

# Care Directives and Preprinted Orders

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This document replaces *Medical Directives and Pre-Printed Orders : Authorization for Registered Nurse Practice (2008)*

## Care Directives and Preprinted Orders

The purpose of this practice guideline is to outline the practice expectations for Registered Nurses (RNs) implementing care (**medical**) directives or preprinted orders<sup>1</sup> to carry out specific competencies that are within the scope of the RN, but would otherwise require a client-specific, direct order from an authorized prescriber. The name of this document has changed to care directive to reflect current literature and reflect that RNs work within collaborative, interprofessional teams (e.g., with nurse practitioners (NPs), physicians, pharmacists, dentists, midwives, allied health etc.)

The College supports the use of care directives and preprinted orders in situations where evidence-based care protocols have been developed and adopted within an organization. Under the authority (written direction) of care directives and preprinted orders, RNs may implement specifically identified health care interventions that are within the scope of practice of the RN, but would otherwise require a client-specific, authorized prescriber order. The authority to perform a competency does not automatically mean it can be implemented. RN knowledge, assessment, competency, and judgment are always required.

Care directives and preprinted orders are two separate authorizing mechanisms, similar in purpose, that grant authority to RNs in specifically identified settings to implement specific interventions for a client or groups of clients with specific conditions or needs.

**Care Directive:** a written order from an authorized prescriber (e.g., physician, nurse practitioner, pharmacist, dentist, midwife, etc.) for a competency<sup>2</sup> or a series of interventions that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. The specifics of the care directive will depend on the client population, the nature of the orders involved, and the expertise of the health care professionals implementing the directive. It is only initiated if the health condition occurs.

- Is a written order/employer policy developed in consultation with an authorized prescriber(s) for a competency or series of interventions to be implemented by another care provider for a range of clients with identified health conditions/ needs when specific circumstances are met/exist.
- Apply to a range of clients who meet identified criteria (e.g., age or diagnosis).
- Does not require additional client specific authorization.
- Requires the RN's professional assessment, judgment, and evaluation.
- Allows 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 care directive, and when follow-up is required if the directive is not implemented (e.g., notify the authorized prescriber).
- Is an optional component of the 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., available via policy manual). Having a copy of the care 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.
- Are based on evidence-informed best practices.

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<sup>1</sup>For further information on scope of practice and the bibliography, refer to the most current version of the College's Scope of Practice Framework.

<sup>2</sup>Competency - In this document, competency is used to represent an intervention, activity, procedure, skill, task, function, or responsibility, etc., and all of these terms are used interchangeably.

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

**Note:** Procedures/treatments/interventions that require assessment of clients by authorized prescribers should not be written within the parameters of a care directive, but rather through a client specific preprinted or direct order.

**Preprinted Orders:** written orders that are specific to a client and their health condition and are used to ensure consistency of interventions in client care and are based on evidence-informed best practices. When preprinted orders are used, the client is first assessed by the authorized prescriber who then selects the appropriate interventions from a set of preprinted orders.

- Apply to a specific client and health condition.
- Require client specific authorization from an authorized prescriber before implementation.
- Are intended 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 preprinted order include: IV heparin administration protocol, and/or bladder and bowel care for long term care residents, treatment regime for those diagnosed with febrile neutropenia, etc.

## Guiding Principles for Developing Care Directives

When developing care directives, it is important to consider the following principles:

- Collaboration of the health care professionals/team is strongly encouraged when developing a care directive.
- The employer, in consultation with the authorized prescriber, approves and retains the accountability for the appropriateness and validity of the care directive.
- The authorized prescriber is ultimately responsible for the care directive (i.e., a directive, regardless of how generic its contents, is an order for which the authorized prescriber had ultimate responsibility for the outcomes of care).
- Employers are responsible to establish formalized processes regarding the development, use, and evaluation of care directives.
- Care directives are intended to provide safe, timely, effective, and efficient client care and to optimize the practice of all care providers.
- Care directives should not be enacted if the RN determines doing so could lead to greater risk for the client.
- RNs should document the following each time a care directive is performed:
  - Performance of the relevant assessments and findings (i.e., evidence the client meets the specific criteria).
  - Informed consent discussions.
  - Date, time, and name of the health care provider initiating the directive.
  - Name of the care directive.

If the RN believes the care directive should not or will not be implemented, the most responsible practitioner should be notified, and the discussion and outcome(s) documented.

### Recommended Elements of a Care Directive:

Employers are responsible for developing care directives and any supporting policies. It is recommended they include, but is not limited to:

- Client population in which the care directive applies.
- The name and description of the competency(s) being ordered.
- Specific client clinical conditions and situational circumstances that must be met before the intervention(s)/procedure(s)/treatments(s) can be implemented.
- Identification of the contradictions for implementing the directive.
- The name, date, and signature of the authorized prescriber approving, and taking responsibility for the directive.
- The date and signature of the administrative authority approving the care directive.
- Identification of the health care professionals who can perform the competency.
- Identification of the conditions in which the directive may or may not be implemented.
- Specific monitoring parameters and/or reference to appropriate emergency care measures.
- List of educational requirements (e.g., nursing knowledge and skills necessary, etc.).
- Identification of supports and resources needed to enact the care directive.

### Requirements for the Use of Care Directives and Preprinted Orders

Employers are responsible for meeting the following requirements for the use of care directives and preprinted orders including, but not limited to:

- Relevant nursing and authorized prescriber professional accountability and responsibility must be clearly articulated.
- Support for the use of care directives and preprinted orders must be evident in policy.
- Care directives and preprinted orders must be in the best interest of the client(s) and be appropriate for the practice environment.
- Interventions must be within the scope of practice of an RN and comply with nursing standards of practice, employer policies, and applicable legislation.
- RNs must acquire and maintain the competence necessary for the provision of safe and competent care and recognize the limits of their practice setting and individual competence when executing care directives and preprinted orders.
- RNs are required to assess the appropriateness of the care directive, autonomously enact the interventions within the care directive, and evaluate the outcomes of care.
- Whether a care directive or preprinted order is utilized, all client-specific care performed by the RN, including assessment, intervention, and evaluation of outcomes, must be recorded in the client's health record.
- The RN who implements the care directive or preprinted order must indicate that informed consent has been obtained, and be knowledgeable of any risks to the client, predictability of the outcomes of the intervention, and the process for contacting the authorized prescriber responsible for care, if required.

- When a decision is made to not implement a care directive or a preprinted order, the decision with supporting rationale and actions taken, must be documented, and reported appropriately (e.g., charting that a flu vaccination, authorized through a care 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 preprinted order, etc.).
- Authorization to perform interventions within a care directive or preprinted order does not equate to competence to perform the specific interventions.
- RNs are accountable at all times for their own decisions and actions.
- Attaining competence to perform intervention(s) identified in these forms of authorization is a shared responsibility of the employer/organization, authorized prescriber, and RNs.
- RNs must have access to the necessary employer/organizational policies, educational opportunities, and supports (e.g., mentors) to implement approved care directives and preprinted orders relevant to the practice setting. Teaching, mentoring, and/or supervising should be provided to support RN education.
- RNs must identify their individual learning needs and participate in relevant opportunities for education, practice, and maintenance of competence in the interventions outlined in care directives and preprinted orders relevant to their area of practice.
- All care directives and preprinted orders must be reviewed on a regular basis to ensure that:
  - There is still a need for the care directive or preprinted 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).
  - Care directives and preprinted orders are being implemented appropriately.

The timeframe to review medical directives and preprinted orders must be based upon need, current evidence, and in accordance with applicable standards and employer/organization specific policies.





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