

Effective August 2005

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PRACTICE GUIDELINES FOR PRIMARY HEALTHCARE NURSE PRACTITIONERS

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU), under the authority of the Nursing Professions Acts of NWT and Nunavut has the responsibility to develop “guidelines respecting the practice of nurse practitioners”, which may be approved by the Minister of Health and Social Services.

This publication, dated August, 2005 is the first set of Guidelines to be approved. The Guidelines will be updated regularly as legislation, policies and practices change. The latest guidelines will be posted on the RNANT/NU website: www.rnantnu.ca

Acknowledgements

These Guidelines are based on Entry Level Competencies for Primary Health Care Nurse Practitioners, RNANT/NU (June 2000), as well as the following:

College of Nurses of Ontario (2003) *Practice Standards: Registered Nurses in the Extended Class.*

Nurses Association of New Brunswick (2002). *Competencies and Standards of Practice for Nurse Practitioners in Primary Health Care.*

Saskatchewan Registered Nurses' Association (2003). *Registered Nurse (Nurse Practitioner) RN(NP) Standards & Core Competencies.*

Canadian Medical Association, the Canadian Nurses Association, & the Canadian Pharmacists Association. (2003). *Scopes of Practice.* Ottawa: Author

NP Practice Guidelines Committee

A subcommittee of the RNANT/NU Nursing Practice Committee assumed the responsibility for drafting the NP Practice Guidelines.

Members of the Committee included:

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Consultation

During the drafting process teleconference consultation was held with all of the NP's registered with the Association, as well as:

- Dr. Bonifacio, MD, Radiologist, Stanton Territorial Hospital Authority
- Robin Greig, RT, Unit Manager, Stanton Territorial Hospital Authority Laboratory
- NWT Pharmacy Association (re: NP Prescription Regulations)
- Dr. John Morse, Internist, Chief of Staff, Stanton Regional Hospital
- NWT Medical Association
- Dr. Mark Lachmann, Family Physician, Baffin Regional Hospital
- Dr. Sandy MacDonald, Chief of Staff, Baffin Regional Hospital

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Legislative Authority- Northwest Territories

Authority for the practice of Nurse Practitioners is derived from the
NWT NURSING PROFESSION ACT, S.N.W.T. 2003, c15.

Registered Nurses

2. (1) A registered nurse is entitled to apply nursing knowledge, skills and judgment
 - (a) to promote, maintain and restore health;
 - (b) to prevent and alleviate illness, injury and disability;
 - (c) to assist in prenatal care, childbirth, and postnatal care;
 - (d) to care for the terminally ill and the dying;
 - (e) in the coordination of health care services; and
 - (f) in administration, supervision, education, consultation, teaching, policy development and research with respect to any of the matters referred to in paragraphs (a) to (e).

Nurse Practitioners

4. (1) In addition to the functions set out in subsection 2(1), a nurse practitioner is entitled to apply advanced nursing knowledge, skills and judgment
 - (a) to make a diagnosis identifying a disease, disorder or condition;
 - (b) to communicate a diagnosis to a patient;
 - (c) to order and interpret screening and diagnostic tests authorized in guidelines approved by the Minister;
 - (d) to select, recommend, supply, prescribe and monitor the effectiveness of drugs authorized in guidelines approved by the Minister; and
 - (e) to perform other procedures that are authorized in guidelines approved by the Minister.
- (2) The entitlement in subsection (1) is subject to the regulations, the bylaws and any guidelines approved by the Minister.
- (3) A nurse practitioner may use the title "Nurse Practitioner" and may use after his or her name the designation "N.P." or "R.N. (N.P.)".

Nurse Practitioner Practice Guidelines

5. (1) The Association may recommend to the Minister guidelines respecting the practice of nurse practitioners.
- (2) The Minister may approve the guidelines recommended by the Association.

NWT PHARMACY ACT, R.S.N.W.T. 1988,c.P-6

Including amendments made by:

S.N.W.T. 2002,c.11

S.N.W.T. 2002,c.17

S.N.W.T. 2003,c.15

In force January 1, 2004;

SI-004-2003

S.N.W.T. 2003,c.21,NIF

1. In this Act,

"nurse practitioner" means a nurse practitioner under the *Nursing Profession Act*; (*infirmière praticienne*)

2. Nothing in this Act shall be deemed to prohibit or prevent
 - (a.1) a nurse practitioner from exercising a privilege conferred by the *Nursing Profession Act* relating to the practice of a nurse practitioner in the Territories;

**NWT Nurse Practitioner
PRESCRIPTION REGULATIONS R-056-2004**

1. The substances that a pharmaceutical chemist may supply under subsection 21.1(1) of the *Pharmacy Act* to a person who has in his or her possession a prescription signed by a nurse practitioner are set out in the Schedule.
2. A pharmaceutical chemist may supply a substance set out in Column 1 of Part 1 of the Schedule subject to the conditions, limits and restrictions respecting the supply set out in Column 2
3. A pharmaceutical chemist may supply a substance set out in Column 1 of Part 2 of the Schedule subject to the general conditions, limits and restrictions respecting the supply set out in Part 2 of the Schedule and the specific conditions, limits and restrictions respecting the supply set out in Column 2 of Part 2.

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Legislative Authority- Nunavut

Authority for the practice of Nurse Practitioners is derived from the **NUNAVUT NURSING ACT, S.N.W.T. 1998, c.38, as duplicated for Nunavut by s.29 of the Nunavut Act, as amended by S.Nu. 2003, c.17.”**

Definitions

1. In this Act,

"nurse practitioner" means a person who is registered under section 24 of the *Nursing Profession Act* (Northwest Territories);

"practice of nursing" means the practice of registered nurses, nurse practitioners, and temporary certificate holders;

6. Use of title - nurse practitioner

(2) A nurse practitioner may use the title "Nurse Practitioner" and may use after his or her name the designation "N.P." or "R.N.(N.P.)". S.Nu. 2003,c.17,s.9.

Prohibitions

9. Prohibitions respecting nurse practitioners

(2) Subject to subsections (3) and (4), no person shall

- (a) hold himself or herself out to the public by any title, designation or description as a nurse practitioner or under that title, designation or description render or offer to render services of any kind to a person for a fee or other remuneration, unless he or she is a nurse practitioner;
- (b) use the title "Nurse Practitioner" or the designation "N.P." or "R.N.(N.P.)", unless he or she is a nurse practitioner; or
- (c) knowingly employ or engage a person to practice as a nurse practitioner, unless the person so employed or engaged is a nurse practitioner.

NOTE: The Nunavut Nursing Act duplicates the NWT Nursing Profession Act, therefore all definitions, regulatory provisions and penalties regarding NP's are identical. The Registered Nurses Association of the Northwest Territories and Nunavut is the regulatory body for both NWT and Nunavut nurses.

August 2005 Prescriptive Authority*

Pharmacy Regulations or Guidelines have not been enacted for Nunavut as of the date of this publication, August 2005, which means that Nurse Practitioners practicing in Nunavut, although they may be registered, have no provisions in place to define mechanisms or limitations of prescriptive authority. **Nunavut NP's therefore cannot prescribe independently at this time, and so must have all prescriptions co-signed by a Physician.**

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PRACTICE GUIDELINES for PRIMARY HEALTH CARE NURSE PRACTITIONERS

INTRODUCTION

The Nursing Profession Acts of the Northwest Territories and Nunavut (2004) enables the practice of nurse practitioners (NP's) in the two territories. The nurse practitioner (NP) role is described in legislation as being *in addition to* that of a registered nurse, because the nurse practitioner performs activities that are considered beyond the scope of practice of registered nurses.

The nurse practitioner role is a nursing role, and NP's must practise in accordance with all standards relevant to the nursing profession including:

- Standards for Nursing Practice for registered Nurses (RNANT/NU, 2003),
- Code of Ethics for Registered Nurses (CNA, 2002), and
- Entry Level Competencies for Primary Health Care Nurse Practitioners, (RNANT/NU, 2000).

Nurse practitioners have the potential to make a significant contribution to new models of health care delivery based on primary health care principles. RNANT/NU has promoted the utilization of nurse practitioners in emergency rooms, community health centres, family practice, and long term care facilities.

This document provides guidelines for Primary Health Care Nurse Practitioner practice.

SCOPE OF PRACTICE – CANADIAN CONTEXT

In April 2003 a Joint Position Statement on Scopes of Practice was released by the Canadian Medical Association, the Canadian Nurses Association, and the Canadian Pharmacists Association. It includes the following:

Principles

“Focus: Scopes of practice statements should promote safe, ethical, high-quality care that responds to the needs of patients and the public in a timely manner, is affordable and is provided by competent health care providers.

Flexibility: A flexible approach is required that enables providers to practise to the extent of their education, training, skills, knowledge, experience, competence and judgment while being responsive to the needs of the patients and the public.

Collaboration and cooperation: In order to support interdisciplinary approaches to patient care and good health outcomes, physicians, nurses and pharmacists engage in collaborative and cooperative practice with other health care providers who are qualified and appropriately trained and who use, wherever possible, an evidence-based approach. Good communication is essential to collaboration and cooperation.

Coordination: A qualified health care provider should coordinate individual patient care.

Patient choice: Scopes of practice should take into account patient’s choice of health care provider.

Criteria

Accountability. Scopes of practice should reflect the degree of accountability, responsibility and authority that the health care provider assumes for the outcome of his or her practice.

Education: Scopes of practice should reflect the breadth, depth and relevance of the training and education of the program(s), certification of the provider and maintenance of competency.”

(Joint Position Statement, CMA, CNA, CPhA, April 2003)

RNANT/NU NURSE PRACTITIONER SCOPE OF PRACTICE
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The "practice of a nurse practitioner" is defined in the Nursing Profession Acts, NWT and NU (2003) as the practice in which a nurse practitioner may:

- diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client;
- order and interpret screening and diagnostic tests;
- select, prescribe and monitor the effectiveness of drugs; and
- order the application of forms of energy (x-ray, ultrasound).

These responsibilities are what makes the practice of nurse practitioners different from that of all other registered nurses. This is a nursing role and NPs practice in accordance with all standards relevant to the nursing profession.

In addition to the rights and privileges of all registered nurses, the NP has the authority to make and communicate a diagnosis of a common disease or disorder, order x-rays, ultrasounds and lab tests and prescribe a certain range of drugs as listed in the Nurse Practitioner Prescription Regulations (NWT)*. Nurse Practitioners have the authority to order supplies and equipment related to the care of their clients.

These Guidelines, established by the Nursing Practice Committee of the RNANT/NU, specify clinical and procedural expectations for screening and diagnostic tests and forms of energy that may be ordered and interpreted by the nurse practitioner, as well as defining expectations for Consultations and Prescriptions. The Guidelines are consistent with other legislation, policies and regulations governing the practice of nurse practitioners.

CONSULTATION AND REFERRAL

Scope of Responsibility

Consultation may be required at any stage of the nurse practitioner-client relationship, from the time of the initial assessment through to the evaluation of the effectiveness of treatment. Expectations for consultation also apply when managing the care of a client with a chronic condition. Consultation takes place following a specific request and can occur in a variety of ways, for example, face to face, by telephone, or in writing.

The NP consults with and refers to other health professionals as appropriate and as per regional policies), e.g. physicians, specialist physicians, physiotherapists, occupational therapists, dieticians, community health nurses (CHN's)'s, Mental Health/Addictions Counselor etc. The degree to which the physician or other health professional becomes involved may vary.

Consultation may result in:

- provision of an opinion and recommendation;
- an opinion, recommendation, and concurrent intervention; or
- assumption of primary responsibility for the care of the client (transfer of care).

The need for additional consultation guidelines depends on the type of practice, the available resources, changing health care needs and the NP's experience. If required, guidelines are developed within individual agencies.

Clinical Expectations

The nurse practitioner seeks consultation with a physician:

1. when the signs, symptoms, diagnosis and / or plan of treatment are unclear or beyond the knowledge, skill and judgment of the nurse practitioner to determine, including but not limited to the following:
 - persistent or recurring sign(s) or symptom(s) that cannot be attributed to an identifiable cause;
 - sign(s), symptom(s), report(s) of imaging or laboratory tests suggestive of a previously undiagnosed chronic systemic illness;
 - symptomatic or laboratory evidence of unexpectedly deteriorating function of any vital organ or system;
 - sign(s) of recurrent or persistent infection;
 - any atypical presentation of a common illness or unusual response to treatment;
 - any sign(s) or symptom(s) of a sexually transmitted infection in a child;
 - any sign(s) or symptom(s) of behavioral changes that cannot be attributed to a specific cause; and
 - significant deviation from normal growth and development in an infant or child;

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2. in potentially life-threatening situations, (emergent situations) including but not limited to the following:
 - any sign(s) or symptom(s) of an acute event that is potentially threatening to life, limb, or senses;
 - sign(s) or symptom(s) of obstruction of any system;
 - signs of severe or widespread infection;
 - any blunt, penetrating, or other wound that may involve damage below the fascia or functional impairment; and
 - sign(s) or symptom(s) of any significant fetal or maternal pregnancy risk factor;
3. when a client's chronic condition unexpectedly destabilizes, including but not limited to the following:
 - symptomatic or laboratory evidence of destabilization;
 - unexpected deterioration in the condition of a client who is being managed for a previously diagnosed illness.

Procedural Expectations

When requesting a consultation by a physician, the nurse practitioner:

- clearly presents the reason for, and the level of, urgency of the consultation;
- describes the level of consultation requested: an opinion and recommendation; an opinion, recommendation, and concurrent intervention; or immediate transfer of care;
- ensures that the physician has appropriate access to the client's known health information;
- confirms the understanding of the nurse practitioner and physician responsibilities in the specific situation; and
- documents the request for and outcome of the consultation.
- NPs and the physician develop mutually agreeable structures and processes for consultation.

Other Consultations

The above principles would also apply when RNs and other team members consult with NPs, and when NP's consult other health professionals.

SECTION A

PRESCRIBING DRUGS AND OTHER SUPPLIES AND EQUIPMENT

Authority

As of August 2005, Nunavut (NU) prescriptive authority is not yet enacted through the NU Pharmacy Act. Therefore the following section refers only to NWT legislation at this time.

Nurse practitioners in the NWT and Nunavut are authorized to prescribe a range of drugs (for patients whom they have seen and assessed, according to the Nursing Profession Act, (2003), Nurse Practitioner Prescription Regulations of the NWT Pharmacy Act (2004) and other relevant legislation.

The NWT Nurse Practitioner Pharmacy Act Regulations are available at:

http://www.justice.gov.nt.ca/PDF/REGS/PHARMACY/Nurse_Practitioner_Prescription_Regs.pdf

Clinical Expectations for Prescribing

The nurse practitioner:

1. completes prescriptions accurately and completely including the following information (NWT *NP Prescription Regulations, 2004*):
 - date of issue;
 - name, DOB, and (HCP, address if available) of client;
 - name, strength and quantity of prescribed drug;
 - directions for use - refers to the frequency, route of administration, and the duration of drug therapy, and special instructions, such as “take with food”;
 - directions for number of allowable refills and interval between refills, where applicable - if a prescription includes more than one drug, any drug that may be refilled must be clearly identified;
 - if all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug; and
 - prescriber’s name, address, telephone number, fax number and signature and designation;
 - A medication prescription order may be identified in a client’s chart or on a prescription pad. The client’s chart is appropriate for some isolated centres where there is no stand-alone/separate pharmacy.

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2. provides educational information to clients about prescription and non-prescription drugs;
3. Based on the client's response, the nurse practitioner may decide to continue, adjust, or withdraw the drug, or to consult with a physician in accordance with the expectations for consultation;
4. Stores prescription pads in a secure area that is not accessible to the public.

Procedural Expectations

A prescription may be transmitted by facsimile or approved electronic method to a pharmacy, provided that the following requirements are met according to the NP Prescription Regulations of the NWT (2004).

- the prescription must be sent to the pharmacy of the client's choice.
- the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;

Other Prescriptions

The nurse practitioner may also prescribe:

1. non-prescription drugs, in order to satisfy funding requirements, e.g. Non-Insured Health Benefits (NIHB) program of First Nations and Inuit Health Branch (FNIHB). (Appendix A).
2. medically necessary supplies and equipment, prescription or non-prescription, (Appendix A). A binder is available from Non-Insured Health Benefits which lists these items.

SECTION B-1

DIAGNOSTIC TESTS

X-rays, Ultrasounds and other forms of energy

Scope of Responsibility

Nurse practitioners are authorized to order specific x-rays and diagnostic ultrasounds (see Appendix B-1).

- to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with a physician for treatment;
- to assess/monitor ongoing conditions of clients with chronic illnesses;
- for screening activities;
- to monitor the ongoing condition of a client with a previously diagnosed illness or disorder;
or
- to confirm symptoms of deteriorating function of a vital organ or system.

Consultation may be required at any stage of the process.

Clinical Expectations

The nurse practitioner:

- knows the contraindications to ionizing radiation exposure, and the associated risks and benefits of ordering an x-ray or an ultrasound;
- makes decisions about treatment based on results of x-rays and/or consults with a physician in accordance with the expectations for consultation with physicians by nurse practitioners;
- may request a copy of the radiologist's x-ray or ultrasound report for x-rays or ultrasounds ordered by a physician for clients with whom the nurse practitioner has been involved in providing care;

It is the responsibility of the NP to realize the limitations of any equipment used in rural/remote settings and refer to the appropriate referral centre for any prescribed tests beyond the capacity of local equipment.

SECTION B-2

LABORATORY TESTS

Scope of Responsibility

Nurse practitioners are authorized to order laboratory tests according to their Scope of Practice (see Appendix B-2)

- to confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings;
- to rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment;
- to assess/monitor ongoing conditions of clients with chronic illnesses;
- for screening activities;
- to monitor the ongoing condition of a client with a previously diagnosed illness or disorder; or
- to confirm symptoms of deteriorating function of a vital organ or system.

Clinical Expectations

The nurse practitioner:

- interprets the laboratory tests in the context of the individual client's presentation, makes decisions about treatment, and/or consults in accordance with the expectations for consultation with physicians by nurse practitioners;
- may request a copy of a laboratory report for laboratory tests ordered by a physician for clients with whom the nurse practitioner has been involved in providing care;

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SECTION B-3

OTHER TESTS

The nurse practitioner is authorized to order other tests of health status in accordance with Appendix B-3.

SECTION C

PROCEDURES

Scope of Responsibility

NPs may *independently* decide that a specific procedure is required and initiate it in the absence of a physician's order or medical (protocol/direction) according to Appendix C.) It is the responsibility of the NP to accurately assess his/her level of knowledge, skill and experience in the performance of a procedure.

To initiate and perform any of the procedures authorized to NPs, the NP must:

- have the knowledge, skill, and judgment to perform the procedure safely, effectively and ethically;
- have the knowledge, skill and judgment to determine whether the individual's condition warrants performance of the procedure; and
- determine that the individual's condition warrants performance of the procedure, having considered:
 - the known risks and benefits to the individual,
 - the predictability of the outcome,
 - the safeguards and resources available to safely manage the outcomes, and
 - other relevant factors specific to the situation.

Where the NP has attained independent certification in a skill or procedure in an another discipline they may incorporate such skills / procedures in their practice provided they maintain current competence.

Additional NP Responsibilities

Driver's Medicals

Legislation related to Driver's Medicals performed by NPs is presently under review in the NWT and is not yet clarified in NU.

SECTION D

PROCESS FOR CHANGING THE NP PRACTICE GUIDELINES

Responsibility: The Nursing Practice Committee of the RNANT/NU

If other disciplines are involved in the change the committee would initiate a consultation process.

Frequency: The Nursing Practice Committee should review any requests yearly.

Process:

- obtain “Request for Amendment to NP Practice Guideline form” (see Appendix D) from the RNANT/NU
- complete and submit form to Nursing Practice Committee with rationale (eg. Impact on patient care, impact on NP practice, demonstration that it falls within the Scope of NP Practice).

GLOSSARY

Collaboration

“Joint communication and decision-making processes with one or more members of the health care team, each of whom makes a contribution from within the limits of her/his scope of practice. The expressed goal is one of working together with clients toward identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team. ” (CNA, June 2004, Core Competency Framework, Canadian Nurse Practitioner Examination. Ottawa: Draft as approved by the CNA Forum, p.11)

Consultation

An explicit request by a nurse practitioner to a physician or other member of the health care team, to become involved in the care of a client for which the nurse practitioner, at the time of the consultation request, has primary responsibility. Consultation is required when the nurse practitioner approaches or reaches the limits of nurse practitioner practice, beyond which she or he cannot provide care independently and additional information and/or assistance is required.

Nurse Practitioner

This Practice Guideline utilizes the Canadian Nurses Association definition:

“A nurse practitioner (NP) is an advanced practice nurse whose practice is focused on providing services to manage the health needs of individuals, families, groups and communities. The NP role is grounded in the nursing profession’s values, knowledge, theories and practice and is a role that complements, rather than replaces, other health care providers. NPs have the potential to contribute significantly to new models of health care based on the principles of primary health care (PHC).

NPs integrate into their practice elements such as diagnosing and treating health problems and prescribing drugs. NPs work autonomously, from initiating the care process to monitoring health outcomes, and they work in collaboration with other health care professionals. NPs practise in a variety of community, acute care and long-term care settings. These include, but are not limited to community health centres, nursing outposts, specialty units and clinics, emergency departments and long-term care facilities. ”

“The Nurse Practitioner”

Position Statement, Canadian Nurses Association, June, 2003.

Primary responsibility

The NP has an established professional nurse-client relationship with the client, and is involved in providing care to the client, either independently, or as a member of a team of health care providers.

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Procedure

Any procedure that an NP performs regularly to manage conditions/diseases that are common to their practice.

Referral

The practice of sending a client to another health care provider for consultation or service (CNA, June 2004, Core Competency Framework, Canadian Nurse Practitioner Examination. Ottawa: Draft as approved by the CNA Forum, p.13.)

APPENDIX A
PRESCRIPTIONS – DRUGS & OTHER MEDICAL SUPPLIES

In addition to the medications nurse practitioners may prescribe under the Nursing Profession Act, (2003), Nurse Practitioner Prescription Regulations of the NWT Pharmacy Act (2004) and other relevant legislation, the nurse practitioner may also prescribe:

1. non-prescription drugs, in order to satisfy funding requirements, e.g. Non-Insured Health Benefits (NIHB) program of First Nations and Inuit Health Branch (FNIHB).
2. medically necessary supplies and equipment , prescription or non-prescription, including but not limited to:
 - bathing and toileting aids
 - cushions and protectors
 - environmental aids (dressing aids, feeding aids)
 - lifting and transfer aids
 - mobility aids
 - ostomy supplies and devices
 - urinary supplies and equipment
 - wound dressing supplies
 - miscellaneous supplies and equipment
 - birth control devices

APPENDIX B-1
X-RAYS, ULTRASOUNDS AND OTHER FORMS OF ENERGY

A Nurse Practitioner is authorized to order x-rays, ultrasounds and other forms of Energy. This includes:

Ultrasounds

Abdomen

Renal

Pelvis

Breast for diagnostic purposes

Routine Obstetrical screening

For diagnostic purposes

- Consult with MD or with the radiologist if no MD available

- if follow-up is recommended by the radiologist, note this on the requisition

X-rays

Skeletal (axial, hip, limbs, sinus, maxillary-facial)

Chest

Abdomen

Mammography for screening

for diagnostic purposes – consult with radiologist if no MD available

if follow-up recommended by the radiologist, note this on the requisition

Bone density

Upper GI Series

Kidneys, Ureter, Bladder

Intravenous Pylegram

Kidneys, Ureter, Bladder

Such further x-rays, ultrasounds and forms of energy required for monitoring a patient's chronic illness or injury following consultation with the patient's physician and the order for such tests shall include reference to the physician's name

APPENDIX B-2
LABORATORY AND OTHER TESTS

The laboratory and other tests that a Nurse Practitioner may order include but are not limited to:

Chemistry

Albumin, Protein	Creatinine
Alanine transaminase (ALT)	Gamma glutamyl transpeptidase (GGT)
Alkaline Phosphatase (ALK)	Glucose, quantitative
Amylase	Glucose challenge (GCT)
Arterial Blood Gases	High Density, Low density, Very Low Density Lipoprotein Cholesterol
AST	Iron, Total - with iron binding capacity
Bilirubin, total	Lipid - total
Bilirubin, conjugated	Magnesium
Breath Urea	Phosphorus (inorganic phosphate)
BUN (Urea)	Potassium
Calcium	Protein, total
Chloride	Sodium
Cholesterol, total	Triglycerides
Complement Proteins	Uric Acid
CPK	

Chemistry (Hormones)

Cortisol	Leutinizing Hormone (LH)
Estradiol	Parathyroid Hormone (PTH)
Estriol	Progesterone
Free Testosterone	Prolactin
Follicle Stimulating Hormone (FSH)	Thyroid Stimulating Hormone (TSH)
Human Chorionic Gonadotrophins (HCG)	T4, T3 Thyroxine

Chemistry (Serum Protein electrophoresis)

Alphafetoprotein screen	PSA
Folate	TIBC and % Transferrin saturation
Ferritin	Transferrin
Glycosylated hemoglobin - Hgb A1C	Vitamin B12
Iron	

Chemistry (Urine)

Drug Screen	Urinalysis R & M
HCG	

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Hematology

Complete blood count (CBC)
Differential
ESR

Platelet Count
Reticulocyte Count

Coagulation

Bleeding time (BT)
D-dimer
INR

Prothrombin Time (PT)
PT-INR
Partial Thromboplastin Time (PTT)

Therapeutic Drug Monitoring

Acetaminophen
Alcohol
Aminophylline (Theophylline)
Arsenic
ASA
Carbamazepine (Tegretol)
Digoxin
Drug Screen

Lead
Lithium
Phenobarb
Phenytoin (Dilantin)
Primadone
Quinidine
Salicylate
Valproic Acid

Microbiology

Culture & Sensitivity
 Blood culture
 Sputum - gram stain, culture, AFB
 Stool culture
 Surface culture
 Throat swab
 Urine culture
 Vaginal & cervical swabs
Wet mount for trichomonas
Pin worm- scotch tape test

Cytology / Histology

Cervical
Urine

Tissue

Serology (Blood Bank)

ANA
Antibody Screening
Antibody titre
Blood Grouping
Cold Agglutinins
Hepatitis screen
HIV

H-pylori
Mono spot
Rheumatoid Factor
Rubella titre
Rubeola titre
RPR / VDRL

**APPENDIX B-3
OTHER TESTS**

- Electrocardiogram (E.C.G.)
- Holter Monitor
- Spirometry (Pulmonary Function Test)
- 24-hour blood pressure monitoring;

Such further laboratory and other tests required for monitoring a client's chronic illness or injury following consultation with the patient's physician and the order for such tests shall include reference to the physician's name.

APPENDIX C PROCEDURES

The procedures performed by Nurse Practitioners include but are not limited to the following:

General

Obtaining laboratory specimens

Scratch or patch test

Initiating Catheterization

Obstetrics

Unexpected delivery

Artificial Rupture of Membranes (ARM) if delivery is imminent

Episiotomy PRN (cut and repair)

Gynaecology

Endometrial biopsy

Biopsy of vulva or vagina

Removal of cervical polyp

IUD Insertion & Removal

Insertion of Pessary

Minor Surgical Procedures

Infiltration of local anaesthetic (local, regional, or nerve block)

Biopsy, skin or mucosa,

Incision and drainage of superficial abscesses

Removal by excision of superficial dermal lesions

Removal of superficial foreign body (eg. fishhook)

Treatment of warts [Paring & Non-surgical treatment (cryotherapy, chemotherapy)]

Effective August 2005

Debridement of wound

Treatment of ingrown toenail (wedge / radical excision)

Radical incision of ingrown toenail

Suturing

Application of dermal bonding material or staples

Orthopedic Procedures

Closed Reduction of simple dislocations, such as:

Shoulder

Elbow

Finger

Metatarsal

Toes

Casting of non-displaced fractures

Otolaryngology

Simple removal of cerumen

Removal of foreign body, simple

Anterior packing or cautery of nose

Ophthalmology

Tonometry

Removal of foreign body from surface of eye, under local anaesthesia

Slit lamp examination

Effective August 2005

APPENDIX D
REQUEST FOR AMENDMENT TO THE NP PRACTICE GUIDELINES

Name of Applicant: _____

Practice Location: _____

Contact: Telephone (daytime) _____ Fax: _____

Email: _____

Category:

- Referral / Consultation
- Prescribing Drugs and other Supplies
- Diagnostics
- NP Procedures

Note: additions / deletions to the list of drugs that NPs may prescribe may require a change in legislation. This form is the first step in the process.

Requested Change:

- Add: _____
- Delete: _____
- Change: _____

Rationale:

Signature

Date

Send completed form to: Nursing Practice Committee – NP Guidelines
c/o RNANT/NU , PO Box 2757, Yellowknife, NT X1A 2R1

OR Fax to: 867-873-2336

THIS FORM MAY BE PHOTOCOPIED

Effective August 2005

Effective August 2005

Effective August 2005



JUL 14 2005

Ms. Elizabeth Cook
President
Registered Nurses Association of the NWT and Nunavut
PO BOX 2757
YELLOWKNIFE NT X1A 2R1

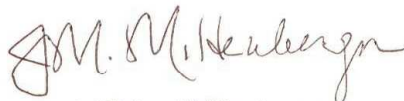
Dear Ms. Cook:

Practice Guidelines for Primary Health Care Nurse Practitioners

Thank you for your June 7, 2005, letter in which you have presented the final draft of the Practice Guidelines for Primary Health Care Nurse Practitioners for my review and approval according to the *Northwest Territories (NWT) Nursing Profession Act*.

As you have noted in the Practice Guidelines, "nurse practitioners have the potential to make a significant contribution to new models of health care delivered based on the primary health care principles" (p.11); it is these principles that the Government of the Northwest Territories, Department of Health and Social Services has built upon in the development of an Integrated Service Delivery Model (ISDM). Within this model, there is a vision to have Nurse Practitioners (NPs) integrated into primary community care teams. To move toward this goal, I am pleased to approve the Practice Guidelines for Primary Health Care Nurse Practitioners as a valuable resource to NPs in the NWT.

Sincerely,



J. Michael Miltenberger

c: Mr. D.J. (Dave) Murray
Deputy Minister

RECEIVED JUL 21 2005

Effective August 2005

