You have questions? **We can help.**

Do you know if you are allowed to administer a dermal filler?

Can you make a change to documentation made electronically by another RN?

If you are on pain medication for a chronic health condition, should you practise nursing?

Have you ever asked yourself one of these questions?

Not to worry, we frequently get asked questions like these. Actually, our policy and practice consultants do. Debra Allen, Pam Mangold and Penny Davis discuss practice issues and questions with registered nurses, nurse practitioners and members of the public.

Each year, our policy and practice consultants review the confidential data from the last 12 months of practice consultations and identify emerging issues. This year, we learned the top three issues concerning callers were aesthetic nursing, documentation and fitness to practise.

The rise of Botox and lip injections

Beauty trends come and go, some safer than others. While many Albertans feel healthier and fitter than their parents at their age, many feel a desire to reflect that on the outside.

Policy and practice consultant Penny Davis has received many phone calls from registered nurses inquiring about scope of practice and their accountability when administering aesthetic medication such as Botox or dermal fillers.

"We receive calls from registered nurses working in dermatology clinics or medi-spas. Some are employed by physicians, dentists, or other nurses. They ask 'can I do this?'" says Davis. "Aesthetic nursing isn't something that is taught in entry-to-practice nursing education. There is no clinical practicum for it. So nurses who are now, or wish to be employed in this area may have questions about whether or not it fits in their scope of practice."

The CARNA document *Standards for Registered Nurses in the Performance of Restricted Activities* describes the activities that CARNA regulated members are authorized to perform under the *Registered Nurses Profession Regulation*. This is usually one of the first resources Davis refers to when she receives a call about scope of practice. Another document she refers them to regarding this particular question is the *Medication Guidelines*.

"I discuss information in this document with members when they are unsure if they can perform a certain activity, but also remind them that they have to be knowledgeable, skilled and competent in any restricted activity they perform, and it has to be relevant to their area of practice."

But how can a registered nurse gain that knowledge and skill if they weren't taught it in school and if they are new to a practice setting? "Although CARNA doesn't officially endorse a specific course, there are several courses an RN could take to improve his or her knowledge," says Davis. "It's highly recommended that they compare all courses and choose a comprehensive and robust one. It has to provide them with the knowledge and skill to practise safely and competently.

"Taking the course is just one part of this. It may provide the theory but the practice component may not be enough; a registered nurse needs to have the skills to perform a specific activity. So, I ask them about whether they have a mentor or buddy in their clinic that they can observe and who can observe them in their practice. And I also recommend they check their employer policies just to make sure it's within their employment scope as well."

Another important point to make about aesthetic nursing is that while registered nurses can administer Botox to a client, they cannot prescribe it. An authorized prescriber, such as a physician, nurse practitioner or dentist, must prescribe the medication.

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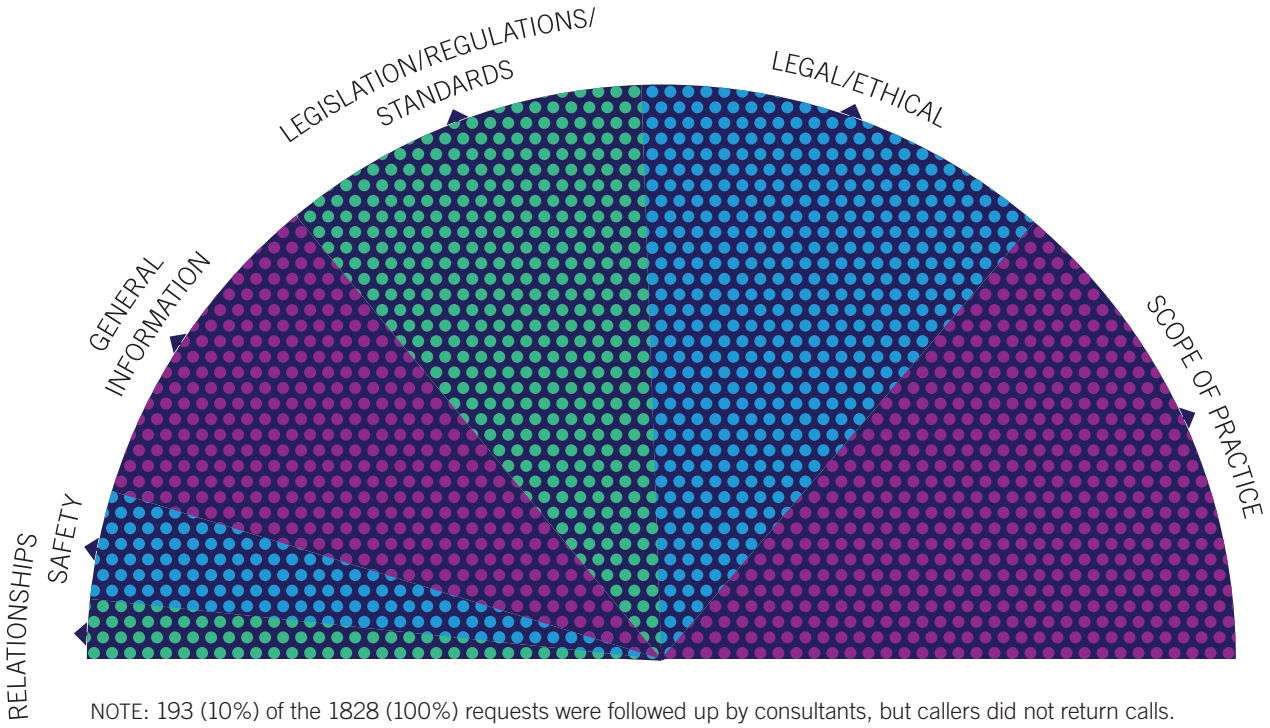

NOTE: 193 (10%) of the 1828 (100%) requests were followed up by consultants, but callers did not return calls.

* The category of Health Reform netted four calls.

The challenges of electronic documentation

Times are changing, and we are all aware of the impact technology has made in our lives throughout the past decade. In health care and nursing specifically, one of these changes has been made to the way nurses document care, moving from paper-and-pen to electronic documentation.

"What we've been hearing with documentation is that a lot of places are moving to the electronic chart and are trying to transfer what they were doing with paper onto an electronic record," says Pam Mangold. "We know that any care an RN provides must be documented, and there are different methods of documenting it. Many questions we get are about how to document the necessary information within the technological confines of an electronic record."

Problems can arise when a registered nurse tries to input specific information and faces a technological roadblock. Some text inputs have character limits, no space for elaboration if there is just a check box, or maybe the correct fields or boxes aren't appearing.

"What they are finding is that things aren't quite fitting the way they used to, and it's frustrating because they want to chart thoroughly but encounter barriers," says Mangold. "So the main question I get about documentation is, 'How do I document thoroughly with this electronic system?'"

Consultants point members in the right direction to solve the problem, whether it is changing the way they document the care they provide, or perhaps speaking to their manager and the practice area's IT employees if a critical field is missing.

"No system is perfect, so we can only try to continue to improve," she says. "I link them to resources or point members in the right direction. I also suggest ideas that they might not have thought of before, like contacting the Canadian Nurses Protective Society (CNPS) to see if there is a legal risk in the way they are documenting with a new electronic system."

CARNA's *Documentation Standards* are a good place to start if registered nurses have questions about documentation.

Lately, a common question has been about making changes within an electronic record.

"In our *Documentation Standards*, we explain how to make a correction if it needs to be made," says Mangold.

These types of situations are ones in which nurses and employers alike are still working through, and traditional employer policies may not include rules for dealing with some of the challenges nurses are experiencing with electronic documentation. Right now, each situation must be worked out on an individual basis. The goal is to provide the necessary supports to assist nurses and stakeholders in being able to produce clear, accurate and comprehensive documentation within any system.

Fitness to practise

Fitness to practise is defined as all the qualities and capabilities of an individual relevant to his/her capacity to practise as a registered nurse, including but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs his or her ability to practise nursing.

Factors that could hinder an RN or NP's ability to practise could include injury, surgery, taking certain prescribed medications, problematic drug or alcohol use or mental health conditions.

"We have callers who identify that something is happening to them, and they describe the situation, and need to know if they are able to practise," says Debra Allen. "A general example could be, 'I have fibromyalgia and am being treated by a physician and am taking regular pain medication, am I able to work?'

"We would talk about what it means to be competent to practise," she continues. "So if there is anything that affects your skills, competence and judgment, and interferes with your ability to provide safe, competent care, then you shouldn't go to work."

But there are other considerations to make when determining whether or not a registered nurse is fit to practise. A nurse may be on pain medication, for example, but the effects don't impair their judgment as the treatment plan has been implemented and the results of treatment are therapeutic.

"Just because you've taken pain medication doesn't mean you can't work. It must be considered in the context of having the capacity and competence to practise safely and make sound decisions," says Allen.

There are other situations that come up too, where it's a physical limitation as opposed to one of mental alertness or impact on decision-making. "I'll get callers who tell me, 'I'm fit to practise, and I'm just off because I've had a broken bone.' However, you may not be able to practise when you first have a cast on your leg or arm, depending on where you practise and what the employer's expectations are about your ability to practise," says Allen.

In the end, registered nurses are accountable for the decision they make if they feel they are fit to practise, and CARNA's policy and practice consultants and documents are available to help anyone make a sound decision or seek out further information.

The consultation process

Practice consultants use the process similar to the nursing process to assess a consultation no matter what the concern is. The role of the consultant is to delve deeply into the question that is asked, clarify the question and identify any pertinent factors that influence the question and context.

First, they assess the situation. "We ask them about the situation and the impact of whatever issue they are having," says Allen. "Once we get a grasp on the situation, we go on to discuss and strategize possible solutions to facilitate problem-solving and decision-making." This includes discussing the multiple factors that can be involved with complex issues that are contributing to the issue the person is calling about.

Next, the consultants provide information, resources or links to the caller to help them in their issue. "We may direct them to speak to their manager, coworker, another health-care professional, etc. Or we may direct them towards other organizations such as CNPS, if it's a legal issue. We often link them to our own standards and guidelines documents if they need clear direction and guidance on a specific practice issue.

"I ask them if I have answered their questions and given them some direction and guidance. Ultimately it's up to the member to take that information and implement changes for themselves," says Allen. "Our goal is always to build capacity of the caller asking the question. Sometimes practice consultations may simply act as a sounding board for a member so we can help them come to the conclusion they need to make a decision."

CARNA staff members sometimes hear that registered nurses are hesitant to contact CARNA if they are having an issue or problem for fear that this information will be included in their member record or their practice might be questioned. When someone calls into the practice consultation line, we don't ask for any identifying information from them.

Resources and information

All of CARNA's documents, including standards, guidelines, and interpretive documents are available online at www.nurses.ab.ca. Some of these documents include:

- *Practice Standards for Regulated Members* with the CNA *Code of Ethics*
- *Documentation Standards for Regulated Members*
- *Scope of Practice for Registered Nurses* and *Scope of Practice for Nurse Practitioners*
- *Medication Guidelines*
- *Working Extra Hours Guidelines for Registered Nurses on Fitness to Practice & the Provision of Safe Competent Ethical Nursing Care*

Our policy and practice consultants are available to discuss any issue, problem or question you might have about your nursing practice.

Call us at 780.451.0043 or toll-free at 1.800.252.9392 or send an email to practice@nurses.ab.ca. RN