



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

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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)
- Responsibilities and accountabilities
- RN and LPN roles in care directives
- Elements of a care directive

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

What is a Care Directive?

A 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 to be implemented by another care provider for a range of clients with identified health conditions, in specific circumstances. A CD does not exist on each client's individual chart, rather it is in organizational policy. The care directive must be approved by the authorized prescriber(s) of the clients in which the care directive will be enacted. It must also be approved by the organization.

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 enrolled in a nursing program within a specific time period.

A CD is different from a direct order or a pre-printed 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 employer policy) and administered at a specific time(s). For example, Medication X, 100 mg p. o., q4h X 10 days.

Pre-printed orders are specific to a client and their health condition. They are used to ensure consistency of interventions in client care and are based on evidence-informed practice. When pre-printed orders are used, the client is first assessed by the authorized prescriber who then selects the appropriate interventions from a set of pre-printed 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.

General Principles of Care Directives

When developing care directives it is important to consider the following principles:

- The employer, 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.
- Employers are responsible to establish formalized processes regarding the development, use and evaluation of CDs.

Responsibilities and Accountabilities

Nurses are guided by their respective standards of practice and, as self-regulated professionals, are always accountable for their actions. 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.

RN AND LPN ROLES IN CARE DIRECTIVES

There are two nursing practices associated with a care directive:

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

The registered nurse (RN), having the broader professional scope of nursing practice, is authorized to determine the CD's appropriateness. RNs are accountable to use their in-depth nursing knowledge to assess and interpret client data in order to make this decision.

RNs must consider the following factors 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.

The care directive should not be enacted if the RN determines doing so could lead to greater risk for the client. The prescriber responsible for the overall care of the client should be notified that the CD will not be enacted. This requirement should be outlined in the CD.

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

Implementation involves enacting the interventions outlined in a CD. RNs who possess the required competencies can autonomously enact interventions. LPNs are authorized to implement the interventions outlined in a CD once the RN determines 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).

LPNs are accountable to:

- self-assess their competence and capacity to implement the CD
- notify the RN, or next most appropriate care provider, if they have knowledge gaps and act to fill these gaps
- use their core nursing knowledge to independently implement the CD
- perform ongoing assessments of the client and contribute to the implementation and evaluation of the established plan of care
- take appropriate action when expected outcomes are not being achieved

In contexts where the RN is not part of the care team, LPNs are accountable to collaborate with the authorized prescriber to:

- Determine if the care directive should be implemented
- Communicate any knowledge gaps prior to implementing the care directive.

In situations where there is no RN or authorized prescriber available and the CD authorizes emergent care i.e. anaphylaxis, the LPN should make sure the client is safe, implement the CD and notify the RN or authorized prescriber as soon as possible.

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.
- Implement CDs in situations when client needs are complex or increasing in complexity.

In addition, all nurses should identify situations in which a CD may improve health outcomes for clients and follow employer 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.

EMPLOYERS ROLE IN CARE DIRECTIVES

Employers 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
- describe the nursing knowledge and skills necessary
- identify the supports and resources needed to enact a CD
- define “prescriber availability” when the CD is being implemented.

In specific contexts, such as emergency department closures, CDs may be required when there is no authorized prescriber available, such as in emergent life saving measures. This must be supported by employer policy.

If CDs are enacted for non-emergent client conditions when there is no authorized prescriber available, there must be employer policy and processes in place to support the management of client care.

Elements of a Care Directive

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

1. 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. List of contraindications to implementation
8. List of educational requirements
9. Date and confirmation of policy approval

Key Points

- Care directives are employer policies developed in consultation with 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.
- Employers are responsible to develop and approve CDs in collaboration with the multidisciplinary team.
- RNs are required to assess the appropriateness of the CD and autonomously enact the interventions within the CD.
- LPNs are required to collaborate with the RN to determine the appropriateness of the CD as well as autonomously enact the interventions within the CD.

Suggested Reading

- [Documentation Guidelines for Nurses](#)
- [Guidelines for Licensed Practical Nurses: Medication Administration](#)
- [Medication Guidelines for Registered Nurses](#)

For further information on anything contained within this practice guideline, please contact an NSCN Practice Consultant at practice@nscn.ca.