	Policies and Procedures Title: <b>RN SPECIALTY PRACTICES</b> I.D. Number: <b>1104</b>
Authorization <input checked="" type="checkbox"/> SHR Nursing Practice Committee	Source: Nursing Practice & Education Date Reaffirmed: Sept 2017 Appendix B update Date Effective: October, 2015 Scope: <b>SHR &amp; Affiliates</b>

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**For the purpose of this policy, client will be used when referring to clients, patients, and residents.**

**INTRODUCTION**

A Registered Nurse (RN) may be required to learn specialized competencies, not included in entry- level education, in order to provide the client care that is unique to a practice setting. SHR ensures client safety and supports best practice by following the guidelines of the Saskatchewan Registered Nurses Association (SRNA), in establishing policy and educational programs to support specialized RN practice in the region.

**DEFINITIONS**

**Advanced RN Intervention:** A skill that is complex in its knowledge requirement and application, may require the performance of complex technical skills or minor invasive actions, and could have an increased potential for the occurrence of an unintentional outcome. Must be written in a RN Clinical Protocol.

**Health Condition:** Distinct signs and symptoms of an underlying medical disease or disorder that with an RN’s intervention can be improved or resolved until the client is managed by a physician, RN(NP) or other authorized prescribers.

**Health Service/Program:** Established in client care situations that have a specific focus with clients referred to it by a primary care provider, through public screening/prevention programs, employment policies or other methods. A health service/program is overseen by a designated physician. The RN in a health service/program assists a primary care provider to manage a client’s diagnosed disease or disorder, run a screening program and/or implements interventions for disease prevention, health promotion, health maintenance or rehabilitation.

**Medical Directive:** A physician-approved prescription for a procedure, treatment or intervention that may be performed without a client-specific signature, for a population of patients who meet certain conditions (refer to SHR Medical Directives policy 7311-60-027).

**Qualified Educator:** RN, RN(NP), physician, pharmacist or other professional. The educator must have the foundational competencies to perform the specialty practice within his/her legislated scope of practice, and when required, has acquired the appropriate credentials through formal education or certification from an expert health care organization.

**RN Clinical Protocol:** A series of RN activities that are implemented in pre-determined situations to provide highly specialized client care. It allows an RN to work collaboratively with a physician(s) on an agreed upon practice for the clinical management of a client care situation where their scopes of practice overlap.

**RN Procedure:** A set of steps or a detailed way of performing a skill or treatment, with lower potential for unintended outcomes.

**RN Specialty Practices:** Skills, treatments, or interventions within the RN scope of practice that have specialized competencies which are obtained beyond the entry to practice RN education program. Include RN Procedures and RN Clinical Protocols. See Appendix A.

## 1. PURPOSE

- 1.1 To ensure safe nursing practice.
- 1.2 To ensure safe client care.

## 2. POLICY

- 2.1 Each RN Specialty Practice will have a written policy and identified educational program (e.g. learning package or course).
- 2.2 SHR Nursing Practice & Education develops specific criteria to identify that each RN Specialty Practice is reasonable, appropriate, and consistent with professional nursing practice provincially or nationally, as defined by the SRNA.
- 2.3 The implementation of an RN Specialty Practice using a medical directive or an RN Clinical Protocol without an order requires the participation of physician(s) and written approval of the appropriate medical department head or designated physician lead to establish collaborative standards of care.
- 2.4 An RN is responsible for obtaining and maintaining the appropriate specialized competencies, proficiency and education for any specialty practice he/she must perform. Client safety demands that RNs only perform procedures for which they feel competent.
- 2.5 SHR acknowledges and supports that advances in health care and technology will require the employer to provide education for approved RN Specialty Practices.
- 2.6 A list of approved RN Specialty Practices will be maintained as an appendix with the RN Specialty Practice Policy (Appendix B).
- 2.7 All RN Specialty Practices and supporting policies will be approved by SHR Regional Nursing Practice Committee.
- 2.8 RN Procedure and RN Clinical Protocol polices will be documented and accessible in the SHR [Nursing Policy and Procedure Manual](#) or service-specific procedure manuals.

### 3. PROCEDURE

#### 3.1 Criteria:

3.1.1 The RN may perform an RN Specialty Practice when the following criteria have been met:

3.1.1.1 The manager identifies the need for the RN Specialty Practice in the practice area and obtains approval from the SHR Nursing Practice Committee (see Appendix C: RN Specialty Practice Targeting Request).

3.1.1.2 An educational program of theory and practice, developed and/or approved by SHR Nursing Practice & Education, is made available to the RN prior to performing the RN Specialty Practice. The program should include the following:

- relevant evidence-based clinical theory and
- opportunity to acquire dexterity and
- a method of testing competence

3.1.1.3 The RN successfully completes the educational program, provided by a qualified educator, to become certified to perform the RN Specialty Practice. The manager or designate maintains a certification record for RNs.

3.1.1.4 The RN performs or reviews the RN Specialty Practice often enough to ensure competence and the provision of safe client care.

3.1.1.5 The policy and education programs for RN Specialty Practices are reviewed and approved by the SHR Regional Nursing Practice Committee every three years or earlier if practice has changed significantly.

3.1.1.6 Any Medical Directive used with an RN Specialty Practice is reviewed annually as per SHR Medical Directives policy.

3.1.1.7 Graduate nurses (GNs) who have completed the appropriate employer education may perform RN Specialty Practices only with the direct supervision of an RN who is certified in the specific RN Specialty Practice.

3.1.1.8 Nursing students in an RN program in the 3<sup>rd</sup> year of practicum, or equivalent, may perform RN Procedures provided the following conditions have been met:

- The student has taken the theory on which the procedure is based and
- The 3<sup>rd</sup> year student must be directly and continuously supervised by a faculty clinical instructor, who is certified in the RN procedure.

3.1.1.9 Nursing students in an RN program in the 4<sup>th</sup> year of practicum, or equivalent, may perform RN Procedures and RN Clinical Protocols in a Health Service/Program provided the following conditions have been met:

- The student has taken the theory on which the procedure or protocol is based and
- The 4<sup>th</sup> year nursing student must be directly and continuously supervised by an SHR Registered Nurse who is certified in the RN procedure or protocol.

### 3.2 RN Specialty Practices: RN Procedures

3.2.1 The majority of RN Specialty Practices will require the use of an RN Procedure with a client specific order.

### 3.3 RN Specialty Practices: RN Clinical Protocols

#### 3.3.1 Health Condition in an Emergency

3.3.1.1 An RN Clinical Protocol is required when an RN must provide care independently, to manage a client's health condition in an emergency situation, and a physician is not accessible to provide timely client-specific orders.

3.3.1.2 The RN Clinical Protocol for an emergency situation must be pre-determined and have an established document.

3.3.1.3 Emergency care situations are described as sudden, unexpected and unpredictable where a client is critically ill and has significant care needs, and the activities that are implemented in the RN Clinical Protocol will prevent serious health deterioration and/or complications for the client.

#### 3.3.2 Health Service/Program

3.3.2.1 An RN Clinical Protocol is required when an RN in a defined clinical role provides care independently, without client-specific orders for individuals who are in an established health service/program.

3.3.2.2 The RN in a defined clinical role obtains specialized education, appropriate to the role, from an expert health care organization course through specialty certification such as Canadian Nurses Association certification, or by other evidence-informed methods. When specialized education does not exist, education is obtained through an employer provided course.

3.3.2.3 A Medical Directive must be included when an RN, working independently, is required to carry out activities that require a practitioner order.

#### 3.3.3 Advanced RN Intervention

3.3.3.1 An RN Clinical Protocol and a client-specific order are required to perform an Advanced RN Intervention.

3.4 **Portability** -An RN Specialty Practice is transferable amongst SHR sites as long as it is targeted for the practice area and the policy and education is the same.

## 4. REFERENCES

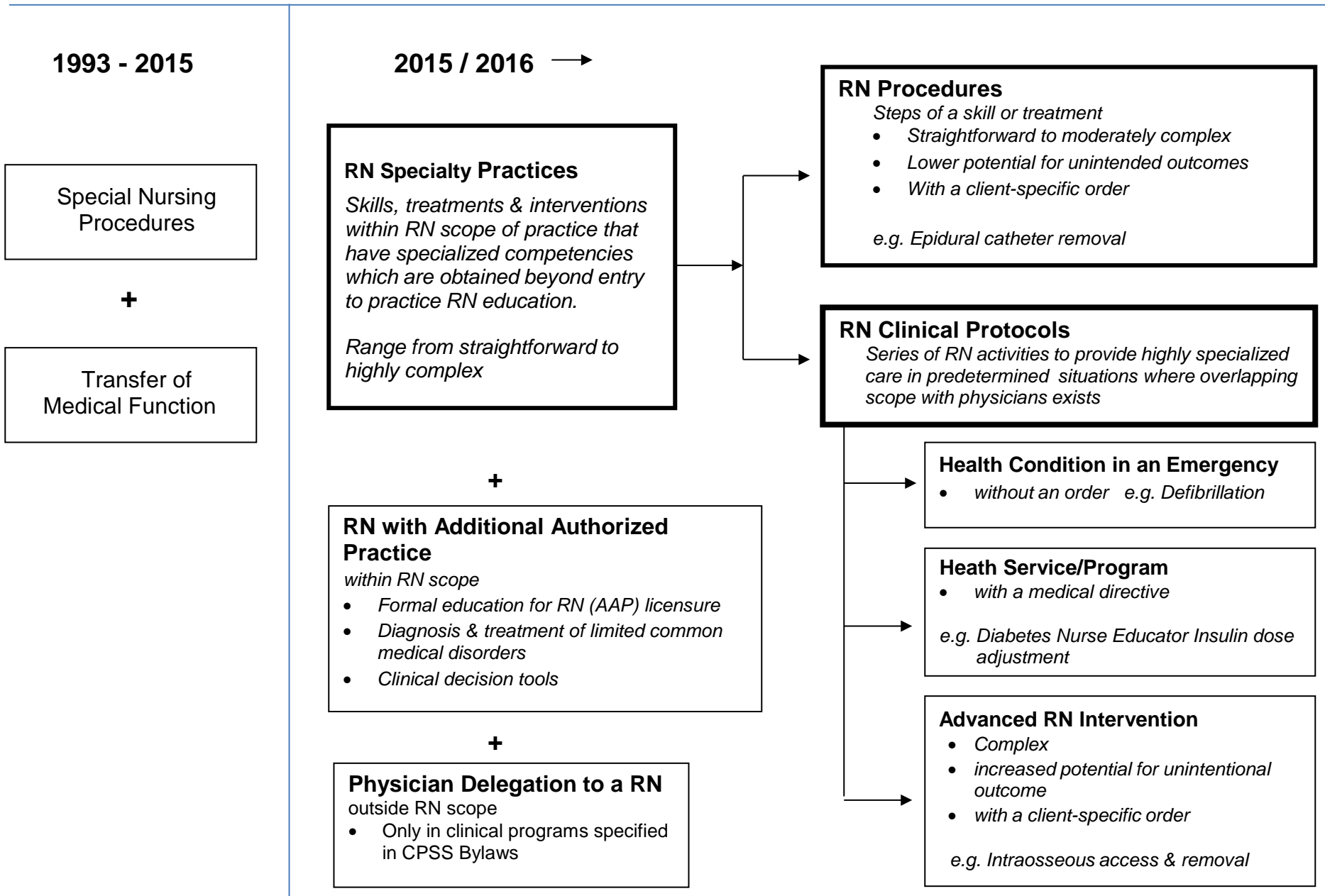
Saskatchewan Registered Nurses Association: [Standards for RN Specialty Practices](#). September 3, 2015.

### RELATED POLICIES

[SHR Regional Policy & Procedure Manual](#)  
SHR Medical Directive Policy 7311-60-027

## SASKATOON HEALTH REGION SRNA RN SPECIALTY PRACTICES

### Appendix A



## SHR Approved RN Specialty Practices

Revised Date: June 2017

RN Procedures - steps of a skill or treatment	
• with a client-specific order	
SKILL	TARGETTED SECTORS/SITES/UNITS
Bacillus Calmette-Guerin (BCG)	Acute Care: SCH CTC
Bladder Pressure Monitoring for Intra-abdominal Pressure (IAP) - Adult	Acute Care: SPH 5B Surgery, SPH ICU
Cardiac (ECG) Monitoring (Adults and Pediatrics)	Acute Care: RUH 6000, CCU, ICU, L&D, CTC, ER, PACU, 6300, AC Peds, PICU, NICU, L&D, Float Pool; SCH PACU, ER, 3100/3200/3300, 3600; SPH ICU, PACU, ER, 5A Surg, 5B Surg, 5th Med, 6th Med, Float Pool; HDH ER, IPU, Rosthern Hospital
Catheters – Hemodialysis – Access Site	Acute Care: RUH PICU, Plasmapheresis.
Central Venous Catheters – Implanted Ports (Central & Peripheral) – Accessing and Discontinuing Access	Acute Care: RUH AC Peds, PICU, PACU, 5000, 6100, 6200, 6300, ER, DS; SCH 3100/3200/3300, TCU, ER, Amb. Care, CTC, Rehab, Float Pool; SPH 6th Med, 5th Med, 5B Surg, ER, Pall Care, Float Pool; HDH ER, IPU; Rosthern Hospital; Wadena Hospital; Wynyard Hospital; Watrous Hospital; Lanigan Hospital Community: Home Care (Urban & Rural); Saskatchewan Bleeding Disorders Program; Nokomis Health Centre, Cudworth Health Centre, Wakaw Health Centre, Watson Health Centre; Humboldt COPS
Central Venous Catheters – Short Term – Removal	Acute Care: RUH AC Peds, 5000, 5200, 5300, 6000, 6100, 6200, 6300, PICU, ICU, CCU, PACU ; SCH 3100/3200/3300, TCU, CU; SPH ER, PACU, 4B Surg, 5A Surg, 5B Surg, 5th Med, 6th Med, 7th Med, ICU, Pall Care; HDH ER, IPU
Chemotherapy Bladder Instillation (Intravesical)- Mitomycin: Assisting With & Care of Patient	Acute Care: SPH PACU, 4B Surg, Day Surgery
Chemotherapy Drugs for Cancer Treatment – Administration, Safe Handling and Precautions	Acute Care: RUH AC Peds, 6100 Community: Humboldt COPS
Chemotherapy Drugs (Oral) for Cancer and Non-Cancer Treatment: Administration and Precautions	Acute Care: all RUH units <u>except</u> NICU, OR, PAC/SDS, Day Surgery & PACU; all SCH units <u>except</u> OR, PAC/SDS, Day Surgery & PACU; all SPH units <u>except</u> OR, PAC/SDS, Day Surgery & PACU; HDH IPU Long Term Care: all facilities Community: Home Care (Urban & Rural)
Chemotherapy Drugs (Oral, Topical & Subcut) for Cancer Treatment	Acute Care: HDH; Rosthern Hospital ; Wadena Hospital; Wynyard Hospital; Watrous Hospital; Lanigan Hospital Community: Nokomis Health Centre, Cudworth Health Centre, Wakaw Health Centre, Watson Health Centre
Chemotherapy Drugs for Non-Cancer Treatment: Administration and Precautions	Acute Care: RUH 5000, 5100/5200, 5300, 6200, 6300, Float Pool, ER, L&D; SCH Rehab, TCU, CTC, 3100/3200/3300, CU, ER, Float Pool; SPH 4B Surg, 5th Med, 6th Med, 5A Surg, 5B Surg, 7th Med, ICU, ER, Float Pool; HDH IPU; Rosthern Hospital; Wadena Hospital; Wynyard Hospital; Watrous Hospital; Lanigan Hospital. Community: Nokomis/Cudworth/Wakaw/Watson Health Centres Long Term Care: Parkridge Centre
Chest Tubes: Irrigation and/or Administration of a Medication to the Pleural Space	Acute Care: RUH ICU; SPH ICU
Endotracheal Tubes (Adult and Pediatric) – Extubation	Acute Care: RUH NICU, PICU, ICU, PACU, CCU, ER ; SCH PACU; SPH ER, PACU
Endotracheal Tubes (Adult and Pediatric) – Securing, Care of	Acute Care: RUH ICU, CCU, PACU, NICU, PICU, ER; SCH ER ; SPH ER, ICU, PACU; HDH
Epidural – Catheter Removal	Acute Care: AC Peds, 5000, PICU, 5100, 5200, 5300, ICU, PACU, L&D; SCH 3100/3200/3300, PACU; SPH PACU, ICU, 4B Surg, 5A Surg, 5B Surg, Pall Care

**SHR Approved RN Specialty Practices (cont'd)**

RN Procedures - steps of a skill or treatment	
• with a client-specific order	
SKILL	TARGETTED SECTORS/SITES/UNITS
Epidural/Intrathecal Analgesia – Care of Patient Receiving	<u>Acute Care:</u> RUH AC Peds, L&D, 5000, 5100, 5200, 5300, 6000, ICU, PICU, PACU, L&D, NICU; SCH 3100/3200/3300, PACU, 3600 ; SPH ICU, PACU, 4B Surg, 5A Surg, 5B Surg, Pall Care
Esophageal Tamponade Tube ( Minnesota Tube) - Assisting with insertion, Care of Patient, Assisting with Removal	<u>Acute Care:</u> SPH ICU
Femoral Arterial Sheath – Removal Post PCI/Angiogram	<u>Acute Care:</u> RUH CCU, CSSU
Gastrostomy Tube ( Balloon Type): Adult and Pediatric: Replacement, Removal, Care of	<u>Acute Care:</u> AC Peds, PICU <u>Community:</u> Pediatric Outpatients, Home Care (Urban & Rural) <u>Long Term Care:</u> Parkridge Centre
Hemodialysis – Central Venous Catheter – accessing, dressings and blood withdrawal	<u>Acute Care:</u> RUH Hemodialysis; SPH Hemodialysis <u>Community:</u> CKD Home-based therapies, Plasmapheresis.
Hemodialysis – Insertion of access Needles	<u>Acute Care:</u> SPH Hemodialysis. <u>Community:</u> Cameco Community Renal Health Ctre.
Hemodialysis With a Dual Lumen Dialysis Catheter	<u>Acute Care:</u> SPH Hemodialysis. <u>Community:</u> Cameco Community Renal Health Ctre.
Insovue: Instilling for CT Peritoneography in Peritoneal Dialysis ( PD) Patients	<u>Acute care:</u> Peritoneal Home Based therapy trained/certified nurses in acute care
Intra-abdominal Pressure Monitoring via bladder catheter	<u>Acute Care:</u> RUH PICU, ICU; SPH ICU, 5B Surg
Peripheral Nerve Block (PNB) – removal	<u>Acute Care:</u> SCH 3100/3200/3300; SPH 5A Surg, PACU
Peripheral Nerve Blocks (PNB) – Single Dose/ Continuous PCA– Care of Patient	<u>Acute Care:</u> SCH 3100/3200/3300, 3600; SPH 5A Surg, Pall Care, PACU
Peritoneal Dialysis - Adult	<u>Acute Care:</u> RUH AC Peds, PICU, CCU; SPH 6th Med; HDH; Rosthern Hospital; Wadena Hospital; Wynyard Hospital; Watrous Hospital; Lanigan Hospital. <u>Community:</u> CKD Home-based Therapies.
Peritoneography – Instillation of Isovue for CT Peritoneography in Peritoneal Dialysis Patients	<u>Community:</u> Kidney Health – Home Based Therapies Unit
Pessary Ring : Care and Management of Clients with	<u>Community:</u> Home Care (Urban & Rural), LTC
Suctioning Artificial Airways – Adults – Ventilated and Non-Ventilated	<u>Acute Care:</u> RUH ICU, PACU,ER; SPH ICU; Rosthern Hospital, HDH
Suctioning Non-Ventilated Patients With An Endotracheal tube	<u>Acute Care:</u> RUH ICU, PACU,ER; SPH ICU; Rosthern Hospital, HDH
Suprapubic Catheter change – established stoma	<u>Acute Care:</u> HDH; Rosthern Hospital; Wadena Hospital; Wynyard Hospital; Watrous Hospital; Lanigan Hospital, SCH 6300 Transitional Care Unit <u>Long Term Care:</u> Parkridge Centre, Sherbrooke Community Centre <u>Community:</u> Home Care (Urban & Rural)
Tracheostomy Tube Change - Pediatric	<u>Acute Care:</u> RUH AC Peds, PICU, <u>Community:</u> Home Care (Urban & Rural) – Pediatric Respite.
Vaginal Examination	<u>Acute Care:</u> RUH L&D; HDH Obstetrics on IPU
Venipuncture (phlebotomy)	<u>Acute Care:</u> RUH PICU, NICU, ER <u>Community:</u> PH CDC
Venous Dialysis Catheter – Removal	<u>Acute Care:</u> RUH PICU

**SHR Approved RN Specialty Practices (cont'd)**

<b>RN Clinical Protocols - series of activities for predetermined situations</b>	
<b>Health Condition in an Emergency</b>	
• without an order	
<b>SKILL</b>	<b>TARGETTED SECTORS/SITES/UNITS</b>
ACLS (Advanced Cardiac Life Support in accordance with American Heart Association © Guidelines) <ul style="list-style-type: none"> <li>• Code Management</li> <li>• Code Management (Ordering First Line Drugs)</li> <li>• Code Management (Transcutaneous Pacing, Initiation)</li> <li>• Defibrillation of Client</li> <li>• Cardioversion of Client</li> </ul>	<u>Acute Care:</u> RUH ICU, CCU, ER, 6000 Nurse Clinician only ; SCH ER; SPH ICU, ER; HDH ER
Anaphylaxis - Initial Management	<u>Acute Care:</u> Rural, SHR LTC
Anaphylaxis intervention (assessment & initial intervention)	<u>Community:</u> Home Care (home bound clients), Occupational Health (plus peer immunizers), PPH
PALS (Pediatric Advanced Life Support in accordance with Heart & Stroke Association Guidelines) <ul style="list-style-type: none"> <li>• Code Management</li> <li>• Code Management (Ordering First Line Drugs)</li> <li>• Defibrillation of Client</li> <li>• Cardioversion of Client</li> <li>• Intraosseous Access</li> </ul>	<u>Acute Care:</u> RUH PICU, ER; SCH ER; SPH ER
Supraglottic airway (e.g. King Tube, LMA)	<u>Acute Care:</u> Lanigan Hospital ER, Air Ambulance, PICU Transport, NICU Transport
Temporary Pacemakers – Adjusting Parameters Without A Physician Order	<u>Acute Care:</u> RUH ICU, CCU


<b>RN Clinical Protocols - series of activities for predetermined situations</b>	
<b>Health Service/Program</b>	
• with a medical directive	
<b>SKILL</b>	<b>TARGETTED SECTORS/SITES/UNITS</b>
Administration of Hormonal Emergency Contraception	<u>Community :</u> PPH (Sexual Health, Street Health)
Assessment and Treatment of Sexually Transmitted and Vaginal Infections	<u>Community :</u> PPH (Sexual Health, Street Health)
Administration Of Synagis® And Sucrose In A RSV Prophylaxis Outpatient Clinic Setting	<u>Community:</u> Health Service Program: Pediatric RSV Prophylaxis Clinic Nurse
Anaphylaxis Management for for Palovizumab (Synagis® )for RSV Prophylaxis	<u>Community:</u> Health Services Program: Pediatric RSV Prophylaxis Clinic Nurse
Anaphylaxis Management in a Clinic or Community Setting Post-Administration of Biological Products	<u>Community:</u> PPH (Immunization dept.)
Anaphylaxis Management Post-Administration of Medications in Sexual Health and Street Health Programs	<u>Community:</u> PPH (Sexual Health and Street Health)
Anaphylaxis – Initial Management Following Tuberculin Skin Testing	<u>Community:</u> TB Prevention and Control Provincial Program
ARO Surveillance Orders	<u>Cross Sector:</u> Infection Prevention & Control
Assessment and Treatment of Specific Sexually Transmitted and Vaginal Infections	<u>Community:</u> PPH (Disease Control)
Collecting, Ordering and Interpreting Laboratory Results for Management of Specific Sexually Transmitted Infections (STIs) and Blood Borne Infections (BBI)	<u>Community :</u> PPH (Disease Control: Sexual Health, Street Health)
Diuretic Dose Adjustment ( DDA)	SHR - <u>Chronic Disease Management:</u> Heart Function Clinic <u>Community:</u> CDM Heart Failure Clinic
Immunization	<u>Community:</u> Home Care (for home bound clients), Occupational Health (plus peer immunizers),
Immunization with Publically Funded Biological Products	<u>Community:</u> PPH (Immunization Dept)
Immunization with Non-Publically Funded Biological Products	<u>Community:</u> PPH (Travel, Special Populations Immunization, Disease Control)
Immunization: Vaccine Administration – Hepatitis B (HB), Tetanus, Diphtheria ( Td) and Tetanus, Diphtheria,	<u>SHR Occupational Health and Safety</u>



<b>RN Clinical Protocols - series of activities for predetermined situations</b> <b>Health Service/Program</b> • with a medical directive	
SKILL	TARGETTED SECTORS/SITES/UNITS
acellular Pertussis ( Tdap), Measles, Mumps, Rubella ( MMR), Poliomyelitis vaccine ( IPV), Varicella	
Insulin Dose Adjustment – Basic & Advanced	<u>Community</u> : Chronic Disease Management (Diabetes Nurse Educators)
Intravenous Initiation With Use of Intradermal Local Anesthetic	<u>Acute Care</u> : RUH OR; SCH OR; SPH OR
Laboratory Testing and Interpretation Hepatitis B surface Antibody (HBsAb) Measles IgG and/or Measles IgM Mumps IgG and/or Mumps IgM Rubella IgG and/or Rubella IgM; Varicella Zoster IgG and/or Varicella Zoster IgM	<u>Community</u> : OH&S
Ordering Lab tests & interpreting results	<u>Community</u> : Infection Prevention & Control; OH&S; Primary Health; Saskatchewan Bleeding Disorders Program
Ordering and Interpreting Laboratory Results for Reportable Communicable Diseases	<u>Community</u> : PPH (International Travel, CDC, Sexual Health, Street Health)
Seasonal Influenza Vaccination Administration	<u>Community</u> : OH&S and Peer Immunizers
Tuberculin Skin Test (TST)	<u>Community</u> : OH&S
Tuberculin Skin Testing ( TST) OH&S	<u>SHR Occupational Health and Safety</u>
Vaccine Administration Hepatitis B (HB); Measles, Mumps, Rubella (MMR) Poliomyelitis Vaccine (IPV); Tetanus, Diphtheria (Td) and Tetanus, Diphtheria, acellular Pertussis (Tdap); Varicella	<u>Community</u> : OH&S
<b>RN Clinical Protocols - series of activities for predetermined situations</b> <b>Advanced RN Intervention</b> • with a client-specific order	
SKILL	TARGETTED SECTORS/SITES/UNITS
Administration of Hydralazine For The Medical Treatment of Severe Hypertension in Pregnancy	<u>Acute Care</u> : RUH L&D
Administration of Nitroglycerin for Hyperstimulation of the Uterus	<u>Acute Care</u> : RUH L&D
Administration of Oxytocin For the Medical Induction or Augmentation of Labour	<u>Acute Care</u> : RUH L&D; HDH Obstetrics on IPU (Augmentation only)
Alteplase (Cathflo) Instillation for Restoration of Patency in CVADs	<u>Acute Care</u> : RUH ICU, 6100; SPH ICU, Medical Imaging <u>Community</u> : Humboldt COPS
Alteplase Infusion for Occluded Hemodialysis CVCs	<u>Acute Care</u> : SPH Hemodialysis
Cardioversion – non-acute	<u>Acute Care</u> : RUH CSSU, ER
Central Venous Catheter – Hemodialysis Catheter – Nontunneled – Removal	<u>Acute Care</u> : RUH ICU; SPH ICU
Compression Bandaging – Application	<u>Acute Care</u> : Rural integrated facilities. <u>Community</u> : Home Care (Urban& Rural Community Treatment Centre) <u>Long Term Care</u> : Rural Owned & Operated facilities
Conservative Sharp Wound Debridement	<u>Community</u> : Home Care (Wound Resource Nurse), <u>Acute Care</u> (Wound Resource Nurse)
Continuous Renal Replacement Therapy (CRRT)	<u>Acute Care</u> : RUH ICU; SPH ICU
Continuous Renal Replacement Therapy (CRRT)–Pediatric	<u>Acute Care</u> : RUH PICU
CSF – External Ventricular Drain – Care of	<u>Acute Care</u> : RUH AC Peds, 6300, PACU, PICU, ICU, Float Pool
CSF – Lumbar Drain – Care of	<u>Acute Care</u> : AC Peds, 6300, PACU, PICU, Float Pool
Doppler Assessments (Ankle Brachial Pressure Index / Toe Brachial Pressure Index)	<u>Community</u> : Home Care (Urban & Rural), Community Treatment Centers
Ear syringing	<u>Community</u> : Primary Health
Enteral Feeding Tube: Insertion with Stylet - Adult	<u>Acute Care</u> : RUH ICU; SPH ICU
External Cerebrospinal (CSF) Drainage LUMBAR Post Thoraco-aortic Aneurysm: Connection to Drainage System, Care of Patient, Removal	<u>Acute Care</u> : RUH ICU; SPH ICU

<b>RN Clinical Protocols - series of activities for predetermined situations</b> <b>Advanced RN Intervention</b> • with a client-specific order	
SKILL	TARGETTED SECTORS/SITES/UNITS
Hemodynamic Monitoring: • Arterial Lines – Assisting with Insertion, Invasive Site Care and Removal of	<u>Acute Care:</u> RUH PICU, NICU, ICU, CCU, PACU, ER, CTC, L&D; SCH PACU, ER; SPH ICU, PACU, ER
• Arterial Line – Blood Sampling	<u>Acute Care:</u> RUH PICU, NICU, ICU, PACU, ER, CCU, L&D; SCH; SPH ICU, PACU, ER
• Central Venous Pressure Monitoring	<u>Acute Care:</u> RUH PICU, NICU, ICU, CCU, PACU, ER; SCH PACU, ER; SPH ICU, PACU, ER, 5A Surg, 6th Med Transplant Unit & Close Observation
• Setting up Invasive Pressure Monitoring Lines & Ongoing Care	<u>Acute Care:</u> RUH PICU, NICU, CCU, ICU, ER; SPH ER
• Thermodilution Catheter – Assisting with Insertion	<u>Acute Care:</u> RUH ICU, CCU; SPH ICU
• Thermodilution Catheter – Invasive Site Care	
• Thermodilution Catheter – Mixed Venous Blood Sampling	<u>Acute Care:</u> RUH PICU, ICU, CCU; SPH ICU
• Thermodilution Catheter – Pulmonary Capillary Wedge Pressure	<u>Acute Care:</u> RUH ICU, CCU; SPH ICU
• Thermodilution Method for Determining Cardiac Output	
Intraaortic Balloon Pump (IABP)-Care & Monitoring	<u>Acute Care:</u> RUH ICU, CCU
Intraosseous Access & Removal	<u>Acute Care:</u> SPH ER; PICU(Charge Nurses & Pediatric Code Blue RNs)
Intraosseous Removal only	<u>Acute Care:</u> RUH ER
Negative Pressure Wound Therapy	<u>Community:</u> Home Care (Urban & Rural), Watrous District Health Complex, Watson Health Center, Quill Plains Centennial Lodge, Wadena Hospital, Pleasant View Care Home, Lanigan Integrated Hospital, Nikomus Health Center <u>Acute Care:</u> SCH 3100, 3200, 3300; SCH Breast Health Center; SPH 5A Surg, RUH 5000, 5300, RUH ICU, SPH ICU
Pacemaker Therapy – Care of Patient Receiving Temporary Pacemaker Therapy	<u>Acute Care:</u> RUH CCU, ICU, PICU, ER, 6000 Nurse Clinician Only; SPH ICU - transvenous
Removal of Mediastinal Chest Tube	<u>Acute Care:</u> RUH ICU
Suctioning: Pediatric/Neonate Patients Ventilated ( Conventional and High Frequency) Via Artificial Airway	<u>Acute Care:</u> RUH 6200, PICU, NICU, CCU, ICU, ER, PACU; SCH PACU, ER, CU; SPH ICU, PACU, ER <u>Long Term Care:</u> Parkridge Centre <u>Community:</u> Home Care (Urban & Rural)
Temporary Pacemakers – Checking Thresholds	<u>Acute Care:</u> RUH CCU
Umbilical Lines – Flushing & Withdrawal of Specimens	<u>Acute Care:</u> RUH NICU
Ventilation - Acute - Care of the mechanically Ventilated Patient - Adult	<u>Acute Care:</u> ICU, PACU, CCU, Emerg,
Ventilation - Chronic - care of the Mechanically Ventilated Patient - Adult	<u>Long Term Care :</u> Parkridge Center
Ventilator Management	<u>Acute Care:</u> RUH PICU, NICU, ER, CCU, ICU, PACU, 6200; SCH PACU, 6200 CU; SPH ICU, PACU <u>Community:</u> Home Care (Urban & Rural)

<b>Abbreviations</b>	
3100/3200/3300	3 <sup>rd</sup> floor Surgery Unit
3600	Day Surgery
5000	Surgery
5100	Postpartum
5300	Orthopedics Trauma
6000	Cardiosciences
6100	Oncology
6200	Medicine
6300	Neurosciences
AC Peds	Acute Care Pediatrics
ARO	Antibiotic Resistant Organism
BBP	Blood Borne Pathogen
CCU	Coronary Care Unit
CDC	Communicable Disease Control
CDM	Chronic Disease Management
CKD	Chronic Kidney Disease
COPS	Community Oncology Program of Saskatchewan
CSSU	Cardiac Short Stay Unit
CTC	Clinical Treatment Centre
CTU	Clinical Teaching Unit
CU	Convalescent Unit
ER	Emergency Room
HDH	Humboldt District Hospital
ICU	Intensive Care Unit
IPU	Inpatient Unit
L&D	Labour and Delivery
Med	Medicine
NICU	Neonatal Intensive Care Unit
ODC	Oncology Day Clinic
OH&S	Occupational Health and Safety
OR	Operating Room
PAC/SDS	Pre - Assessment Clinic/Same Day Surgery
PACU	Post Anesthetic Care Unit
Pall Care	Palliative Care
PHN	Public Health Nurse
PICU	Pediatric Intensive Care Unit
PPH	Population & Public Health
Rehab	Rehabilitation
RUH	Royal University Hospital
SCH	Saskatoon City Hospital
SPH	St. Paul's Hospital
STI	Sexually Transmitted Infection
Surg	Surgery
TCU	Transitional Care Unit

	<p>SHR Nursing Practice Committee</p> <p><b>RN Specialty Practice Targeting Request</b></p>
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Use this Request form for addition or deletion of targeting for RN Specialty Practices for a Nursing Unit/Program. **Please complete the form and submit to the SHR Nursing Practice Committee at [nursing practice Committee](#):**

1. Is this request for targeting of a Procedure/Protocol new to SHR? Yes  No . If yes, attach the Procedure/Protocol to this Request form.
  2. Name of Procedure/Protocol you are requesting to be added or deleted to your unit targeting \_\_\_\_\_
  3. Request for addition  or deletion  on \_\_\_\_\_ (name of nursing unit/program)
  4. What is your rationale for making this request? \_\_\_\_\_
  5. How many times will an RN perform this Procedure/Protocol:
    - in a month? \_\_\_\_\_
    - In a year? \_\_\_\_\_Explain how this is adequate to maintain competence. \_\_\_\_\_
  6. If the targeting request is approved, describe any limitations or restrictions. \_\_\_\_\_
  7. Outline or attach your plan for education. \_\_\_\_\_
  8. Name of contact person(s) for this request \_\_\_\_\_, phone # \_\_\_\_\_
- Manager signature \_\_\_\_\_
- Unit/program \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

**Committee response is found on page 2.**

