

REGISTERED NURSES  
ASSOCIATION OF THE NORTHWEST  
TERRITORIES  
AND NUNAVUT



SCOPE OF PRACTICE FOR  
REGISTERED NURSES

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## INTRODUCTION

The Registered Nurses Association of the Northwest Territories and Nunavut believes this document, “Scope of Practice for Registered Nurses”, clarifies the professional role and responsibilities of registered nurses (RNs) in the Northwest Territories and Nunavut. With this information, registered nurses, employers and clients will have a greater understanding of how the role of the registered nurse fits in health care delivery, how nursing practice overlaps with that of other health care professionals, and how nursing practice remains distinct and recognizable through its self-regulatory status, practice standards, focus on ethics, and continuing competence (Yukon Registered Nurses Association (YRNA, 2003).

Northern registered nurses have a rich heritage of resilience, resourcefulness, adaptability, and creativity (Bushy, 2002). They are generalists in the true sense of the word, providing nursing care in a variety of settings, across the life span with a holistic people-centered approach always mindful of the community strengths and limitations. Their practice has unique and meaningful characteristics (Canadian Association of Rural and Remote Nursing (CARRN, 2008).

The Canadian Nurses Association (CNA), the Canadian Medical Association and the Canadian Pharmacists Association have outlined principles and criteria that should be met when determining scopes of practice (CNA, 2003). The basic premise behind many of these principles and criteria include: putting client needs first; a commitment to professionalism, lifelong learning and client safety; recognition of the need for legislative and regulatory changes to support evolving scopes of practice; and that health professionals should be involved in decision making regarding scopes of practice (CNA). The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) Registered Nurses Practice Committee feel that this scope of practice document upholds the principles outlined in this joint statement and have measured this document against the outlined criteria. While scope of practice is ever evolving in the north, nationally and globally, this document will guide nurses to make decisions that best represent established standards of care.

This document is best understood with reference to the following documents:

CNA Code of Ethics for Registered Nurses 2008

*Nursing Profession Act of Nunavut 2004*

*Nursing Profession Act of the NWT 2003*

Public Health Act of the NWT 2009

RNANTNU Entry-Level Competencies for Primary Health Care Nurse Practitioners June 2000

RNANT/NU Entry-Level Registered Nurse Competencies January 2009

RNANTNU Standards of Nursing Practice for Registered Nurses August 2006

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*Italicized* terms in this document are defined in the Glossary.

## DEFINING NURSING

*Registered nurses* in the Northwest Territories and Nunavut use a variety of knowledge; skills and judgment to assist *clients* to promote maintain and restore health. The practice of nursing for *Registered Nurses* is outlined in the *Nursing Profession Act of the NWT (2003)* and the *Nursing Profession Act of Nunavut (2004)*. This legislation assists to recognise the distinctive and autonomous nature of nursing practice (International Council of Nurses (ICN, 2004). Nursing encompasses a full range of human health experiences that include health promotion, health protection, health maintenance, health restoration, rehabilitation and palliation (Association of Registered Nurses of Newfoundland and Labrador (ARRNL, 2006). *Registered nurses* work in partnership with other disciplines within clinical settings, administration, education and research. *Registered nurses* use leadership skills to collaborate with *clients* and other professional practice disciplines about health and to coordinate the care of *clients* throughout the lifespan within a primary health care framework. These roles and responsibilities require substantial specialized knowledge of nursing theory and the biological, physical, behavioral, psychological and sociological sciences (College of Registered Nurses of Nova Scotia (CRNNS, 2005).

## REGULATION

Registered nursing is a self regulated profession. The focus of *registered nurse* regulation is protection of the public. Regulation assures the public that they are receiving safe and ethical care from competent, qualified *registered nurses*. Standards of Practice, Code of Ethics, Entry-Level Competencies, Continuing Competence programs and nursing education programs are all approved by the *RNANT/NU* to ensure all *registered nurses* are held accountable to professional standards. The provincial/territorial associations define the practice and boundaries of the nursing profession, including the requirements and qualifications to practice, and monitoring of professional conduct and promoting quality practice environments (CNA, 2007). Nurses must function according to and within the identified scope of practice and all relevant legislation (ARRNL, 2006). This legislation recognizes the distinct body of nursing knowledge, understands the autonomous nature of nursing practice, and recognizes the collaborative nature of nursing as it relates to other members of the health care team.

Self-regulation ensures that *registered nurses* regulate nurses. Ongoing collaboration with stakeholders is essential to quality care environments. Stakeholders include the public, governments, other professions, educational institutions, and employers. While the *RNANT/NU* guides the practice of nursing on a professional level, scope of practice is also influenced by the employer's policies which will affect regulation on an individual level.

## SCOPE OF NURSING PRACTICE

The scope of practice of *registered nurses* is determined by the needs and health goals of their *clients* and is limited only by the specific competencies of the individual *registered nurse* to perform the activities necessary for the *client* population with whom that nurse works, with applicable legislation and agency policy (ICN, 2004).

The full scope of nursing practice reflects all of the roles and activities undertaken by *registered nurses* to address the full range of human experiences and responses to health and illness. It sets the outer boundaries of practice for all members and encompasses all that nurses are educated and authorized to perform (Lillibridge, Axford, & Rowley, 2000). This authority is outlined in territorial legislation, *Nursing Profession Act of the NWT (2003)* and *Nursing Profession Act of Nunavut (2004)*; and in the bylaws of the regulatory body, *RNANT/NU*. These boundaries remain flexible to accommodate a dynamic profession.

The scope of practice of the individual nurse is always narrower than that of the scope of the nursing profession as a whole (CNA, 2000). Individual scope of practice is influenced by the current legislation (*Nursing Profession Act of the NWT (2003)* and *Nursing Profession Act of Nunavut (2004)*), *RNANT/NU* bylaws, territorial policies and guidelines, authority/regional policies, practice site, requirements of the *client* as well as each nurse's education and experience, both professional and personal. The individual scope of practice is also dynamic and will expand as the nurse progresses along the novice to expert learning continuum of each practice site and as competencies are learned.

Key components of the scope of practice include: *accountability*, educational preparation, competencies and practice standards, continuing *competence*, *client* risk assessment, *evidence-informed practice*, quality practice environment, legal liability and regulation (Saskatchewan Registered Nurses' Association (SRNA), 2004). These components should be considered when determining scope of practice, as outlined in this document.

## PRINCIPLES

The following principles can be used to guide and/or support nurses as they make decisions about scope of practice issues.

### PRINCIPLE 1

A *registered nurse* is accountable and responsible for his/her own ethically competent nursing practice. In a new practice area, a *registered nurse* will move along a continuum from "novice to expert" (CNA, 1993). A *registered nurse* is responsible for identifying and acting on any concerns regarding *competence* and for ongoing continuing *competence*.

## PRINCIPLE 2

A *registered nurse* may delegate functions within his/her scope of practice, ensuring that adequate resources and education are provided initially and on an ongoing basis to support the competent provision of required health care.

## PRINCIPLE 3

In any practice setting, a *registered nurse* has the professional *responsibility* to question and/or to refuse to perform any activity if it is inconsistent with evidence based knowledge and/or Code of Ethics. The *registered nurse* shall report the concern to his/her supervisor.

## PRINCIPLE 4

A *registered nurse* will find that health related *client* interventions may be within the scope of practice of more than one health care profession. These interventions may be shared between nursing and other health professionals. Shared interventions may be performed by any of the professionals who have received the appropriate education, are competent in the skill and who are authorized to do so through agency policy, their regulatory body and wherever possible, using an evidence-informed approach (ARNNL, 2006). A *registered nurse* collaborates with other health care professionals and the *client* in the practice setting to determine who performs a specific shared activity.

## PRINCIPLE 5

In any practice setting where the need for performance of a particular shared activity is documented and substantiated, a *registered nurse* has the *responsibility* for attaining and maintaining *competency* in the activity, and his/her employer has the *responsibility* to provide the nurse with the adequate resources to do so.

## PRINCIPLE 6

A *registered nurse* shall engage in the decision-making process when shared activities are proposed for acceptance by another group of professionals.

## DECISION MAKING: SCOPE OF PRACTICE

While the scope of practice of the nursing profession defines the boundaries of the discipline of nursing, the scope of practice of an individual *registered nurse* may be constrained by education, experience and the authority given to that *registered nurse*. (CRNNS, 2005). The following model is included as a tool to assist nurses in deciding whether or not a specific function is within the nurse's individual scope of practice.

An important point to consider:

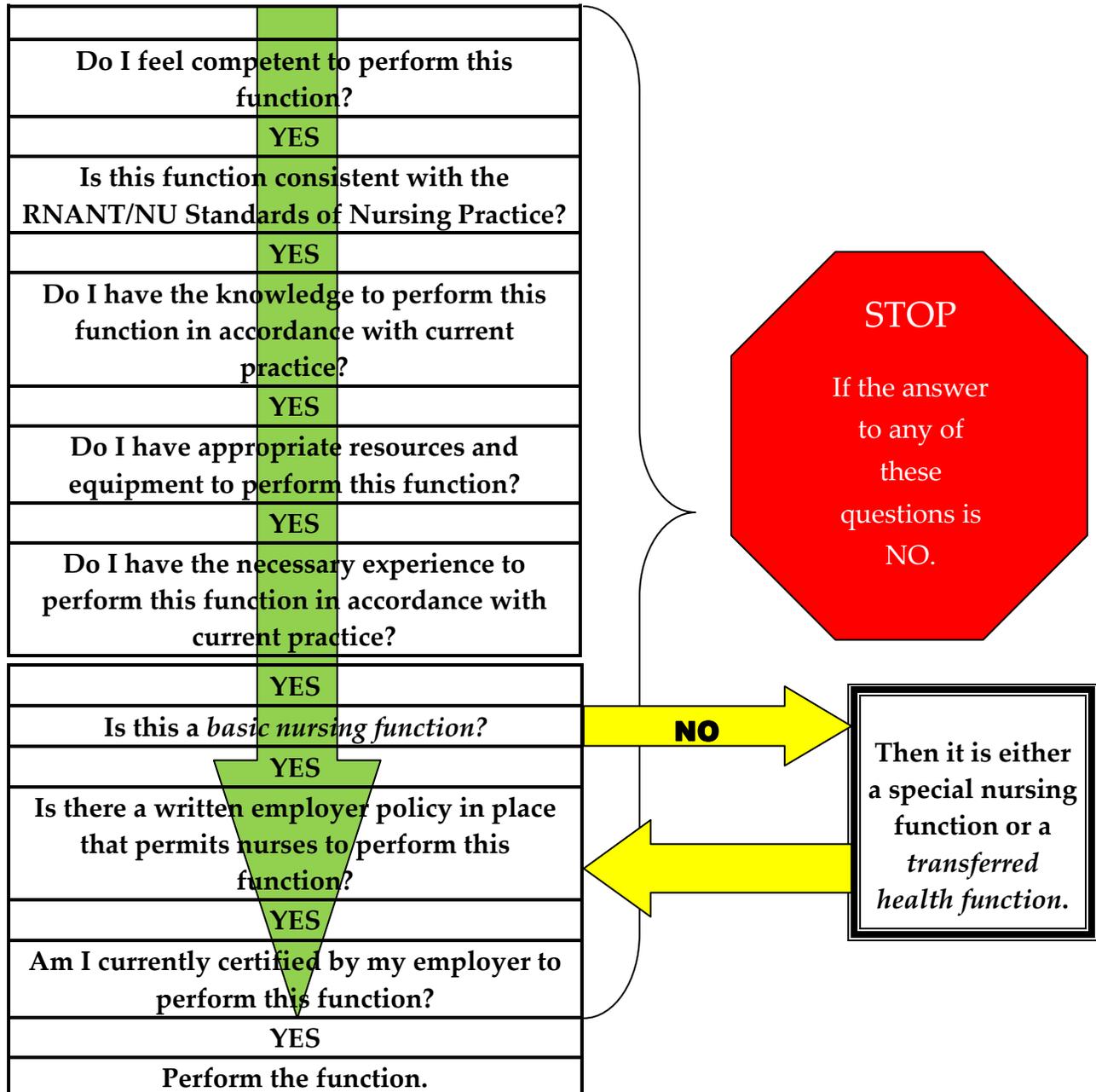
**Emergency (life threatening) Situation:** According to the *Nursing Profession Acts of the NWT (2003)* and *Nunavut (2004)* in an emergency (life threatening) situation, regardless of location, a nurse, in the absence of a more qualified practitioner, should perform whatever functions he/she feels are reasonable given the situation. In this situation a nurse should not feel constrained by a lack of policy or educational preparation.

## DECISION MAKING: TRANSFERRED HEALTH FUNCTION

A model for decision making for *Transferred Health Function* has also been included. This model is designed to assist nurses, employers, nurse managers, boards, etc to make decisions about issues that pertain to nursing scope of practice. The decision will depend on a number of factors, including:

- How often a particular function is performed within an agency;
- The general education preparation, experience and skill level of the nursing staff who will be performing the task;
- Availability and accessibility of support personnel;
- Availability of in-service training, *certification* program, and/or continuing education;
- Availability of human, financial, and technological resources to implement, supervise and monitor the *certification/training* continuing education program.

## Decision Making: Individual Scope of Practice



Sample scenarios are included in Appendix A

## Framework for Decision Making: Transferred Health Functions

Would clients benefit from nurses performing this function?	YES
Is the performance of this function consistent with the RNANT/NU Standards of Nursing Practice?	YES
Can a nurse manage the potential complications inherent in this procedure?	YES
Is it possible to achieve a written agreement between nursing and the transferring health profession stating shared <i>responsibility</i> for the transferred function?	YES
Is the agency prepared to develop a written agency policy for this function with consideration to: <ul style="list-style-type: none"> <li>• Identification of who may perform this function</li> <li>• The knowledge and skill required of the individual performing the function</li> <li>• Under what circumstances the function may be performed</li> <li>• When the policy will be reviewed</li> </ul>	YES
Does the agency have the resources (technical, human, financial) to develop, implement and maintain a <i>certification</i> program?	YES
<b>It is possible to make this a <i>transferred health function</i>.</b>	



## Decision Making: Delegation

*Registered nurses* have the specialized knowledge base and skills to make decisions about *delegation*. As stated in the Principles, a *registered nurse* may delegate functions within his/her scope of practice; however, this function must be within the scope of practice of the health care provider to whom the task is being delegated, ensuring that adequate resources and education are provided initially and on an ongoing basis to support the competent provision of required health care. Decisions about *delegation* should be based primarily on *client* outcomes and safety. The RNANT/NU agrees with the CNA (2008) position that acting in a fiscally responsible manner is important; however, quality *client* care, and evidence informed approach is paramount. *Registered nurses* should not delegate functions related to the nursing process (Canadian Nurses Protective Society, 2000). The *registered nurse* is held accountable for decisions made about *delegation* (CRNNS, 2004).

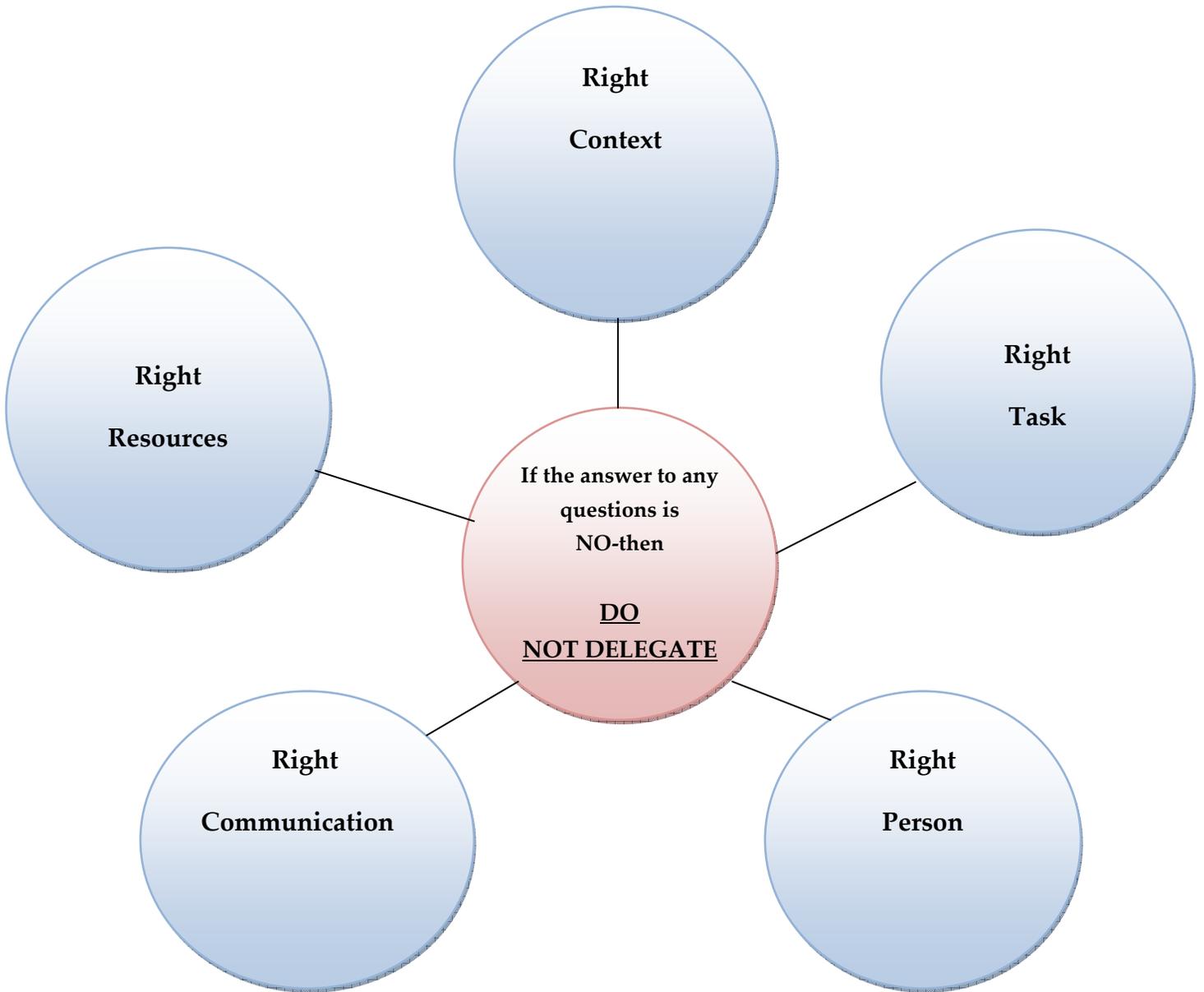
In any practice situation, the *registered nurse* is the person who is to determine if *delegation* to another health care provider is appropriate. This decision must be based on assessment of the *client's* health status, the practice environment, the healthcare provider's *competence* and scope of practice, and amount of supervision required.

When nursing tasks/functions are delegated, they must be performed in accordance with established *standards* of care (CRNNS, 2004).

The RNANT/NU encourages nurses to consider the following key points when considering the decision to delegate.

- Nursing is a profession with a specialized and evidenced-informed body of knowledge; therefore cannot be reduced to a list of tasks.
- *Registered nurses* are accountable, at all times, for their own practice and for decisions to delegate to other health care providers.
- The essential components of *delegation* are reflected in the principles of:
  - Right context/circumstances
    - Is the decision to delegate based on the needs of *clients*?
    - Is the decision to delegate based on *evidence-informed practice*?
    - Is the decision to delegate based on sound nursing judgment?
  - Right task
    - Is this task within the scope of practice of the *Registered Nurse*?
    - Do the Standards for Nursing Practice (RNANT/NU, 2006) and Code of Ethics (CNA, 2008) support this *delegation*?
    - Is this task appropriate for *delegation* in this context of practice?
  - Right person
    - Is the healthcare provider *competent*?
    - Is *client* safety a low risk issue?
    - Is the *client's* health status stable with predictable outcomes?
  - Right communication
    - Has the decision to delegate the task been appropriately communicated?
    - Is the decision supported by appropriate supervision?
    - Has the *delegation* been followed up with appropriate documentation?
  - Right resources/supervision/evaluation
    - Is this *delegation* supported with educational resources?
    - Is the *delegation* supported in policy and procedure?
    - Is this *delegation* supported by the Nursing Profession Act of the NWT (2003); Nursing Profession Act of Nunavut, (2004); and other relevant legislation?

## Framework for Decision Making: Delegation



## CONTINUING COMPETENCE

Nurses require appropriate initial and ongoing education, as well as a commitment to lifelong learning, through *certification* and/or additional training to practice competently within their scope of practice (ICN, 2004). Continuing *competence* is essential to professional nursing practice. It promotes quality nursing practice, assists in preventing poor practice, and contributes to the best possible *client* outcomes. *Competence* is continually maintained and acquired through reflective practice, lifelong learning, and integration of learning into nursing practice (CNA, 2000). Continuing *competence* activities should be reflective of identified areas of need based on the nurse's clinical practice area, *client* population, position on the "novice to expert" continuum, self-reflection and employer and/or peer feedback.

## CONCLUSION

Nursing practice in the Northwest Territories and Nunavut is dynamic, evolving and ever expanding. While roles may overlap with other health care professionals, the scope of practice of *registered nurses* remains unique. This is reflected in the definition of registered nursing practice, regulatory *standards*, education, decision making ability, and professionalism through a commitment to ethical care, collaboration and continuing *competence*. Professional experience, education, *competence*, employer policies and legislation, context of practice and *client* population will all contribute to the *registered nurses'* ability to function within their individual scope of practice. The guiding principles outlined in this document remain broad and flexible to (reflect the evolving profession and to) assist *registered nurses* in the Northwest Territories and Nunavut to make decisions about their scope of practice.

## GLOSSARY

**ACCOUNTABILITY:** An obligation to accept responsibility or to account for one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away (CRNNS, 2004).

**BASIC NURSING FUNCTION:** Refers to those nursing functions which are acquired through an approved entry-to-practice nursing education program.

**CLIENT:** Individuals, families, group, population or entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2005a).

**CERTIFICATION:** Refers to the issuance of a certificate on the successful completion of a formalized program leading to *specialized competence* (NWTRNA, 1994).

**COMPETENT/COMPETENCE/COMPETENCY:** The quality or ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs (College and Association of Registered Nurses of Alberta (CARNA), 2006; Nurses Association of New Brunswick (NANB), 2005).

**DELEGATION:** The active process of transferring authority to a competent individual to perform a particular function or task in a specific situation (CRNNS, 2004).

**EVIDENCE-INFORMED PRACTICE:** Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (College of Registered Nurses of British Columbia (CRNBC), 2005d; 2005e; Canadian Health Service Research Foundation (CHSRF), 2005).

**REGISTERED NURSE:** Refers to a person who is registered in the Nursing Register under section 22 of the *Nursing Profession Act of the NWT (2003) and Nunavut (2004)*.

**RESPONSIBILITY:** Refers to the obligation to fulfill the terms of implied or contracted agreement in accordance with professional and legal nursing standards (RNANT/NU, 1994).

**RNANT/NU:** Refers to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU, 1994).

**STANDARD:** Refers to an achievable level of performance relating to a criterion against which actual performance is measured (RNANT/NU, 1994).

***TRANSFERRED HEALTH FUNCTIONS:*** Those skills that are required in certain settings beyond the legislated scope of practice for the registered nurse. Another health professional who usually performs that function is required to transfer the health function. This transfer of health functions ensures safe and appropriate patient care is provided without the ongoing presence of the transfers e.g. physician (SRNA, 2004).

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## Appendix A

### Case Scenario #1

A nurse in a remote community health centre is first on-call caring for a client at the health centre with asymptomatic supraventricular tachycardia. The nurse is the only health care professional present. The physician on-call orders Adenosine to be given IV push after all other interventions fail. The nurse is unsure whether he should perform this function therefore he refers to the decision making tool for individual practice:

1. **Do I feel competent to perform this function?** Yes. The nurse is competent in the skill of administering medications via IV push.
2. **Is this function consistent with the RNANT/NU Standards of Practice?** Yes. This function is consistent with the RNANT/NU Standards of Practice.
3. **Do I have the knowledge to perform this function in accordance with current practice?** Yes. The nurse is aware of the effects of Adenosine, however, has not recently administered this drug.
4. **Do I have appropriate resources and equipment to perform this function?**  
No. The health centre is equipped with one intravenous pump, an ECG monitor and no defibrillator or monitor. This equipment is necessary to monitor a client receiving adenosine.

**Conclusion: Do not perform the function.**

## **Case Scenario #2**

A homecare nurse working in a small community is visiting an infant client in their home. The client is due for their 2-month immunizations. The client's disabled mother has requested that the immunizations be given at home because they are unable to travel into the health centre. The homecare nurse refers to the decision making tool for individual scope of practice:

1. **Do I feel competent to perform this function?** Yes. The homecare nurse has prior experience with immunization at a public health clinic.
2. **Is this function consistent with the RNANT/NU Standards of Nursing Practice?** Yes.
3. **Do I have the knowledge to perform this function in accordance with current practice?** Yes.
4. **Do I have appropriate resources and equipment to perform this function?** Yes. An anaphylaxis kit is available to take to the home. The health centre has a copy of the current immunization guide.
5. **Have I had the necessary experience to perform this function in accordance with current practice?** Yes.
6. **Is this a *basic nursing function*?** No. Delivery of immunizations requires certification in the Northwest Territories and Nunavut.
7. **Is there a written employer policy in place that permits nurses to perform this function?** Yes. Policy states nurses must be certified to perform this function.
8. **Am I currently certified by my employer to perform this function?** Yes. The homecare nurse's certification is current according to written employer policy.

**Conclusion: Perform the function.**

### **Case Scenario #3**

A newly hired registered nurse is working on the medicine unit. Her client requires a dressing change to the PICC line site. The nurse refers to the decision making tool for individual scope of practice.

1. **Do I feel competent to perform this function?** Yes. The nurse has worked critical care at another facility for many years and performed this function.
2. **Is this function consistent with the RNANT/NU Standards of Nursing Practice?** Yes.
3. **Do I have the knowledge to perform this function in accordance with current practice?** Yes. The nurse is currently certified at another agency and is up-to-date on current practices.
4. **Do I have appropriate resources and equipment to perform this function?** Yes.
5. **Have I had the necessary experience to perform this function in accordance with current practice?** Yes.
6. **Is this a *basic nursing function*?** No.
7. **Is there a written employer policy in place that permits nurses to perform this function?** Yes. Policy states nurses must be certified to perform this function.
8. **Am I currently certified by my employer to perform this function?** No. the nurse does not have certification at this agency to perform the function.

**Conclusion: Do not perform the function.**