


## NURSE CLINICIAN FORUM STANDARDS

**CATEGORY:** System-Level Clinical  
**ISSUE DATE:** May 2014  
**SUBJECT:** RPN INPATIENT SCOPE OF PRACTICE

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<b>Document Owner:</b> Administrative Director, Inter-Professional Practice	<b>Name:</b> Natalie Kennedy
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### PURPOSE

To define the scope of practice for Registered Practical Nurses (RPNs) at HSN.

### STANDARDS

CNO Practice Guidelines	<ul style="list-style-type: none"> <li>RPNs autonomously care for patients who have more predictable responses and outcomes, less complex care needs and are at a low risk of negative outcomes.</li> <li>Nurses shall be accountable for their decisions, actions and consequences of those actions and for obtaining and maintaining competence throughout their careers.</li> <li>Nurses shall be accountable for ensuring that they understand their role expectation and seek clarification as necessary.</li> <li>Nurses shall effectively communicate while collaborating and consulting with others when faced with situations beyond their knowledge, skill and judgment.</li> <li>Nurses will enhance their foundational knowledge through ongoing learning, reflective practice and experiences.</li> <li>If patient or environmental factors exceed the autonomous practice of the RPN, he/she will consult with an RN and use the Three Factor Framework to guide decision making.</li> </ul>
Three Factor Framework	In order to determine which nurse category (RN or RPN) to match with a patient, the charge nurse or clinical leader must deliberate on three factors of equal importance: <b>the client, the nurse and the environment.</b>
Enhanced Knowledge Requirements for Full Scope of Practice	<ul style="list-style-type: none"> <li><b>See Appendix A</b></li> <li>Enhanced knowledge for full scope of practice includes, but is not limited to: <ul style="list-style-type: none"> <li>Peripheral venous access device initiation and maintenance</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Tracheostomy care and management</li> <li>○ Wound care assessment and management and dressing changes (including percutaneous nephrostomy tubes, biliary tubes, G-tubes and wounds ≤ Stage 3)</li> <li>○ Enteral feeding care and maintenance</li> <li>○ Automated external defibrillation certification (responding to codes and being part of the Code Team as required)</li> <li>○ Blood product administration (<u>except</u> in the Intensive Rehabilitation Unit)</li> </ul>
Care Provider Assignment Sheet	<ul style="list-style-type: none"> <li>• <b>See Appendix B</b></li> <li>• Used to determine patient stability.</li> <li>• Should be updated before each shift begins and completed based on information provided by the caregiver on the previous shift.</li> <li>• Creation of patient assignments is a joint role involving the charge nurse, clinical leader and staff nurses accepting the assignment.</li> </ul>
Patient Care Needs Beyond RPN Scope of Practice	<ul style="list-style-type: none"> <li>• Changing patient condition with undetermined treatment plan: <ul style="list-style-type: none"> <li>○ Unexplained sudden decrease in level of consciousness</li> <li>○ Symptomatic hypotension or hypertension (30 mmHg variance from baseline extending greater than two hours)</li> <li>○ Blood sugar fluctuation requiring frequent/continuous intervention and monitoring beyond the first hour of fluctuation</li> </ul> </li> <li>• Continuous frequent vital signs on or more frequently than Q2H (<u>except</u> where routine protocols require more frequent monitoring)</li> <li>• Central line management (<u>except</u> for PICC)</li> <li>• Acute BiPAP management (patients who have been established on home CPAP for sleep apnea are appropriate)</li> <li>• Wound management that entails ≥ Stage 3 wound or tunneling wounds on dressing change day</li> <li>• Chest tube management and removal (including the day of removal)</li> <li>• Chemotherapy administration (including IV and PO)</li> <li>• Critical care patient 24 hours post written transfer out of the critical care area</li> <li>• PICC removal</li> <li>• Febrile neutropenia</li> </ul>

## EDUCATION AND TRAINING

### References and Related Documents

College of Nurses of Ontario. (2013) Decisions about procedures and authority.

College of Nurses of Ontario. (2011). Entry to practice competencies for Ontario Registered Practical Nurses.

College of Nurses of Ontario. (2011). Practice guidelines-RN and RPN practice: The client, the nurse and the environment.

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## APPENDIX A

Enhanced Knowledge Requirements for Full Scope of Practice

Skill	Acute Inpatient Psychiatry	Acute Medicine	Cardiology	General Surgery	Intensive Rehab Unit	Medical Oncology	Ortho/ Neuro
PICC Maintenance (dressing, accessing and flushing)	X	X	X	X	X	X	X
Tracheostomy Care		X	X	X	X	X	X
Wound Care (Stage 3 or less, non-tunneled dressings)	X	X	X	X	X	X	X
G-Tube Dressings (care and maintenance)	X	X	X	X	X	X	X
PNT (dressing and care <u>excluding</u> flushing)		X		X		X	
Biliary Tube (T-Tube) (care and maintenance)				X		X	
Blood Product Administration	X	X	X	X		X	X
Enteral Feedings	X	X	X	X	X	X	X
Prevena Incision Management System			X				X
Pronouncement of Expected Death		X	X	X		X	X

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## APPENDIX B

Care Provider Assignment Sheet

User: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location	Patient Name SH # Diagnosis/LOS	Continuous frequent vital signs > Q2H	Changing condition or undefined treatment plan	Central line management	Dressing changes ≥ Stage 3 or tunneling	Acute Bi-PAP	Acute chest tube management and removal	Continuous IV medications	Critical Care patient < 24 hours post written transfer	Chemotherapy (IV or PO)	Febrile neutropenia	Other	RN	RPN

Use this form in conjunction with the Three Factor Framework to evaluate the nurse's knowledge, patient condition, and environment when creating the assignment.