



# Practice Expectations for RPN(AP)s

\*Adapted with the permission from the  
College of Registered Nurses of Manitoba (CRNM)

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## Background

The regulations that transition the Registered Psychiatric Nurse (RPN) profession to regulation under *The Regulated Health Professions Act* (the “RHPA”) comes into force on June 1, 2022.

Persons who practice registered psychiatric nursing are regulated under *The Regulated Health Professions Act*, the *Practice of Registered Psychiatric Nursing Regulation* (the “Practice Regulation”), the College of Registered Psychiatric Nurses of Manitoba General Regulation (the “General Regulation”) and the CRPNM’s by-laws and practice directions. An RPN may engage in the practice of registered psychiatric nursing only if the member is legally permitted, competent and fit to do so. An RPN must acknowledge their limitations in skill, knowledge and judgment and must ensure that they practice registered psychiatric nursing within those limitations.

The Practice Regulation includes provisions for the CRPNM to continue operating under the RHPA, transitions members of the profession to regulation by the college under the RHPA and sets out the scope of practice of the registered psychiatric nursing profession in Manitoba. The Practice Regulation also sets out the reserved acts that members of the profession are authorized to perform subject to terms and conditions set out in the proposed General Regulation. The General Regulation defines the registration classes, membership requirements, continuing competency requirements, and standards of practice of the psychiatric nursing profession in Manitoba. The General Regulation also sets out which reserved acts may be performed by an RPN of a membership class and under what conditions. This Regulation includes the rules for delegating the performance of reserved acts to others and the supervision of students.

Practice expectations for the Registered Psychiatric Nurse (Authorized Prescriber) are grounded in the Code of Ethics for RPNs and Standards of Psychiatric Nursing Practice. There is a shared responsibility between the RPN(AP) and employer to uphold these practice expectations because of the additional authorization and responsibility that this role carries.

It is the responsibility of all Registered Psychiatric Nurse (Authorized Prescriber)s in Manitoba to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable to explain why you did or did not meet these expectations. To be accountable, RPN(AP)s must:

- have the ability to perform the activity, reserved act or intervention;
- accept responsibility for doing the activity, reserved act or intervention; and
- have the authority to perform the activity, reserved act or intervention through the regulations, policies and protocols of the CRPNM and the RHPA.

The policies of employers do not relieve individual RPN(AP)s of accountability for their own actions or the primary obligation to meet standards and practice directions. However, an employer’s policies should not require an RPN(AP) to practice in a manner that violates the standards of psychiatric practice or any other practice directions set forth by the College and it is also the responsibility of employers to support RPN(AP) practice.

In addition to upholding the Standards of Psychiatric Nursing Practice and the Code of Ethics, RPN(AP)s are expected to meet the following practice expectations.

## Practice Expectation #1

### *Use of Specific Knowledge, Skill and Judgment*

**RPN(AP)s apply specific knowledge, skill and judgment to address the health needs of their specified client population.**

**RPN(AP)s must:**

1. Synthesize relevant knowledge with use of critical inquiry in determining the plan of care and prescription of drug(s).
2. Conduct thorough and accurate assessment, history taking, and consultation with clients from the identified population.
3. Ensure an appropriate plan of care has been developed in consultation with the client, family and other health care professionals as needed, including a plan for follow-up and evaluation.
4. Use current evidence to support safe prescribing practice.

## Practice Expectation #2

### *Consultation and Collaboration*

**RPN(AP)s consult and collaborate with other healthcare providers as appropriate to ensure that the overall health care needs of the client are met.**

**RPN(AP)s must:**

5. Collaborate with other health care professionals to facilitate critical inquiry in practice.
6. Establish consultative relationships with health professionals appropriate to the client population.
7. Consult with other health-care professionals as deemed necessary at any stage in the client's care from the initial assessment to the evaluation of treatment effectiveness.
8. Refer to an appropriate health-care provider if a client requires care beyond what can be provided.
9. Establish appropriate methods for keeping health professionals informed of their mutual clients' health conditions and of their treatment decisions.

## Practice Expectation #3

### *Prescribing Drugs and Devices*

**RPN(AP)s prescribe drugs relevant to the specific population in accordance with relevant provincial and federal standards and legislation, as well as evidence informed decision-making.**

**RPN(AP)s must:**

10. Prescribe only those drugs listed in the schedule for your specific client population (Appendix B).
11. Prescribe only those devices listed in the RPN Regulations for your specific population (Appendix C).

12. Prescribe for clients only where you have obtained relevant knowledge of their health history based on assessment obtained through direct client contact.

13. Complete prescriptions accurately, completely and legibly including:

- a) date of issue;
- b) name and address of the person for whom the drug is prescribed;
- c) weight of client if client is a child or weight has a bearing on dosage of prescribed drug;
- d) age of the client if age has bearing on the dosage of the prescribed drug;
- e) name, strength and quantity of the prescribed drug;
- f) directions for use, including the dosage, frequency, route of administration, duration of drug therapy;
- g) direction for number of allowable refills and interval between refills, where applicable. (If a prescription includes more than one drug, clearly identify the number of allowable refills for each drug.)
- h) prescriber's name, regulated title, address, telephone number and fax number;
- i) treatment goal and/or diagnosis and/or clinical indication;
- j) prescriber's signature in one of the following formats:
  - i. hand-written signature, or
  - ii. if prescription produced from an approved electronic medical record to pharmacist without production of a hard-copy, inclusion of an electronic image of the prescriber's signature.

14. Provide educational information to clients about prescription and non-prescription drugs which includes:

- a) expected action of the drug;
- b) importance of compliance with prescribed frequency and duration of the drug therapy;
- c) potential side effects;
- d) signs and symptoms of potential adverse effects (e.g. allergic reactions) and action to take if they occur;
- f) potential interactions between the drug and certain foods, other drugs or substances such as natural health products or herbal remedies;
- g) specific precautions to take or instructions to follow; and
- h) recommended follow-up;

15. Monitor and document the client's response to drug therapy. Based on the client's response, decide to continue, adjust, or withdraw the drug, or to consult with another health professional.

16. Securely store blank prescriptions.

17. Not provide any person with a blank, signed prescription.

18. Not prescribe for your family members or yourself.

19. Send prescription to pharmacy appropriately in one of the following ways:

- a) provide written prescription to the client to bring to a pharmacy of the client's choice
- b) provide all verbal prescriptions (new and refills) directly to the pharmacist.
- c) facsimile to pharmacy when the prescription is in compliance with the joint statement Facsimile Transmission of Prescriptions.
- d) electronic transmission to pharmacy when the prescription is in compliance with the joint statement Electronic Transmission of Prescriptions.

20. Monitor adverse drug reactions and reports these in accordance with reporting requirements of Health Canada.

21. Maintain a record of all prescriptions written including refills.

## Practice Expectation #4

### *Ordering Screening and Diagnostic Tests*

**RPN(AP)s order specific screening and diagnostic tests relevant to their areas of practice and client population in accordance all relevant federal and provincial legislation and standards as well as evidence informed decision-making.**

**RPN(AP)s must:**

22. Order screening and diagnostic tests according to the schedule (Appendix A).
  - a) to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
  - b) to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
  - c) to assess/monitor ongoing conditions of clients with chronic illnesses;
  - d) for screening activities.
23. Develop efficient processes for receiving and tracking the results of screening and diagnostic tests.
24. Maintain accurate, current employer and work contact information in your profile with the College.
25. Consider best practice evidence on appropriateness, contraindications, safety and cost-effectiveness when ordering screening and diagnostic tests.
26. Explain to clients the reasons for ordering specific screening and diagnostic tests and the associated risk and benefits.
27. Adhere to provincial or agency standards for ordering, documenting and reporting results of screening and diagnostic tests.
28. Seek information to ensure understanding and necessary follow-up of test results and diagnostic interpretation by specialist(s).

## Glossary

**Collaborative Practice:** In healthcare, occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings. Practice includes both clinical and nonclinical health-related work, such as diagnosis, treatment, surveillance, health communications and management.

**Consultation:** Consultation takes place when the registered psychiatric nurse reaches the limit of the RPN(AP) scope of practice, beyond which they cannot provide care independently and additional information and/or assistance is required from a professional with a more extensive knowledge base related to the specific client situation. Consultation can occur in a variety of ways including face-to-face discussion, by telephone and in writing.

**Critical inquiry:** This term expands on the meaning of critical thinking to encompass critical reflection on actions.

**Critical thinking:** A cognitive skill which involves analysis, logical reasoning and clinical judgment, geared towards the resolution of problems, and standing out in the training and practice of the nurse with a view to accurate clinical decision-making and the achieving of effective results.

**Evidence-informed decision making:** a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care.

**Pharmacology:** the science concerned with drugs and their sources, appearance, chemistry, actions and uses.

**Registered Psychiatric Nurse (Authorized Prescriber)/RPN(AP):** A registered psychiatric nurse with a certificate of practice that includes the notation “(authorized prescriber)” and an approved patient population. The RPN must establish that they have successfully completed an approved course of instruction in the approved competencies for practice as an RPN(AP) and obtained approval from the registrar to practice as an RPN(AP) for the patient populations that require registered nursing care in any of the following areas:

- reproductive health, sexually transmitted infections and blood borne pathogens, and/or
- diabetes health

## APPENDIX A

### Ordering or receiving reports

For the purpose of performing a reserved act, a registered psychiatric nurse (authorized prescriber) may order or receive reports of the following screening or diagnostic tests for the registered psychiatric nurse's approved patient population:

### Reproductive Health, Sexually Transmitted Infections and Blood Borne Pathogens

#### ***Bacterial Vaginosis***

Clinical Microbiology

- Swab for microscopy

#### ***Candidiasis***

Clinical Microbiology

- Swab for culture and microscopy

#### ***Chlamydia***

Clinical Microbiology

- Urine for *Chlamydia trachomatis* nucleic acid test
- Genital swab for *Chlamydia trachomatis* nucleic acid test
- Rectal, eye or throat swab for direct fluorescent antibody microscopy
- Aptima STI Testing Portfolio

#### ***Gonorrhea***

- Sexually Transmitted Infections (STI) Bacteriology
- Urine for *Neisseria gonorrhoeae* nucleic acid test
- Genital swab for *Neisseria gonorrhoeae* nucleic acid test
- Genital swab for *Neisseria gonorrhoeae* culture
- Rectal, eye or throat swab for *Neisseria gonorrhoeae* culture

#### ***Hepatitis B***

Serology

- Hepatitis B surface antigen
- Hepatitis B surface antibodies
- Hepatitis B core antibodies

#### ***Herpes Simplex Virus (HSV)***

Virus Detection

- Swab for HSV nucleic acid testing

#### ***Syphilis***

Serology

- Blood or serum
- Clinical Microbiology
- Swab for *Treponema pallidum* (PCR)



### ***Treatment of Genital Warts***

- Human papillomavirus nucleic acid testing

### ***Trichomonas***

#### Clinical Microbiology

- Vaginal swab for fixed stain microscopy culture
- Vaginal swab for *Trichomonas vaginalis* antigen
- Vaginal swab for *Trichomonas vaginalis* nucleic acid test

### ***Other Diagnostics for Sexual and Reproductive Health***

#### Clinical Biochemistry and Genetics

- Pregnancy test (serum and urine)

#### Serology

- Hepatitis A immunoglobulin G antibodies
- Hepatitis A immunoglobulin M antibodies
- Hepatitis C virus antibodies
- HIV antibodies
- Cervical cancer screening and Pap testing
- Human papillomavirus nucleic acid testing

## **Diabetes Health**

### ***Biochemistry***

- Albumin-to-Creatinine Ratio (ACR) — (urine)
- Apolipoprotein B — (serum)
- Cholesterol, low density lipoprotein (calculated) — (plasma)
- Cholesterol, total — (plasma)
- Cholesterol, high density lipoprotein — (plasma)
- Creatinine — (serum)
- Estimated glomerular filtration rate — (plasma)
- Glucose — (plasma)
- Glucose tolerance test, 2 hour — (plasma)
- Glucose tolerance test, 75 g — (plasma)
- Glycosylated hemoglobin — A1C (blood)
- Potassium — (serum)
- Sodium — (serum)
- Triglycerides — (plasma)
- Urinalysis, complete — (urine)

## **APPENDIX B**

### **Prescribing drugs and vaccines**

For the purpose of performing reserved act 6, a registered psychiatric nurse (authorized prescriber) may prescribe the following drugs or vaccines for the registered psychiatric nurse's approved patient population:

## Reproductive Health, Sexually Transmitted Infections and Blood Borne Pathogens

### ***Drugs for Reproductive Health***

- Oral Combined Estrogen and Progestin
- Oral Progestin only pills
- Depo-Provera Medroxyprogesterone Acetate
- Transdermal Combined Estrogen and Progestin Monophasic patch
- Hepatitis A vaccine
- Human papillomavirus vaccine (HPV)
- Topical estrogen or estradiol cream

### ***Emergency Medication for Anaphylaxis Management***

- Injectable epinephrine
- Injectable diphenhydramine

### ***Hepatitis B Post-Exposure Management***

- Hepatitis B vaccine
- Hepatitis immune globulin

### ***Treatment of Genital Warts***

- Imiquimod
- Liquid nitrogen
- Podophyllin
- Trichloroacetic acid (TCA)

## Diabetes Health

### ***Combined formulations***

- Metformin and Sitagliptin
- Metformin and Sitagliptin modified release
- Metformin and Linagliptin
- Metformin and Saxagliptin
- Metformin and Empagliflozin
- Metformin and Dapagliflozin

### ***Antihyperglycemic Agents***

- Thiazolidinediones (TZD)
- Biguanides
- Incretin agents
- GLP-1 receptor agonists
- SGLT2 inhibitors
- Insulin secretagogues
- Alpha-glucosidase inhibitors (AGI)

### ***Cardiac/Renal***

- Angiotensin-converting enzyme (ACE) inhibitors
- Angiotensin II receptor blockers (ARB)

- Statins
- Fibrates
- Insulin
- Bolus (prandial) insulins
- Basal insulins
- Premixed insulins

**Other**

- Glucagon kit
- Glucose tablets

**Reproductive Health, Sexually Transmitted Infections and Blood Borne Pathogens**

***Bacterial Vaginosis***

- Nitroimidazoles
- Lincomycins
- Lincosamides

***Chlamydia Trachomatis***

- Macrolides
- Tetracyclines
- Cephalosporins
- Beta Lactam

***Drugs for Reproductive Health***

- Intrauterine devices
- Intrauterine systems
- Vaginal rings
- Emergency contraceptives

***Herpes Simplex Virus (HSV)***

- Antivirals

***HIV Post Exposure Management***

- Antiretrovirals

***Neisseria Gonorrhoea***

- Cephalosporins
- Tetracyclines
- Macrolides

***Syphilis***

- Beta Lactams
- Tetracyclines

### ***Trichomoniasis***

- Nitroimidazoles
- Lincomycins
- Lincosamides

## **APPENDIX C**

Devices the RPN(AP) may prescribe:

### **Diabetes population**

- glucometers
- glucose test strips
- lancets
- lancing pen devices
- lancing pen needles
- insulin syringes
- urine ketone strips

### **Reproductive health, sexually transmitted infections and blood borne pathogens population**

- diaphragms

## **Contact the Practice Consultant**

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