Management of Care

Regulatory Exam, Practical Nurse (REx-PN)

18 to 24% of the exam · 29 activity statements · 2027 REx-PN Test Plan

Management of Care is the largest area of the REx-PN: how the practical nurse in British Columbia and Ontario provides and directs care that is safe, legal, ethical and organized. Items ask whom to see first, what to assign to a UCP, when to consult the RN or primary health care provider, and how to handle orders, consent, privacy, advance directives, mandatory reports and culturally safe care. Most items are judgment decisions, not recall.

You should be able to: You can decide whom to see first, what to assign to a UCP, when to consult the RN or primary health care provider, and how to protect a client's privacy, consent, rights and wishes within the practical nurse's scope, the law and the code of ethics.

Every activity statement: the key point and the trap

1. Keep client information private and confidential

Share health information only with people in the client's circle of care who need it for that client's care, or with the client's express consent.

Trap: Giving information to a caller or visitor because they sound credible or say they are family, instead of checking consent and identity first.

2. Stay within the scope of practice the law sets for you

Scope of practice is set by provincial legislation and the regulator's standards; your own scope is narrower still, limited by your competence and your employer's policies.

Trap: Continuing to manage a client alone after the client has become unstable, or refusing to act at all when a first safety action is within the practical nurse's role.

3. Draw on evidence, technology and policies to improve care

Use credible, current resources: agency policies and procedures, a current drug reference, the pharmacist, best practice guidelines and the electronic health record.

Trap: Relying on memory, a coworker's routine or an internet search when an approved policy, drug reference or specialist is available.

4. Speak up for what clients need and are entitled to

Advocacy means speaking up for the client's interests, safety and wishes, especially when the client cannot do so alone.

Trap: Siding with the family or the team for convenience instead of making sure the client's own wishes and needs are heard.

5. Give and take report on the clients you are assigned

A handoff transfers responsibility for the client; use a structured format such as SBAR or an agency tool so nothing important is missed.

Trap: Accepting a vague or incomplete handoff and assuming the outgoing nurse dealt with pending results or changes.

6. Start, review and revise the client's care plan

The care plan follows the nursing process: data collection, nursing problem, goals with the client, interventions, and evaluation against the goals.

Trap: Continuing the same interventions after the evaluation shows the goal was not met, or writing goals that cannot be measured.

7. Notice ethical dilemmas and respond to them properly

An ethical dilemma exists when two ethical principles conflict (for example, autonomy and beneficence) and no choice fully satisfies both.

Trap: Taking sides or acting alone on a dilemma instead of naming it and using the team and ethics resources.

8. Act in line with the nursing code of ethics, fairly and without causing harm

Give care that is respectful, nondiscriminatory and free of bias regardless of a client's age, race, culture, religion, ability, income, diagnosis, sexual orientation or gender identity.

Trap: Letting a personal judgment about a client (substance use, behaviour, background) lower the standard of care given.

9. Decide the order in which clients get care

Use airway, breathing and circulation first, then safety and Maslow's hierarchy: physiological needs before psychosocial ones, actual problems before potential ones.

Trap: Choosing the client with the loudest request or the longest task instead of the one with the most urgent physiological need.

10. Plan your workload so time is used well

Plan the shift at the start: list fixed-time tasks (scheduled medications, tests, treatments) and fit flexible tasks around them.

Trap: Doing tasks in the order they come to mind instead of planning around fixed times and clustering care.

11. Assign care to others, such as unregulated care providers, and oversee it

Assign a UCP only tasks that are within the UCP's role and agency policy, that the UCP is competent to do, and for a client whose condition is stable and predictable.

Trap: Assigning a task because it seems simple, without checking whether the client is stable and whether the task needs nursing judgment.

12. Judge when a referral or consult is needed and get the orders for it

Recognize when a client's needs call for another discipline: swallowing problems (speech-language pathologist), weight loss (dietitian), mobility and falls (physiotherapist), daily living tasks at home (occupational therapist), finances or housing (social worker), spiritual distress (spiritual care).

Trap: Treating a recurring problem alone when the client needs the expertise of another discipline.

13. Take and transcribe orders from prescribers

Every order needs the client's name and identifiers, the date and time, the drug or treatment, the dose, route and frequency, and the prescriber's signature.

Trap: Acting on an order that is incomplete or unclear, or skipping the read-back of a verbal order.

14. Obtain the client's consent before care or a procedure and explain what it involves

Informed consent for a procedure is obtained by the person who will perform it, who explains its nature, benefits, risks and alternatives; the nurse may witness the signature and confirm the client understands.

Trap: Witnessing a signature when the client has unanswered questions, or trying to explain the risks of a procedure the nurse will not perform.

15. Build the client's advance directives into the care plan

An advance directive records a capable person's wishes for future care and may name a substitute decision-maker; it guides care when the client can no longer decide.

Trap: Treating a DNR order as an order to withhold all care, or following a family member's wishes over the client's documented wishes.

16. Work with other disciplines on the client's care

Each team member brings expertise: pharmacist (medications), physiotherapist and occupational therapist (function), dietitian (nutrition), respiratory therapist (breathing support), social worker (resources), spiritual care.

Trap: Trying to solve a problem alone that belongs to another discipline, or reporting a change without the specific data the team needs.

17. Take part in resolving disagreements

Address conflict early, directly and privately with the person involved, using calm "I" statements and facts.

Trap: Going straight to the manager, or avoiding the conflict, when a private and direct conversation is the first step.

18. Know the limits of your own skills and ask for help

Know your limits: do not perform a skill or use equipment you have not been taught and found competent to use.

Trap: Performing an unfamiliar skill to avoid looking incompetent, or refusing the whole assignment instead of saying what you can and cannot do.

19. Make legally required reports, such as suspected abuse or reportable disease

The duty to report a child who may need protection is personal: a nurse with reasonable grounds reports directly to child protection services and may not rely on someone else to report.

Trap: Telling only the manager or waiting for proof, instead of reporting a reasonable suspicion directly.

20. Carry out admissions, transfers and discharges safely

Admission: identify the client with two identifiers, orient to the room and call bell, record allergies, belongings and the advance directive, and start medication reconciliation.

Trap: Discharging a client without reconciling medications or checking understanding, or trying to keep a capable client from leaving.

21. Teach clients and staff what clients' rights and responsibilities are

Clients have the right to information, privacy, dignity, safe care, consent and refusal, access to their own health record and a way to raise complaints.

Trap: Treating rights as information for clients only, when staff behaviour is where rights are protected or broken.

22. Take part in quality and performance improvement work

Quality improvement looks at systems, not blame: incident and near-miss reports show where processes fail.

Trap: Thinking a near miss needs no report because no one was harmed, or mentioning the incident report in the client's chart.

23. Document care using accepted terms and abbreviations

Use only the abbreviations, symbols and terms your agency approves; avoid those on do-not-use lists, such as U for unit, QD for daily and trailing zeros (1.0 mg).

Trap: Using a familiar but unapproved abbreviation, or a vague term, that another reader could misinterpret.

24. Step in and report when another provider's practice is unsafe

When any provider's practice puts a client at risk, protect the client first: stop or interrupt the action if you can do so safely.

Trap: Reporting the unsafe act afterward without stepping in when the client was about to be harmed, or ignoring it to keep the peace.

25. Include the client in decisions about their care

Clients are partners in care: ask about their goals, preferences and values before planning.

Trap: Making decisions for a capable client because it seems faster or safer, or speaking only to the family.

26. Review and build your own competence through reflection and learning

Practical nurses are responsible for keeping their own competence current through their regulator's quality assurance program.

Trap: Waiting for the employer to identify learning needs, when keeping competence current is the nurse's own duty.

27. Support and teach new staff and students

Welcome new staff and students, orient them to the unit, policies and routines, and be available for questions.

Trap: Letting a student perform a skill unsupervised or one outside the program's rules, or assuming new staff already know unit policies.

28. Draw on Indigenous ways of knowing and healing when caring for Indigenous clients

Cultural safety is defined by the client: care in which the Indigenous client feels respected and free of racism and discrimination.

Trap: Assuming what an Indigenous client wants based on identity, or refusing a traditional practice without checking policy and resources.

29. Give fair care with equal access for every client, whatever their sexual orientation or gender identity or expression

Every client receives the same respectful, equitable care whatever their sexual orientation or gender, and however they express it.

Trap: Using a client's legal name or sex assigned at birth in front of others when it is not needed for safety, or asking intrusive questions not related to care.

Key terms

Scope of practice: The activities a practical nurse is educated, authorized and competent to perform, limited further by employer policy and individual competence.

Circle of care: The people who provide care to a client and may share the client's information for that care without express consent.

Unregulated care provider (UCP): A paid care worker who is not regulated by a health college, such as a personal support worker or health care assistant.

Assignment: Giving a staff member care tasks within that person's role and competence, while the nurse remains accountable for the decision.

Supervision: Giving direction, checking progress and evaluating the care others provide.

SBAR: Situation, Background, Assessment, Recommendation: a structured way to report or hand off a client.

Informed consent: A capable client's voluntary agreement after learning the nature, benefits, risks and alternatives of a treatment.

Capacity: The ability to understand information about a decision and appreciate its likely consequences.

Substitute decision-maker: The person who makes care decisions for a client who is not capable, following the client's known wishes.

Advance directive: A record of a capable person's wishes for future health care, which may name a substitute decision-maker.

Do not resuscitate (DNR): A primary health care provider's order that CPR will not be attempted; all other care continues.

Medication reconciliation: Comparing the client's medication list at each transition of care to find and resolve differences.

Near miss: An event that could have harmed a client but did not, because it was caught or by chance.

Cultural safety: Care that the client experiences as respectful and free of racism and discrimination.

Conscientious objection: A nurse's refusal, on grounds of conscience, to take part in a lawful treatment, while making sure care continues.

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