

PRACTICE STANDARD FOR BCCNM REGISTERED NURSES

Registered Nurse: Acting Within Autonomous Scope of Practice

Introduction

The Registered Nurse: Acting within Autonomous Scope of Practice standards, limits, and conditions apply to registered nurses and licensed graduate nurses when they are acting within autonomous scope of practice (without an order). These standards, limits, and conditions also apply to certified practice registered nurses when they are performing activities within their autonomous scope of practice (without an order) that are not within their certified practice designation.

Acting within autonomous scope of practice refers to registered nurses¹:

- Assuming accountability and responsibility for making decisions about client care, and
- Performing activities that they are competent and allowed to perform **without a client-specific order**.

Registered nurses are allowed, within their autonomous scope of practice to make a nursing diagnosis² of a client condition³ that can be prevented, improved, ameliorated, or resolved through nursing activities.

Autonomous scope of practice includes:

- Restricted activities that do not require an order per the [Nurses \(Registered\) and Nurse Practitioners Regulation](#), and
- Care or services that are not restricted activities, unless excluded from autonomous scope of practice (without an order) by any BCCNM standard, limit, or condition.

1 References in this standard to registered nurses include licensed graduate nurses.

2 Nursing diagnosis: a clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the nurse to achieve outcomes for which the nurse is accountable: [Nurses \(Registered\) and Nurse Practitioners Regulation](#).

3 Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence.

Registered nurses may provide care or services to clients by acting within their autonomous scope of practice when the care or services are:

1. Within the registered nurse's autonomous scope of practice (without an order),
2. Provided in alignment with BCCNM standards, limits, and conditions,
3. Allowed by organizational/employer policies, processes, and
4. Within the registered nurse's individual competence.

Registered nurses need to know when they are allowed to act within their autonomous scope of practice (without a client-specific order) and when a client-specific order is required before performing an activity.

Registered nurses follow the *Registered Nurse: Acting with Client-specific Orders* standards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

Standards

1. Registered nurses are accountable and responsible when they make a decision that the client's condition⁴ would benefit from an activity and act within autonomous scope of practice to perform the activity.
2. Registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
 - a. Within the scope of practice for registered nurses acting without a client-specific order as set out in the *Nurses (Registered)* and *Nurse Practitioners Regulation*,
 - b. Consistent with BCCNM's standards of practice including standards, limits, and conditions,
 - c. Consistent with organizational/employer policies, processes, restrictions, and
 - d. Within the nurse's individual competence.
3. Registered nurses acting within autonomous scope of practice ensure they have the competence to:
 - a. Make decisions about whether the client would benefit from the activity, having considered:
 - i. Potential risks to the client and how to minimize those risks,
 - ii. The benefits to the client,
 - iii. The predictability of outcomes of performing the activity, and
 - iv. Other relevant factors specific to the client or situation,
 - b. Carry out the activity safely and ethically, and
 - c. Safely manage the intended and unintended outcomes of performing the activity.

⁴ Based on their assessment of the client, registered nurses make a clinical judgement (a nursing diagnosis) of a condition as the cause of the client's signs and symptoms.

4. Before performing an activity within autonomous scope of practice, registered nurses consider applicable employer/organizational policies, processes, and resources, and other relevant human and system factors that may impact their ability to:
 - a. Perform the activity competently and safely within their practice setting, and
 - b. To manage intended and unintended outcomes of the activity.
5. Registered nurses perform advanced activities within their autonomous scope of practice only when they have obtained the additional education, training, and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Registered nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Registered nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Registered nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's health status,
 - b. Make a nursing diagnosis⁵ of a client condition⁶ that can be prevented, improved, ameliorated, or resolved through nursing activities,
 - c. Determine a plan of care,
 - d. Determine an activity to be performed,
 - e. Implement an activity to prevent, treat, or palliate an illness or injury and/or improve, ameliorate, or resolve a condition,
 - f. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
 - g. Give a client-specific order,
 - h. Manage the intended and unintended consequences of carrying out the activity, or
 - i. Manage and evaluate the outcomes of the activity.

5 Nursing diagnosis: a clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the nurse to achieve outcomes for which the nurse is accountable: [Nurses \(Registered\) and Nurse Practitioners Regulation](#).

6 Certified practice registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certified practice designation and the nurse's individual competence.

9. Registered nurses acting within autonomous scope of practice communicate and collaborate with the client (or their substitute decision-maker) about nursing diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Registered nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
11. Registered nurses acting within autonomous scope of practice communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Registered nurses acting within autonomous scope of practice consult with, or refer clients to, other health care professionals when:
 - a. The needs of the client exceed their scope of practice or individual competence,
 - b. Required by organizational/employer policies or processes, or
 - c. Client care would benefit from the expertise of other health care professionals.

Glossary

Additional education: Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

Advanced activities: Activities that are within a nurse's scope of practice but require additional education, training, and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

Competence: The integration and application of current knowledge, skills, attitudes, and judgment required to perform safely, ethically, and appropriately within an individual's practice.

Competencies: The knowledge, skills, attitudes, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

Decision support tools (DSTs): Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems. DSTs come in various forms and are created by organizations or specialists in a specific area of health care.

BCCNM limits and conditions for registered nurse: Acting within autonomous scope of practice (without an order)

1. [Financial incapability assessment](#)
2. [Incapability assessment for care facility admission](#)
3. [Perform wound care](#)
4. [Insert central venous catheter \(CVC\)](#)
5. [Administer by inhalation:](#)
 - o [Oxygen and nitrous oxide](#)
6. [Compound, dispense, administer nutrition by enteral instillation](#)
7. [Administer purified protein derivative by injection for tuberculosis \(TB\) screening](#)
8. [Put an instrument or device beyond the pharynx](#)
9. [Put an instrument, device, or finger beyond the labia majora:](#)
 - o [Pelvic exams](#)
 - o [Cervical cancer screening](#)
 - o [Fit a pessary](#)
 - o [Apply fetal scalp electrodes](#)
10. [Manage labour](#)
11. [Apply electricity:](#)
 - o [Manual defibrillation](#)
12. [Order ultrasound or X-rays for diagnostic or imaging purposes except computerized axial tomography \(CAT scan\)](#)
13. [Prescribe medications](#)
14. [Treat:](#)
 - o [Anaphylaxis](#)
 - o [Cardiac dysrhythmia](#)
 - o [Respiratory distress \(clients with known asthma\)](#)
 - o [Hypoglycemia](#)
 - o [Post-partum hemorrhage](#)
15. [Compound, dispense or administer antivirals for influenza-like illness](#)
16. [Compound, dispense or administer Immunoprophylactic agents and post-exposure chemoprophylactic agents](#)
17. [Compound, dispense, or administer Schedule II drugs](#)
18. [Insulin dose adjustment](#)
19. [Medical aesthetics](#)

| Activity | BCCNM Limits and Conditions for Registered Nurse: Acting within Autonomous Scope of Practice (Without an Order) |
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| 1. Financial incapability assessment | <p>a. Registered nurses may act as qualified health care providers under Part 2.1 of the <i>Adult Guardianship Act</i> for the purpose of conducting the functional component of a financial incapability assessment in accordance with Part 3 of the <i>Statutory Property Guardianship Regulation</i> under that Act, if they successfully complete the Ministry of Health course <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals).</p> <p>b. Registered nurses acting as qualified health care providers under Part 2.1 of the <i>Adult Guardianship Act</i> must also follow the Ministry of Health and Public Guardian and Trustee's procedural guide, <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals).</p> |
| 2. Incapability assessment for care facility admission | <p>a. Registered nurses acting as prescribed health care providers under Part 3 of the <i>Health Care (Consent) and Care Facility (Admission) Act</i> for the purpose of conducting an assessment to determine whether an adult is incapable of giving or refusing consent to admission to, or continued residence, in a care facility, must:</p> <ol style="list-style-type: none"> i. Have successfully completed the Ministry of Health course, Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors (LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors), and ii. Follow the Ministry of Health guidelines, <i>Practice Guidelines for Seeking Consent to Care Facility Admission</i> (Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission). |
| 3. Perform wound care | <p>a. Providing a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy, or compression therapy:</p> <ol style="list-style-type: none"> i. May be done <i>only</i> by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent): <ul style="list-style-type: none"> o Nurse Specializing in Wound Ostomy Continence Education Program NSWOCC-EP o International Interdisciplinary Wound Care Course |

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| | <ul style="list-style-type: none"> ○ University of Toronto Master of Science in Community Health: Wound Prevention and Care ○ University of Western Ontario Master of Clinical Science: Wound Healing ○ Wound Ostomy Continence Nursing Education Program <p>b. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy, or compression therapy:</p> <ul style="list-style-type: none"> i. May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in a(i). (above). ii. <i>All other</i> registered nurses must: <ul style="list-style-type: none"> ○ have a client-specific order, and ○ successfully complete additional education. <p>c. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane:</p> <ul style="list-style-type: none"> i. May be done by registered nurses who have successfully completed the education requirements in a(i) (above). ii. <i>All other</i> registered nurses must: <ul style="list-style-type: none"> ○ follow an established decision support tool, and ○ successfully complete additional education. <p>d. <i>All</i> registered nurses, including those who have successfully completed the education requirements in a(i) (above):</p> <ul style="list-style-type: none"> i. May <i>only</i> suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Committee decision support tool [British Columbia Provincial Nursing Skin and Wound Committee Guideline: Treating Minor Uncomplicated Lacerations in Adults], ii. Must follow this decision support tool when suturing such lacerations, and iii. Must successfully complete additional education. |
| <p>4. Insert central venous catheter (CVC)*</p> <p><i>*May also be referred to as a central venous access device (CVAD) or central venous device (CVD)</i></p> | <p>a. Registered nurses require a client-specific order before inserting a central venous catheter.</p> |

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| 5. Administer by inhalation: <ul style="list-style-type: none"> • Oxygen and nitrous oxide | a. Registered nurses who administer a mixture of oxygen and nitrous oxide must follow decision support tools established by Perinatal Services BC (PSBC) (PSBC: Core Competencies for Management of Labour). |
| 6. Compound, dispense, administer nutrition by enteral instillation | a. Within autonomous scope of practice, registered nurses can administer enteral feeds <i>only</i> to stable clients with an established diet. Registered nurses must follow a client-specific order from an appropriate health professional for all other clients. b. Within autonomous scope of practice, registered nurses can compound and dispense a therapeutic diet administered through enteral instillation <i>only</i> to stable clients with an established diet. Registered nurses must obtain a client-specific order from an appropriate health professional for all other clients. |
| 7. Administer purified protein derivative by injection for tuberculosis (TB) screening | a. Registered nurses administering purified protein derivative must possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening). |
| 8. Put an instrument or device beyond the pharynx | a. Registered nurses <i>may not</i> carry out endotracheal intubation. |
| 9. Put an instrument, device, or finger beyond the labia majora: <ul style="list-style-type: none"> • Pelvic exams • Cervical cancer screening • Fit a pessary • Apply fetal scalp electrodes | a. Registered nurses who carry out pelvic exams or cervical cancer screening must possess the competencies (BCCDC: Competencies for Pelvic Examination) established by the Provincial Health Services Authority (PHSA) and follow decision support tool established by PHSA (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses). b. Registered nurses require a client-specific order from an authorized health professional to fit a pessary. c. Registered nurses require a client-specific order from an authorized health professional to apply fetal scalp electrodes. |
| 10. Manage labour | a. Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour). |

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| 11. Apply electricity: <ul style="list-style-type: none"> • Manual defibrillation | a. Registered nurses who, in the course of providing emergency cardiac care, apply electricity using a manual defibrillator must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care (Providence Health Care: Clinical tools & resources). |
| 12. Order ultrasound or X-rays for diagnostic or imaging purposes except computerized axial tomography (CAT scan) | a. Registered nurses give a client-specific order for X-ray or ultrasound only under the following circumstances: <ol style="list-style-type: none"> i. Registered nurses who give a client-specific order for X-ray or ultrasound must follow established decision support tools. ii. Registered nurses who give a client-specific order for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education. iii. Registered nurses give a client-specific order for X-ray or ultrasound for the purpose of routine management only when organizational processes are in place to direct test results to the appropriate health professional for follow-up. iv. Registered nurses who give a client-specific order for chest X-ray for the purpose of tuberculosis screening must possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) established by BCCDC. |
| 13. Prescribe medications | a. Registered nurses only prescribe medications ⁷ when they: <ol style="list-style-type: none"> i. Have a certified practice designation; AND ii. Meet the requirements for certified practice registered nurses to prescribe. <p><i>This restriction against a non-certified practice RN prescribing does not prevent them from issuing a client-specific order to be acted on by another nurse to compound, dispense or administer a medication for a specific client that is within the ordering RN's autonomous scope of practice.</i></p> |

⁷ In these standards, the term "prescribing" is used to describe the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

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| <p>14. Treat:</p> <ul style="list-style-type: none"> • Anaphylaxis • Cardiac dysrhythmia • Respiratory distress (clients with known asthma) • Hypoglycemia • Post-partum hemorrhage | <p>a. Registered nurses may compound or administer:</p> <ol style="list-style-type: none"> i. Epinephrine to treat anaphylaxis ii. Epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia iii. Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics iv. Oral corticosteroids to treat respiratory distress in known asthmatics in emergency care settings v. D50W to treat hypoglycemia vi. Oxytocin to treat post-partum hemorrhage <p>b. Registered nurses who administer epinephrine to treat anaphylaxis must follow an established decision support tool.</p> <p>c. Registered nurses who administer epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care (Providence Health Care: Clinical tools & resources).</p> <p>d. Registered nurses who administer salbutamol, ipratropium bromide, or oral corticosteroids must successfully complete additional education and must follow an established decision support tool.</p> <p>e. Registered nurses who administer D50W must follow an established decision support tool.</p> <p>f. Registered nurses who administer oxytocin must possess the competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour).</p> |
| <p>15. Compound, dispense or administer antivirals for influenza-like illness</p> | <p>a. Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the decision support tool established by the Provincial Government – RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner.</p> |

| Activity | BCCNM Limits and Conditions for Registered Nurse: Acting within Autonomous Scope of Practice (Without an Order) |
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| <p>16. Compound, dispense or administer Immunoprophylactic agents and post-exposure chemoprophylactic agents</p> | <p>a. Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances:</p> <ul style="list-style-type: none"> i. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the competencies (BCCDC: Immunization Competencies for BC Health Professionals) established by BCCDC and follow decision support tools established by BCCDC (BCCDC: Communicable Disease Control). ii. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC's basic immunization course (BCCDC: Immunization Competency Course) and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide in conjunction with the Canada Communicable Disease Reports (Government of Canada: Canada Communicable Disease Report (CCDR) Weekly). They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber. iii. Registered nurses may compound and administer experimental vaccines as part of a formal research program involving a physician. These registered nurses must successfully complete BCCDC's basic immunization course (BCCDC: Immunization Competency Course) as well as additional education related to the specific experimental vaccine. They must follow established decision support tools. iv. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either: <ul style="list-style-type: none"> ▪ Possess the competencies established by the B.C. Women's Sexual Assault Service (BCW SAS) and follow decision support tools established by BCW SAS (Note: This will apply to sexual assault nurse examiners) (BC Women's Hospital + Health Centre: Sexual Assault Service Resources for Health Professionals), OR |

| Activity | BCCNM Limits and Conditions for Registered Nurse: Acting within Autonomous Scope of Practice (Without an Order) |
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| <p>16. Compound, dispense or administer Immunoprophylactic agents and post-exposure chemoprophylactic agents (cont'd)</p> | <ul style="list-style-type: none"> ▪ Possess the competencies (Core Nursing Practice Competencies for Dispensing Prophylactic Medications Post Sexual Assault) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools (BCCDC Non-Certified Practice Decision Support Tool Dispensing Prophylactic Medications Post-sexual Assault) established by BCCDC (Note: This will apply to registered nurses who hold BCCNM certification in STI management). v. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the competencies established by the Provincial Health Services Authority and follow decision support tools established by the Provincial Health Services Authority. <ul style="list-style-type: none"> ▪ Palivizumab (PVZ) for immunoprophylaxis of infant RSV infection (PDF) ▪ RSV vaccines for adults |
| <p>17. Compound, dispense, or administer Schedule II drugs (Drug Schedules Regulation)</p> | <ul style="list-style-type: none"> a. Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a condition following an assessment and nursing diagnosis. b. Registered nurses require a client-specific order from an authorized health professional before compounding, dispensing or administering Schedule II medications to treat a disease or disorder. |
| <p>18. Insulin dose adjustment</p> | <ul style="list-style-type: none"> a. Registered nurses who carry out insulin dose adjustment must possess the competencies and follow the decision support tools set out by Fraser Health Authority (Fraser Health Authority: Diabetes - Insulin dose adjustment). |

Activity

**BCCNM Limits and Conditions for Registered Nurse:
Acting within Autonomous Scope of Practice (Without an Order)**

19. Medical aesthetics⁸
- a. Registered nurses successfully complete additional education before providing medical aesthetic procedures.
 - b. Registered nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:
 - i. with a client-specific order from an authorized health professional, and
 - ii. when the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.
 - c. Registered nurses *do not* prescribe dermal fillers.

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⁸ "Medical aesthetics" refers to elective non-surgical clinical procedures that include the performance of a restricted activity (activities listed in sections 6 and 7 of the *Nurses (Registered) and Nurse Practitioners Regulation*) and are primarily intended to alter or restore a person's appearance.