

2008

**MEDICAL DIRECTIVES AND  
PRE-PRINTED ORDERS:  
AUTHORIZATION FOR  
REGISTERED NURSE PRACTICE**



Association of  
**Registered Nurses**  
of Newfoundland  
and Labrador



This Interpretive Document was approved by ARNNL Council in 2008.

### Purpose

This document defines medical directives and pre-printed orders and their role in guiding nursing practice.

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) supports the use of medical directives and pre-printed orders in situations where evidence based care protocols have been developed and adopted within an agency. Under the authority (written direction) of medical directives and pre-printed orders, registered nurses may implement specifically identified health care interventions that are within the scope of RN practice, but would otherwise require a client specific direct physician order. The authority to perform a competency does not automatically mean it can be implemented. RN knowledge, assessment, competency, and judgment are always required.

A variety of formats and differing interpretations of medical directives and pre-printed orders are currently in use throughout the province. However, there is no standard interpretation of these terms available to be used as a provincial template within the Regional Health Authorities. The goal of this position statement is to facilitate consistent communication and promote a comprehensive understanding of professional responsibilities in the application of medical directives and pre-printed orders.

### Exceptions

This position statement does not preclude, limit, or address:

- the implementation of best practices or evidence-based care that is within the independent scope of RN practice,
- the implementation of interventions that are NOT within the scope of nursing practice, which require additional measures or a different process for authorization (ARNNL, 2006),
- RN actions in urgent and emergent client care situations where it is expected that, in accordance with legislation, agency policies and/or guidelines, RNs must act appropriately.

### Development

Medical directives and pre-printed orders are to be developed collaboratively and approved by the appropriate medical and nursing authority within the applicable agency or region. Relevant nursing and medical professional accountability and responsibility must be clearly articulated. Medical directives and pre-printed orders must be written (typed) and support for their use evident in policy.

### Scope

Medical directives and pre-printed orders are two separate mechanisms, similar in purpose, that grant authority to RNs in specifically identified settings to implement particular interventions for a client or group of clients with specific conditions or needs (CNA, 2005).

Valid medical directives and pre-printed orders must identify:

- a) the intervention(s),
- b) the range of client(s) to whom it can be applied,
- c) the conditions under which it is applicable,
- d) relevant assessment processes and/or necessary resources to safely perform the intervention(s) (e.g. screening tools, RN education, care policies, monitoring parameters, emergency care measures), and
- e) the person or body that approved the content and authorized use.



### *Medical Directives*

- Apply to a range of clients who meet identified criteria (e.g. age or diagnosis).
- Do not routinely require client specific authorization by a physician.
- Allow for discretionary use. Based upon the RN's assessment, and professional judgment the nurse has the flexibility to determine if, and when, to implement a medical directive, and when follow-up is required if a medical directive is not implemented (e.g. notify the physician).
- Are an optional component of client's record. A copy may or may not be placed upon the client's record, however, a copy of the directive must be readily available (e.g. policy manual). Having a copy of the medical directive on the client's record may be the recommended practice if the situation warrants, e.g. medications are to be administered or procedures are to be carried out over time by different health care professionals.

*Examples* of client care that could be considered for a medical directive include: immunization schedule in community care, and/or triage related interventions in emergency departments.

Note: Procedures/treatments/interventions that require assessment of clients by physicians should not be written within the parameters of a medical directive, but rather through a client specific pre-printed or direct order.

### *Pre-Printed Orders*

- Apply to a specific client and health condition.
- Always require client specific authorization by a physician before implementation.
- Are to be implemented as written unless the RN determines a client specific contraindication, e.g. allergy.
- Must be signed and included in the client's health record.

*Examples* of client care that could be considered for a pre-printed order include: IV heparin administration standards, and/or bladder and bowel care for long term care residents.



### Documentation

Whether a medical directive or pre-printed order is utilized, all client-specific care performed by the RN, including assessment, intervention, and evaluation of outcomes, must be recorded on the client's health record. When a decision is made to not implement a medical directive or a pre-printed order, the decision with supporting rationale and actions taken, must be documented and reported appropriately.

*Examples* of documentation include: charting that a flu vaccination, authorized through a medical directive, was withheld and rescheduled because the client had a respiratory illness; notifying the attending physician that an intervention was withheld because a client has an allergy to a medication in a pre-printed order.

### Education

Authorization to perform interventions within a medical directive or pre-printed order does not equate to competence to perform the specific interventions. RNs, guided by professional practice standards, are accountable at all times for their own actions. Attaining competence to perform intervention(s) identified in these forms of authorization is a shared responsibility of the health care agency, ordering physicians, and RNs.

The health care agency must provide access to the necessary policies, educational opportunities and supports (e.g., mentors) required for RNs to implement all approved medical directives and pre-printed orders relevant to the practice setting. Physicians, through teaching, mentoring or supervising should support RN education. Registered Nurses must identify their individual learning needs and participate in relevant opportunities for education, practice, and maintenance of competence in the interventions outlined in medical directives and pre-printed orders relevant to their area of practice (ARNNL, 2007).

### Evaluation

All medical directives and pre-printed orders should be reviewed on a regular basis to ensure that:

- there is still a need for the directive or order based upon client outcomes and a review of current evidence,
- the most appropriate provider is carrying out the intervention(s),
- RNs can maintain the necessary competency to perform the intervention(s), and
- pre-printed orders and medical directives are being implemented appropriately.

The time period to review medical directives and pre-printed orders should be based upon need and according with applicable standards and agency specific policies.

### Conclusion

This position statement outlines information that can be used by the health care system to establish structures and processes that support registered nurses to work to their optimal scope of practice.

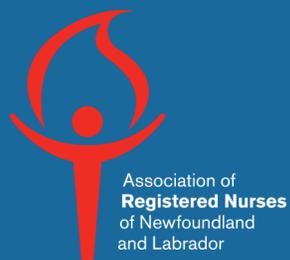


## Resource List

- Association of Registered Nurses of Newfoundland & Labrador. (ARNNL) (2007). *Standards for nursing practice*. Newfoundland & Labrador: Author.
- Association of Registered Nurses of Newfoundland & Labrador. (ARNNL) (2006). *Scope of nursing practice: Definition, decision-making, and delegation*. Newfoundland & Labrador: Author.
- Association of Registered Nurses of Newfoundland & Labrador. (ARNNL) (1994). *The delegation of a medical skill to the registered nurse for palliative purposes*. Newfoundland & Labrador: Author.
- Canadian Medical Association. (CMA) (2002). *Guidelines for Canadian clinical practice guidelines*. Ontario: Author.
- Canadian Medical Association. (CMA) (2002). *Scopes of practice*. Ontario: Author.
- Canadian Nurses Association. (CNA) (2006). *A study of mechanisms to broaden the practice of nursing*. Ontario: Author.
- Canadian Nurses Protective Society. (CNPS) (2000). *InfoLAW: Delegation to other health care workers*. Ontario: Author
- Child Health Network. (CHN) (2002). *Guidelines for nurses to initiate treatment for children in the emergency department*. Ontario: Author.
- College of Physicians & Surgeons of Nova Scotia. (CPSNS). (2005). *Guidelines for delegated medical Functions and medical directives*. Nova Scotia: Author.
- College of Nurses of Ontario. (CNO) (2000). *When, why and how to use medical directives*. Ontario: Author.
- Ministry of Health. (MOH) (2002). *Guidelines for the development and operation of standing orders*. New Zealand: Author.







55 Military Road  
St. John's  
NL | Canada  
A1C 2C5  
Tel (709) 753-6040  
1 (800) 563-3200 (NL only)  
Fax (709) 753-4940  
info@arnnl.ca  
arnnl.ca