may prescribe the following drugs or vaccines for the registered nurse's approved patient population:

#### Travel Health

##### *Malaria Chemoprophylaxis*

- Chloroquine
- Mefloquine
- Atovaquone/Proguanil (adult and pediatric)
- Doxycycline
- Primaquine

##### *Altitude Sickness Prophylaxis*

- Acetazolamide

##### *Vaccines*

- Bacille Calmette-Guerin (BCG)
- Cholera/Enterotoxigenic escherichia coli (ETEC)
- Diphtheria
- Enterotoxigenic escherichia coli (ETEC)
- Japanese encephalitis
- Haemophilus influenzae (Hib)
- Hepatitis A
- Hepatitis B
- Herpes zoster vaccine
- Human papillomavirus (HPV)
- Influenza
- Measles
- Meningococcal
- Mumps
- Pertussis
- Pneumococcal
- Polio
- Typhoid
- Rabies
- Rotavirus
- Rubella
- Tetanus
- Tick borne encephalitis
- Varicella
- Yellow fever

##### *Biologics*

- Immune serum globulin (ISG)
- Tuberculin

##### *Emergency Medication for Anaphylaxis Management*

- Injectable epinephrine
- Injectable diphenhydramine

#### Reproductive Health, Sexually Transmitted Infections and Blood Borne Pathogens

##### *Chlamydia Trachomatis*

- Azithromycin
- Doxycycline
- Erythromycin
- Amoxicillin

##### *Neisseria Gonorrhoea*

- Cefixime
- Ceftriaxone
- Azithromycin

##### *Syphilis*

- Benzathine penicillin G
- Doxycycline

##### *Trichomoniasis*

- Metronidazole

##### *Bacterial Vaginosis*

- Metronidazole
- Topical clindamycin

##### *Herpes Simplex Virus (HSV)*

- Acyclovir
- Famciclovir
- Valacyclovir

##### *Treatment of Genital Warts*

- Imiquimod
- TCA/Trichloroacetic acid
- Liquid nitrogen
- Podophyllin

##### *Hepatitis B Post-Exposure Management*

- Hepatitis B vaccine
- Hepatitis immune globulin

##### *Emergency Medication for Anaphylaxis Management*

- Injectable epinephrine
- Injectable diphenhydramine



## Appendix B continued

### *Drugs for Reproductive Health*

- Oral Combined Estrogen and Progestin
- Oral Progestin only pills
- Intrauterine Devices — copper
- Intrauterine Systems — contains Progestin
- Depo-Provera Medroxyprogesterone Acetate
- Transdermal Combined Estrogen and Progestin Monophasic patch
- Vaginal Rings
- Emergency hormonal contraception
- Hepatitis A vaccine
- Human papillomavirus vaccine (HPV)

### **Diabetes Health**

#### *Insulin*

- Bolus (prandial) insulins
  - Rapid-acting insulin analogues
- Insulin aspart
- Insulin glulisine
- Insulin lispro
- Short-acting insulins
  - Regular
- Basal insulins
  - Intermediate-acting
- Neutral Protamine Hagedorn (NPH)
- Insulin detemir
- Insulin glargine
- Premixed insulins
  - Premixed regular insulin — Neutral Protamine Hagedorn (NPH)
  - Premixed insulin analogues

### *Antihyperglycemic Agents*

- Alpha-glucosidase inhibitors
  - Acarbose
- Combined formulations
  - Metformin and Sitagliptin
  - Metformin and Linagliptin
- Incretin agents
  - DPP-4 inhibitors
- Sitagliptin
- Saxagliptin
- Linagliptin
- GLP-1 receptor agonists
  - Exenatide
  - Liraglutide
- Insulin secretagogues
  - Sulfonylureas
- Glicilazide
- Glimepiride
- Glyburide
  - Meglitinides
- Nateglinide
- Repaglinide
- Metformin

### *Cardiac/Renal*

- BP/Renal protection
  - Angiotensin-converting enzyme inhibitor (ACEi)
  - Angiotensin II receptor blocker (ARB)
- Lipids
  - Atorvastatin
  - Fluvastatin
  - Lovastatin
  - Pravastatin
  - Rosuvastatin
  - Simvastatin
  - Fibrate

### *Other*

- Glucagon kit

## Appendix C

### Devices the RN(AP) may prescribe

<b>Diabetes population:</b>	<b>Reproductive health, sexually transmitted infections and blood borne pathogens population:</b>
glucometers;	diaphragm
glucose test strips;	
lancets;	
lancing pen devices;	
lancing pen needles;	
insulin syringes;	
urine ketone strips.	

## Appendix D

### Reserved Acts for RN(AP)s

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| 1. Making a diagnosis that is appropriate to the member's practice as an RN(AP) and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care. |
| 2. Ordering or receiving reports of screening or diagnostic tests listed in the Schedule.  |
| 6. Prescribing a drug or vaccine listed in the Schedule.   |

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For more information please contact one of our nursing practice consultants at

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Scope of practice is defined in the Practice of Registered Nursing Regulation and the College of Registered Nurses of Manitoba General Regulation. For additional information, please see *The Regulated Health Professions Act*.

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