

Scope of nurses' practice

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Introduction

Is setting up an intravenous (IV) infusion regarded as part of the clinical practice responsibility of a professional nurse? Some professional nurses seem to think that this is outside their scope of practice.

However, it is stated in Section 30 of the Nursing Act 33 of 2015 that a nurse registered in terms of the Act as "a practitioner who is qualified and competent to independently practise comprehensive nursing and midwifery in the manner and to the level prescribed ... is capable of assuming responsibility and accountability for such practice".

The Act states that "nursing" is a caring profession practised by a person registered under Section 31 of the Act, who supports, cares for and treats a patient to achieve or maintain health; and when this is not possible, cares for the patient so that he or she can live in comfort and with dignity until death.

Secondly, the scope of practice for nurses and midwives is contained in regulations to the Nursing Act, 2005, which provide the legal framework for practice. Any regulation in terms of section 60(1) is deemed to have been issued, made, granted or performed under the corresponding provision of the Nursing Act, 2005. Therefore, Regulation 2598 provides the legal scope of practice for professional nurses. All practitioners are legally obliged to comply with these prescriptions.

The scope of practice is compiled as a flexible framework in order to make provision for different areas of practice, and to allow for new developments in health, nursing or midwifery care. The scope of practice can never be limited to a list of tasks because it negates the true nature of nursing and midwifery, which is considerably more than only tasks and

procedures. The broad guidelines set out in the regulations allow for the expansion and development of the nurse or midwife's role in order to keep pace with technology and advances in the health, nursing or midwifery field. If the scope of practice were defined as a set of tasks and skills, it would probably be necessary to revise it on an annual basis, with all the accompanying problems and confusion that this would entail, not to mention the time that it would take for the legal process required to change the regulations. Therefore, the scope of practice does not specify the skills and methods which the practitioner should use when caring for a patient.

The third issue of importance is that students who qualify have to comply with the minimum requirements of the South African Nursing Council (SANC) in order to be registered as a nurse in terms of the Nursing Act, 2005. Therefore, once nurses have been registered, they can be expected to perform according to the scope or practice set out for nurses.

Does inserting an intravenous infusion fall within the scope of practice of professional nurses and midwives?

The question raised was whether or not inserting an infusion is part of a professional nurse's scope of practice. Determination of the scope of practice (Regulation 2598), and the acts and omissions in terms of which the SANC can take disciplinary steps, will be considered in this discussion.

What the scope of practice determines

Regulation 2(i) states that professional nurses are responsible for the supervision over and maintenance of a patient's fluid, electrolyte and acid base balance. An integral part of the maintenance of fluid and electrolyte balance is the

ability of the nurse to observe and assess the hydration and general status of the patient. Should a deficit be noticed, the professional nurse should make the necessary provision to address this. There is no way that a professional nurse can make adequate provision for the maintenance of fluid and electrolyte balance if she or he refuses to set up an IV infusion.

Refusal to do so could also impact on some of the other scope of practice obligations of the nurse, namely Regulation 2(b), the execution of a programme of treatment or medication prescribed by a registered person for a patient if the medication has to be administered intravenously; or Regulation 2(m), the supervision over and maintenance of elimination by a patient, particularly if the patient is unable to take any oral fluids, i.e. owing to nausea or being unconscious.

The education and training programme of nurses includes the skill of setting up an IV infusion. Students are provided with opportunities to become competent in this procedure. Therefore, it can be expected that a reasonable professional nurse should insert an IV infusion.

Acts and omissions in terms of which the South African Nursing Council can take disciplinary steps

It is essential with respect to the aforementioned that the professional nurse acts on the observation that an intervention is required, in order to prevent any preventable complications or adverse events. If a patient requires an IV infusion, failure to insert one is regarded as negligence, for which the nurse could be charged, and made to appear before the Professional Conduct Committee of the SANC. This is supported by the statements made in Regulation 767 on acts or omissions, in terms of which the SANC may take disciplinary steps.

Cognisance should be taken of Regulation 3, which states that while not intended to be a complete list of punishable offences, Regulation 767 contains the following, which is applicable to this discussion.

Failure to carry out such acts in respect of the assessment, diagnosis, treatment, care, prescription, collaboration, referral coordination and patient advocacy, as the scope of practice permits

Failure to maintain the health status of a healthcare user under his or her care through:

- Assessing the health status of a healthcare user and the responses of the body
- Administering correct and appropriate treatment and care
- Preventing accident, injury or other trauma
- Preventing the spread of disease and infection
- Checking all forms of diagnostic and therapeutic interventions for healthcare users
- Providing specific care and treatment of the ill, the vulnerable and high-risk healthcare users
- Monitoring vital parameters, including the vital signs of the healthcare user
- Keeping clear and accurate records of all actions performed on the healthcare user.

Failure or refusal to provide emergency healthcare and treatment

Should the professional nurse refuse to set up an IV infusion when the patient requires it, an emergency situation may develop. The obligation to provide emergency care is also supported by Regulation 5 of the National Health Act (Act 61 of 2006), which states: "A healthcare provider, health worker or health establishment may not refuse a person emergency medical treatment".

Conclusion

It can safely be said that setting up an IV infusion falls within the scope of practice of professional nurses and midwives. Refusing to do so may jeopardise the health and safety of patients, and be regarded as negligent behaviour by the nurse.