

Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests

Requirements and Standards

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Purpose

The *Registered Nurses Profession Regulation (2005)* authorizes registered nurses (RNs) to prescribe **SCHEDULE 1 DRUGS**¹ and order diagnostic tests. This authorization supports increased access to care, system efficiency, cost effectiveness, optimizes RN's scope of practice, and provides opportunities to develop innovative practice models.

Regulated members on the provisional or courtesy register and certified graduate nurses are not eligible to apply for authorization to prescribe schedule 1 drugs and to order diagnostic tests.

The purpose of this document is to identify the

- requirements for authorization of an RN to prescribe schedule 1 drugs and to order diagnostic tests; and
- standards of practice for an RN authorized to prescribe schedule 1 drugs and to order diagnostic tests.

Throughout this document the phrase “an RN who is authorized” means an RN has met CARNA requirements and is authorized by CARNA to, in a specific **CLINICAL PRACTICE AREA**

- prescribe Schedule 1 drugs (except for controlled drugs and substances); and
- order diagnostic tests.

The document *Competencies for Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests* (CARNA, 2019a) describes the competencies needed for RN prescribing schedule 1 drugs and the ordering of diagnostic tests. The standards and competencies documents are companion documents and must be used together.

The specific clinical practice area may be related to the type of care (e.g., wound care), practice setting (e.g., emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic disease management).

¹ Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

Intent of RN Prescribing

Authorization of RNs to prescribe is intended to safely address **CLIENT** medication needs within a specific clinical practice area that the employer has determined has a unique client need for **ACCESSIBILITY** to medication and diagnostic tests, and where

- RNs have the necessary knowledge, skill, and support to make safe and appropriate prescribing decisions;
- client health-care needs are **STABLE** based on assessment of **ACUITY** and **PREDICTABILITY** of client condition and health outcomes; and
- the specific medication(s) to be prescribed and the diagnostic test(s) that can be ordered are clearly identified in a **CLINICAL SUPPORT TOOL**.

Ordering Diagnostic Tests

Diagnostic test results support safe and appropriate prescribing decisions. The specific diagnostic tests that will be used to determine the medications to be prescribed must be clearly identified in the clinical support tool. Diagnostic tests might be ordered to

- ensure the medication and dose ordered are congruent with expected therapeutic responses;
- monitor the response of the client to the medication therapy to ensure optimal outcomes;
- monitor for adverse effects to ensure client safety; and
- screen patients for certain conditions.

Prescriber ID

An RN who is authorized will have a Prescriber ID issued by CARNA. CARNA's online public and employer verification system identifies if an RN is authorized to prescribe schedule 1 drugs and to order diagnostic tests.

An RN, who is authorized, will have the following information on their practice permit:

- Authorized to prescribe Schedule 1 drugs (except for controlled drugs and substances).
- Authorized to prescribe at [specific clinical practice area] [address].

CARNA will provide a weekly electronic notification of the updated list of RNs with current prescribing authorization to the Alberta College of Pharmacy, and Alberta Blue Cross.

Part A – Requirements

The following requirements must be met in order for an RN to be authorized to prescribe, maintain authorization to prescribe, and to order diagnostic tests in a specific clinical practice area:

1. Application to the Registrar

- a. Be on the registered nurse register with no conditions or restrictions on the practice permit.
- b. Maintain eligibility for authorization through continued employment within the specific clinical practice area.
- c. Notify the Registrar if the specific location or site where the RN practices changes even when the clinical practice area remains the same.
- d. Re-apply to the Registrar for approval for a new clinical practice area. They must meet any additional education or other requirements deemed necessary by the Registrar.

2. Education

- a. An RN applying for authorization must successfully complete an **APPROVED NURSING PROGRAM**.
- b. An RN who is authorized, must meet any CARNA continuing **COMPETENCE** program requirements for RN prescribing.

3. Clinical Practice

- a. An RN applying for authorization must provide evidence satisfactory to the Registrar that they have
 - i. minimum 3,000 hours of RN clinical practice, and
 - ii. of those 3,000 hours, 750 hours must be in the specific clinical practice area where the RN is applying for authorization.
- b. The clinical practice requirements must be met before the RN applies to the Registrar for prescribing authority.

4. Clinical Practice Area Support

- a. An RN applying for authorization must submit an employer reference satisfactory to the Registrar. The reference must come from a person who has observed the RN's practice and has managerial or supervisory responsibility for the specific practice area where the RN is applying for authorization.
- b. The reference must provide evidence satisfactory to the Registrar that
 - i. the employer policy permits an RN to prescribe,
 - ii. there are clinical support tools developed by the inter-professional team for the specific clinical practice area, and
 - iii. there is a collaborative practice relationship with an authorized prescriber, as appropriate to the specific clinical practice area.

Clinical Support Tool

The RN must confirm the existence of an established clinical support tool in a specific clinical practice area before they are authorized to prescribe schedule 1 drugs and order diagnostic tests in that practice area. The clinical support tool must guide both prescribing decisions and the ordering of diagnostic tests. The clinical support tool may be in the form of a protocol, algorithm, or clinical practice guideline.

The clinical support tool should be developed, reviewed, and revised by an inter-professional team of subject matter experts, with both content expertise and practice experience in the relevant clinical practice area. The clinical support tool must be evidence-based and informed by best practices. The clinical support tool must align with the expectations outlined in these standards for the development of a clinical support tool and must contain the elements outlined in the checklist found in appendix A.

The specific clinical practice area may endorse clinical guidelines provided by other organizations known for their expertise in the subject area (e.g., Diabetes Canada), but should ensure these guidelines have been adapted appropriately for the specific clinical practice area. The use of third-party guidelines does not replace the need for a clinical support tool that is specific to the clinical practice area.

The clinical support tool guides the RN in making safe prescribing and ordering of diagnostic test decisions within the context of an inter-professional team and should build on the Canadian Patient Safety Institute's *Safety Competencies: Enhancing Patient Safety Across the Health Professions* (2009) and the Health Quality Council of Alberta's (HQCA) *Patient Safety Framework for Albertans* (2010). The principles of the HQCA's five building blocks for

patient safety must be considered in a clinical support tool to guide safe prescribing practice. Best practices indicate that the clinical support tool should be reviewed at least every three years.

The building blocks below should be used as a guide to assist in the development and review of a clinical support tool. A checklist using these building blocks aligns with the expectations outlined in these standards and identifies the required elements to be included in the clinical support tool that is to be developed. (Appendix A).

Building Block 1: Governance and Leadership

Legislation, standards, and policies align and contribute to safe delivery of health-care services. Strong reporting relationships, clear lines of **ACCOUNTABILITY** and continuous monitoring, and evaluation of systems that support safe practices are the basis of effective governance related to patient safety.

Building Block 2: Safety Management

This involves the identification of risks and effective responses to managing risk.

Building Block 3: People and Teams

A key element in providing safe patient care is having competent health-care professionals working together in effective teams.

Building Block 4: Environment and Equipment

Information about the client, medications, therapies, and treatment goals should be available wherever care is being delivered and shared appropriately with other members of the health-care team. Effective information and communication systems ensure that the information is complete and supports continuity of care.

Building Block 5: Client Engagement

Safety and health outcomes are enhanced when clients and their family participate in diagnostic and treatment decisions about their health and know what to expect from tests and treatments.

Part B – Standards

These standards identify the expectations for an RN who is authorized. The criteria illustrate how the **STANDARD** must be met, and all criteria must be met in order to achieve the standard. The criteria are not written in order of importance.

Standard 1: Professional Responsibility and Accountability

An RN who is authorized is responsible and accountable for their prescribing of medication and ordering of diagnostic tests in their specific clinical practice area.

Criteria

An RN who is authorized, must

- 1.1** use critical judgment to decide if the medication(s) and the diagnostic test(s) outlined in the clinical support tool are appropriate for the client in the specific situation;
- 1.2** prescribe the medication(s) and order diagnostic test(s) in accordance with the clinical support tool;
- 1.3** complete prescriptions that are legible and include the following elements:
 - a.** name and address of the client
 - b.** medication name
 - c.** medication strength, if applicable
 - d.** dosage form, if applicable
 - e.** route of administration
 - f.** quantity of medication to be dispensed
 - g.** directions for use
 - h.** number of refills authorized and interval between each refill, if applicable
 - i.** prescriber's name and specific clinical practice area identified

- j. prescriber's signature, either written or in a secure electronic format
 - k. date of the prescription
 - l. indication for use/therapeutic goal;
- 1.4 know the rationale to support prescribing the medication and ordering any diagnostic test;
- 1.5 ensure all prescription records are kept secure;
- 1.6 transfer care to other health-care professionals authorized to prescribe to make prescribing decisions and order diagnostic test for clients with complex health needs, co-morbidities and unpredictable outcomes;
- 1.7 indicate to clients when they will be contacted about the results of the diagnostic tests;
- 1.8 be accountable for follow-up of diagnostic test(s) that were ordered, as outlined in the clinical support tool. Processes must be clearly indicated in the clinical support tool to
 - a. receive and respond to critical diagnostic tests results reported by a laboratory in the RN's absence,
 - b. have an appropriate health-care professional review diagnostic test results in a timely manner if the RN authorized to prescribe is not able to personally attend to provide follow-up care,
 - c. provide an after-hours emergency contact, and
 - d. follow-up when diagnostic tests are not received within a reasonable period of time;
- 1.9 participate in required and relevant provincial and/or national reporting programs, such as, but not limited to, the Canadian Adverse Drug Reaction Reporting Program;
- 1.10 **COLLABORATE** with the physician or nurse practitioner (NP) to determine the frequency of assessments for clients with chronic conditions;
- 1.11 not prescribe medications for study protocols; and
- 1.12 not accept medication samples from pharmaceutical companies.

Standard 2: Knowledge Based Practice

An RN who is authorized, must be competent to prescribe Schedule 1 Drugs and order diagnostic tests.

Criteria

An RN who is authorized, must

- 2.1** maintain competence in prescribing Schedule 1 drugs and ordering diagnostic tests;
- 2.2** conduct a comprehensive assessment of the client as outlined in the clinical support tool;
- 2.3** be competent in the assessment and treatment of the condition and symptoms relevant to the specific clinical practice area;
- 2.4** develop an appropriate care plan including medications prescribed, diagnostic tests ordered, medication reconciliation, and monitoring based on what has been outlined in the clinical support tool;
- 2.5** use critical judgment when deciding whether the clinical support tool is appropriate for a client, and refer to the clinical support tool in the process of selecting the medication based on knowledge of pharmacotherapeutics and consideration of factors including, but not limited to
 - a.** client health-care objectives,
 - b.** client-specific factors such as age, gender, culture, existing medical conditions, dietary restrictions, concurrent medications, medication allergies, or sensitivities,
 - c.** expected action and therapeutic outcomes of the prescribed medication,
 - d.** recommended dosage and dosage adjustment for specific clients or client populations,
 - e.** common adverse effects,
 - f.** contraindications (relative and absolute),
 - g.** generic and trade names,

- h.** medication interactions (e.g., prescription, over-the-counter, natural health products),
 - i.** dosage forms available,
 - j.** cost-effectiveness, and
 - k.** supplements, and complementary and alternative therapies the client may be using;
- 2.6** monitor and evaluate the client response to the prescribed medication;
- 2.7** use the clinical support tool to prescribe continuing medication management (i.e. refills) only when the following are in place:
 - a.** the continuing therapeutic management is included in the clinical support tool
 - b.** there is a collaborative relationship with an NP or physician and there is regular client assessment by that NP or physician
 - c.** the client's health-care needs are stable based on assessment of acuity and predictability of client condition and health outcomes
 - d.** there is an established medical diagnosis and treatment plan;
- 2.8** clearly document the prescribing decisions made including
 - a.** type and amount of the medication prescribed,
 - b.** indication for the prescribing decision,
 - c.** goal of the prescribed therapy,
 - d.** date the medication was prescribed,
 - e.** instructions given to the client,
 - f.** signing the documentation and prescription, and
 - g.** any follow up required;
- 2.9** be competent in the ordering and interpreting of diagnostic tests that are included in the clinical support tool;
- 2.10** refer the client to an NP, physician, or pharmacist as appropriate, for further prescribing decisions when a medication has not had the intended effect;

- 2.11** take appropriate action if the diagnostic test result is outside the expected or normal range. Appropriate action may include but is not limited to
- a.** assessing for changes in the client condition or factors that may affect the result,
 - b.** discussing the results with the client,
 - c.** developing and implementing a plan for ongoing monitoring,
 - d.** consulting with other members of the health-care team regarding unexpected or unusual results,
 - e.** repeating the diagnostic test if there is an indication that a repeat test will be beneficial,
 - f.** discontinuing the medication, and
 - g.** altering the dose provided this guidance is outlined in the clinical support tool;
- 2.12** document the following when making decisions based on diagnostic test results:
- a.** the decision and the rationale for the decision in the record of care
 - b.** reference to the diagnostic data, and the decision in any communications with other members of the client's health-care team
 - c.** any consultation with other providers related to the decision; and
- 2.13** explain the interpretation of the diagnostic test results, the decision, and the rationale for the decision to the client as appropriate.

Standard 3: Ethical Practice

An RN who is authorized, must comply with the code of ethics adopted by Council in accordance with Section 133 of the *Health Professions Act* and CARNA Bylaws.

Criteria

An RN who is authorized, must

- 3.1** prescribe in the best interest of the client and not be influenced by factors such as, financial support by pharmaceutical companies, companies that manufacture and sell diagnostic tests, or any other situation that may be perceived as a conflict of interest;
- 3.2** respect the client's right to confidentiality and collect, use, and disclose prescribing and diagnostic data only when it is pertinent to the care they are providing;
- 3.3** ensure that the collection, use, and disclosure of client health information is done in accordance with applicable privacy legislation, regulations, standards, and policies governing RN practice;
- 3.4** only prescribe medications or order diagnostic tests for a client they have a **THERAPEUTIC RELATIONSHIP** with; and
- 3.5** only prescribe and order diagnostic tests for family members if the prescribing decision is specific to the clinical practice area where they have been authorized, and
 - a.** there is no other authorized prescriber available,
 - b.** the situation is an emergency, and
 - c.** the nurse has taken reasonable steps to transfer the family member's care or there is no reasonable opportunity to transfer care.

Standard 4: Service to the Public

An RN who is authorized, ensures that decisions are in the best interests of the public.

Criteria

An RN who is authorized, must

- 4.1** document the prescribing decision to inform other members of the health-care team if they are also caring for the client. The documentation should include
 - a.** type and amount of the medication prescribed,
 - b.** rationale for the prescribing decision,
 - c.** date the medication was prescribed,
 - d.** monitoring that has been initiated, and
 - e.** any instructions given to the client;
- 4.2** support a client to make informed decisions and follow recommended medication regimes by discussing with the client such factors as
 - a.** rationale for the selection of a particular medication (e.g., client medication profile, efficacy, safety, acceptability, etc.),
 - b.** implications of using medication therapy,
 - c.** expected risks and outcomes (e.g., knowledge related to client compliance),
 - d.** administration instructions such as, with/without food and with other medications and substances,
 - e.** risks and benefits of medication therapy,
 - f.** potential impact of medication coverage and cost of therapy where these are known, and
 - g.** when and how to take the medication, and what possible side effects to report.

Standard 5: Self-Regulation

An RN who is authorized, must meet the requirements established by CARNA.

Criteria

An RN who is authorized, must

- 5.1** meet the specific continuing competence requirements set the by the Competence Committee; and
- 5.2** prescribe only Schedule 1 drugs (except controlled drugs and substances) and order diagnostic tests for a client when
 - a.** they have personally performed a comprehensive health assessment and,
 - b.** the medications and diagnostic tests are appropriate for the client condition, and
 - c.** the medication and diagnostic tests are identified in the clinical support tool specific to the clinical practice area where they have been authorized.

Prescribing Epinephrine for Anaphylaxis - Exception to RN Prescribing Schedule 1 Drugs and Ordering of Diagnostic Tests Requirements

In the following specific circumstance and in accordance with the criteria outlined below, RNs can prescribe and administer Epinephrine, a Schedule 1 drug, for anaphylaxis using an appropriate clinical support tool without applying to the Registrar to be authorized to prescribe a Schedule 1 Drug.

An RN prescribing and administering epinephrine for anaphylaxis must

1. use critical judgment to decide if epinephrine, as outlined in the clinical support tool, is appropriate for the client;
2. have the education, knowledge, assessment, and critical judgment skills in practice situations where epinephrine is used; and
3. have employer policy support for the RN in prescribing and administering epinephrine for anaphylaxis, using an evidence-informed clinical support tool.

Glossary

ACCESSIBILITY – Health services are obtained in the most suitable setting in a reasonable time and distance (Health Quality Council of Alberta, 2005).

ACCOUNTABILITY – The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

ACUITY – The degree of severity of a client's condition and/or situation (CRNBC, 2011).

APPROVED NURSING PROGRAM – A nursing education program approved by the Nursing Education Program Approval Committee (NEPAC), as requested by the Registrar, in accordance with RN prescribing and ordering of diagnostic test standards and criteria.

CLIENT – In this document client refers to the individual, group, community, or population who is the recipient of nursing services, and where the context requires, includes a substitute decision-maker for the recipient of nursing services (CARNA, 2018).

CLINICAL PRACTICE AREA – The clinical area where an RN who is authorized to prescribe and to order diagnostic tests, practices. The focus of the clinical practice may be related to the type of care (e.g. wound care), practice setting (e.g. emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g. sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g. diabetes or other chronic disease management).

CLINICAL SUPPORT TOOL – An evidence informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic test, and ordering of medical radiography. The clinical support tool may be in the form of a protocol, algorithm, or clinical practice guideline.

COLLABORATE – (or collaboration) Client care involving joint communication and decision-making processes among the client, the nurse, and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CNA, 2010).

COMPETENCE – The integrated knowledge, skills, judgement, and attributes required of a nurse to practise safely and ethically in a designated role and setting (CARNA, 2019b).

CONSULTATION – Conferring with, seeking information, advice, or direction.

PREDICTABILITY – Degree to which outcomes can “reasonably be expected to follow an anticipated path with respect to timing and nature” (College of Nurses of Ontario, 2009).

SCHEDULE 1 DRUG – Drugs that require a prescription from an authorized prescriber (Pharmacy Drug Act, 2000).

STABLE – Not changing or fluctuating (CARNA, CLPNA, CRPNA, 2010).

STANDARD – An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance (CNA, 2010).

THERAPEUTIC RELATIONSHIP – Planned, goal-directed, interpersonal processes occurring between nurses and clients that are established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being (CARNA, 2013).

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Appendix A: Checklist for the Development and Review of a Clinical Support Tool

This checklist may be used as a template in the development of a clinical support tool (CST) or as a checklist for the review of a CST.

Building Block 1: Governance and Leadership

Legislation, standards, and policies align and contribute to safe delivery of health-care services. Strong reporting relationships, clear lines of accountability, and continuous monitoring and evaluation of systems that support safe practices are the bases of effective governance related to patient safety.

Elements to include:

<input type="checkbox"/>	employer policies are in place for the specific clinical practice area where an RN who is authorized practises
<input type="checkbox"/>	alignment with federal and provincial legislation and regulation
<input type="checkbox"/>	appropriate for the scope of practice of the RN who is authorized
<input type="checkbox"/>	appropriate for the particular practice setting (such as the availability of essential technical and human resources and supports)
<input type="checkbox"/>	expectations that an RN who is authorized practises in accordance with CARNA's standards and organizational policies
<input type="checkbox"/>	regular review, evaluation and revision of the CST are scheduled (at least every three years) to assess for current best practices, effectiveness, patient outcomes, and adverse events

Building Block 2: Safety Management

This involves the identification of risks and effective responses to managing risk.

Elements to include:

<input type="checkbox"/>	the identified health-care needs of clients in a specific practice setting
<input type="checkbox"/>	evidence-informed and developed, reviewed, and revised by an inter-professional team of subject matter experts with both content expertise and practice experience in the relevant clinical practice area
<input type="checkbox"/>	the name of the specific clinical support tool and identification of the practice setting (specific units or services) in which the clinical support tool may be implemented
<input type="checkbox"/>	inclusion and exclusion criteria and the identification of any contraindications
<input type="checkbox"/>	the specific medication(s) to be prescribed and the diagnostic test(s) that can be ordered are clearly identified
<input type="checkbox"/>	clear, specific clinical conditions that must be met before implementation
<input type="checkbox"/>	the relevant assessment data to be collected and used in decision-making
<input type="checkbox"/>	monitoring parameters
<input type="checkbox"/>	<p>processes must be clearly indicated in the CST to</p> <ul style="list-style-type: none"> ▪ receive and respond to critical diagnostic tests results reported by a laboratory in the RN's absence, ▪ have an appropriate health-care professional review diagnostic test results in a timely manner if the RN authorized to prescribe is not able to personally attend to provide follow-up care, ▪ indicate an after-hours emergency contact, and ▪ follow-up when diagnostic tests are not received within a reasonable period of time; ▪ mechanisms for identifying and addressing potential risk; ▪ processes for the reporting, analyzing, and follow-up of adverse events/incidents/errors; and ▪ processes to prevent further adverse events/incidents/errors.

<input type="checkbox"/>	the required communication to the most responsible health-care practitioner
<input type="checkbox"/>	the required documentation required

Building Block 3: People and Teams

A key element in providing safe patient care is having competent health-care workers working together in effective teams.

Elements to include:

<input type="checkbox"/>	consultative supports for the RN who is authorized
<input type="checkbox"/>	required competencies for the RN who is authorized
<input type="checkbox"/>	process for referral to or consultation with another health-care professional when necessary (e.g. physician, pharmacist, or nurse practitioner)
<input type="checkbox"/>	processes for follow-up that ensure continuity of care

Building Block 4: Environment and Equipment

Information about the client, medications, therapies, and treatment goals should be available wherever care is being delivered and shared appropriately with other members of the health-care team. Effective information and communication systems ensure that the information is complete and supports continuity of care.

Elements to include:

<input type="checkbox"/>	processes for ordering, receiving, and reviewing relevant screening and diagnostic tests
<input type="checkbox"/>	availability of medication and diagnostic test referencing resources
<input type="checkbox"/>	expectations for appropriate documentation of assessments, diagnoses, prescribing decisions, and outcomes

Building Block 5: Client Engagement

Safety and outcomes are enhanced when clients and their family participate in diagnostic and treatment decisions about their health and know what to expect from tests and treatments.

Elements to include:

<input type="checkbox"/>	clear direction for the assessment, diagnosis, and treatment or intervention of client-specific problems
<input type="checkbox"/>	involvement of the client and family in the development of the treatment plan, in prescribing decisions, and managing follow-up
<input type="checkbox"/>	means for evaluating client outcomes