

Care Directives

Introduction

This document provides an overview of care directives (CDs) and describes the roles of the nurse¹ in their implementation.

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) are mandated to serve and protect the public interest. They regulate the practice of nursing to ensure the public receives safe, competent, compassionate and ethical nursing services.

Care Directives

A CD is an organizational policy developed in consultation with prescriber(s)² 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. The purpose of a CD is to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers. An example of a CD is a policy that would enable a nurse to administer influenza vaccines to all first-year nursing students in a nursing program within a specific time period.

A CD is different from a direct order or a preprinted order. A direct order is for a specific intervention written by a prescriber for an individual client. In addition, a direct order is usually time-limited (as per agency policy) and administered at a specific time(s). For example, Medication X, 100 mg p. o., q4h X 10 days.

Preprinted orders are specific to a client and health condition. They are used to ensure consistency of interventions in client care and are based on evidence-informed practice. When preprinted orders are used, the client is first assessed by the authorized prescriber who then selects the appropriate interventions from a set of preprinted orders. For example, bladder and bowel care for long term care residents or post-op surgical orders for clients undergoing a total hip replacement.

General Principles of Care Directives

- The organization³, in consultation with the prescriber(s), approves and retains the accountability for the appropriateness and validity of the CD.
- Interventions in the CD must be in the scope of practice of nursing and comply with nursing standards of practice and other applicable legislation.
- Organizations are responsible to establish formalized processes regarding the development, use and evaluation of CDs.
- Organizations are responsible to develop CDs that:
 - are developed in consultation with a multidisciplinary team;
 - identify applicable practice environments and client populations;
 - define the conditions in which a CD may or may not be implemented;
 - define “prescriber availability” when the CD is being implemented;
 - describe the nursing knowledge and skills necessary; and,
 - identify the supports and resources needed to enact a CD.

1 Nurse refers to licensed practical nurses (LPNs) and registered nurses (RNs), unless otherwise stated.

2 Authorized prescribers in Nova Scotia are nurse practitioners (NPs), physicians, midwives, optometrists, pharmacists and dentists.

3 Organization could include government or private care facilities.

Responsibilities and Accountabilities

Nurses are guided by their respective standards of practice and, as self-regulated professionals, are accountable for their actions at all times. To meet their standards of practice, 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 executing CDs.

The RN and LPN Roles in Care Directives

There are two nursing practices associated with a care directive: determination of its **appropriateness** and **implementation**. The registered nurse (RN), having the broader professional scope of nursing practice, is authorized to determine its appropriateness. Registered nurses are accountable to use their in-depth nursing knowledge to assess and interpret client data in order to make this decision.

The following factors must be considered when determining appropriateness:

- Client condition;
- If specified criteria in the CD has been met; and,
- Availability of and access to support and resources if necessary.

If the factors listed above cannot be met, the CD should not be implemented and the prescriber responsible for the overall care of the client notified, as outlined in the CD.

Licensed practical nurses (LPNs) are not authorized to autonomously determine the appropriateness of a CD in any practice context, although LPNs may do this in collaboration with the RN. Licensed practical nurses working in practice contexts where RN support is provided remotely should refer to their agency policy regarding the process to determine the appropriateness of a CD.

Implementation involves enacting the interventions outlined in a CD. Both LPNs and RNs may implement the interventions outlined in a CD once the RN has determined it is appropriate to do so. If implementation of the CD is assigned to the LPN, the RN must verify that the individual has the competence and professional capacity to perform the intervention(s).

Licensed practical nurses are accountable to:

- Self-assess their competence and capacity to implement the CD and take action to fill knowledge gaps;
- Use their core nursing knowledge to independently implement the CD⁴;
- Perform ongoing assessments of the client and contribute to the implementation and evaluation of the established plan of care; and,
- Take appropriate action when expected outcomes are not being achieved.

In addition to the accountabilities above, RNs are also accountable to:

- Gather and interpret the data needed for a client assessment and establish the initial plan of care related to the CD including goals and expected outcomes;
- Determine the appropriateness of the CD for the client;
- Verify through collaborative discussions with the LPN, the competence of the LPN regarding the implementation of the CD; and,
- Implement CDs in situations when clients' needs are complex or increasing in complexity.

In addition, nurses should 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. Nurses should also assist in the identification of additional education requirements to support CD implementation.

4 Once the RN has determined appropriateness.

Elements of a Care Directive

Organizations are responsible to develop CDs and any supporting policies. It is recommended they include:

1. The client population in which the CD applies.
2. Description of the intervention(s).
3. Name, date and signature of an authorized prescriber.
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. Specific monitoring parameters and/or reference to appropriate emergency care measures.
7. Identification of contraindications to implementation.
8. Identification of any educational requirements.
9. Date and confirmation of policy approval.

Conclusion

A CD is one tool that can enhance client care while maximizing the scopes of practice of care providers. This practice guideline, in addition to consultation and support from the Colleges' Practice Consultants, can help nurses understand their role regarding CDs so they can meet their standards of practice and provide safe, competent, ethical and compassionate nursing care.

If you have additional questions about this document, please call a Practice Consultant at 1.800.718.8517 (CLPNNS) or 1.800.565.9744 (CRNNS).

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