



Practice Guideline

Using a Clinical Decision Tool (CDT)

Approved by CRPNM Board of Directors
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Background

A Clinical Decision Tool (or CDT) is a document whose purpose is to guide the assessment, diagnosis or treatment of a client specific clinical problem.

RPN's must follow a CDT when it is in place as the authorizing mechanism for specific practices.

Clinical Decision Tools are developed in collaboration with other authorized health care providers who have the authority to order laboratory or diagnostic screening tests and to prescribe medications or treatments. Other authorized health care providers may include:

1. a registered nurse (nurse practitioner);
2. a registered nurse (authorized prescriber);
3. a physician;
4. a physician assistant;
5. a clinical assistant, or;
6. a pharmacist

In usual clinical care situations, these providers provide client specific orders to RPNs. However, in circumstances where an authorized provider is not present, or available, a CDT can be put in place as the authorizing mechanism.

The Clinical Decision Tool:

1. Has a theoretical body of knowledge;
2. Uses the best available evidence in clinical decision-making;
3. Uses standardized outcome measures to evaluate the care that is provided; and
4. Takes into account each of the client's unique circumstances including baseline risk, comorbid conditions and personal preferences.

Evidence-informed practice is an ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make decisions with clients (definition provided by the Canadian Nurses Association).

Criterion

It is necessary for the RPN to have an appropriate orientation or be familiar with the Clinical Decision Tool.

The Clinical Decision Tool:

1. Must include a client¹-specific assessment.
 2. May be used in an approved practice setting. An approved practice setting is a health care facility operated by the government or other organization listed in the CRPNM regulations.
 3. Must be evidence-informed and developed in collaboration with the inter-professional team.
 - a. Inter-professional collaborative practice is centered on the needs of the clients, empowering them to be partners in their care with the most appropriate health professionals providing services required to meet their health-care needs.
 - b. The inter-professional team must include the appropriate authorized prescriber for all CDTs that include medication administration.
 4. Must comply with any policy that is in place in the practice setting where the RPN performs the act if:
 - a. the RPN has been made aware of the policy, and
 - b. The policy is consistent with the Regulated Health Professions Act, Code of Ethics, Standards of Practice or the College's regulations, by-laws or practice directions.
 5. The Clinical Decision Tool:
 - a. Must follow or comply with the standard employer process for approval of policies or other clinical decision tools;
- b. Must identify indications for consultation or collaboration or referral for any clinical decisions beyond the scope of the individual RPN;
 - c. Must identify any potential risk factors or contraindications for use;
 - d. Must have a system in place to review screening or diagnostic test and referral results and include reasonable arrangements to follow up with the client;
 - e. Must identify the RPN that orders any screening, diagnostic test or referral and directs a copy of the result to another team member is always responsible for follow up, unless the team member who receives the report is directed to follow up with the client;
 - f. Does not provide the RPN any authority to prescribe; however, a CDT may include medication orders limited to urgent/emergent situations where access to an appropriate authorized prescriber may not always be available or timely;
 - g. Requires consultation with an appropriate authorized prescriber for routine or non-urgent client prescriptions.
 - i. The tool should not include discharge medications or medication starter packages; and
 - ii. Medication administration practices must comply with any existing legislation.
 - h. Must be reviewed on a regular basis and should include review dates.

¹ For the purposes of this document, client refers to individuals, groups, families and populations.

Guidelines for Clinical Decision Tools that include medication orders

The CDT that includes medication for urgent/emergent situations should include:

- i. Contraindications for elderly or renal client alerts;
- j. Age and weight of client where appropriate;
- k. Drug name(s);
- l. Dosage form (tablets, capsules, inhalants);
- m. Exact strength of concentration;
- n. Dose/dose range, frequency and rate;
- o. Purpose or indication;
- p. Duration of treatment with maximum dosage;
- q. Full descriptions (no abbreviations permitted);
- r. An assessment for response and indications for an appropriate and timely consultation with an appropriate authorized prescriber; and
- s. Consideration for further treatment or interventions based on a client specific assessment.

Evaluating the Clinical Decision Tool

Before using a CDT, ask yourself:

1. Was the CDT developed by an inter-professional team?
2. Is the CDT client-specific?
3. Have you identified why it is being used?
4. Are the contraindications for its use clear?
5. Is the CDT being used in an approved practice setting?
6. Is the CDT evidence informed?
7. Does the CDT identify actions within RPN scope of practice?
8. Does the CDT identify indications for consultation or collaboration or referral for clinical situations beyond the skill of the individual RPN?
9. If the CDT includes medication administration, is the medication for a client with an urgent or emergent situation or where the RPN needs to act in the case of an outbreak where access to an appropriate authorized prescriber is not available or timely?
10. Will there be supporting documentation in the client chart to validate or support the actions initiated using the CDT?
11. Has the RPN had appropriate opportunities for orientation or is familiar with using the CDT?
12. Does the CDT identify the approval date and future date for review?

REFERENCES

College of Registered Nurses of Manitoba. (2018). *What is a clinical decision tool?* Winnipeg, MB: Author.

Contact the Practice Consultant

204-888-4841 (Ext 104)

crpnm@crpnm.mb.ca



THE COLLEGE OF

REGISTERED PSYCHIATRIC NURSES of MANITOBA

This publication is available in alternate format on request

1854 Portage Avenue, Winnipeg, Manitoba Canada R3J 0G9
T 204 888-4841 / F 204 888-8638
crpnm@crpnm.mb.ca / www.crpnm.mb.ca