

FAQ: Nursing Care Planning

If I disagree with the care plan, what are my accountabilities?

All nurses, in all roles and practice settings are responsible for their actions and related outcomes. In situations compromising client safety and well-being, a nurse is primarily responsible to the patient. A nurse demonstrates leadership by promoting best possible patient care and taking appropriate actions in situations, they have identified as unsafe. Nurses who disagree with or are concerned about implementing a care plan are responsible for communicating their disagreement and concerns.

When nurses disagree about what constitutes safe and ethical care, they must assess the situation, incorporate best available evidence, and consult with members of the healthcare team as appropriate. These actions are key when demonstrating nurses' accountability to share nursing knowledge with others and in advocating on behalf of patients to promote best possible outcomes.

Resolving dilemmas caused by conflicting obligations requires thoughtful consideration of all relevant factors and using an ethical decision-making process to reach the best decision. Nurses must consider the Code of Conduct for Registered Nurses and Nurse Practitioners and the CNNB standards of practice and guidelines and organizational policies in this process. Also, nurses must identify key decision-makers, understand risks associated with the questioned activity, consider the patient's beliefs, and examine personal beliefs and values, as applicable.

When nurses decide to refuse to implement any aspect of the patient's care plan, they are accountable for communicating their decision effectively to minimize patient risks. This involves documenting concerns and specific steps taken directly relating to patient care into the patient record.

Related resources:

- [*The Code of Conduct for Registered Nurses and Nurse Practitioners*](#)
- [*Standards for the Nurse-Client Relationship*](#)
- [*Duty to Care*](#)
- [*Fact Sheet: Abandonment*](#)
- [*Standards for Documentation*](#)

This content is adapted from the College of Nurses of Ontario; the original work is available on cno.org: [Disagreeing with the Care Plan \(cno.org\) Dec2020](#).

My client decided on a treatment to be performed by his spiritual healer. I believe this choice of treatment poses a risk to his well-being. What is my role as a nurse in this situation and how do I facilitate patient choice?

Client well-being and client choice are considered most important in providing client centered nursing care. Nurses are accountable to listen to, understand, and respect clients' values, opinions, needs, and ethnical and cultural beliefs. Integrating these elements into the care plan supports clients' by meeting their specific health goals.

When there are concerns that the client's care decision may negatively affect them, nurses work with the client to explain the choice's associated risks, enabling them to make an informed decision. Nurses also are encouraged to consult with other members of the health care team about concerns related to a proposed treatment or care plan.

Reflecting on the clients' cultural beliefs and values and your own, helps to determine if or how this impact the care you provide. Such reflection assists in providing client-centred, culturally sensitive care.

This content is adapted from the College of Nurses of Ontario; the original work is available on cno.org: [Culturally Sensitive Care \(cno.org\) Dec2018](#).

I work in an Indigenous community; how can I support my clients and their plan of care to address their health needs?

Partnering with clients and providing culturally sensitive care are important components of client centered care. Nurses are accountable for discussing both their role and the client's role in achieving the care plan's desired goals. Nurses must ensure they are sharing nursing knowledge with clients and promoting the best care possible. When clients request that home remedies or traditional medicines or rituals be included in their plan of care, the goal in this situation, is a care plan that incorporates the client's wishes without causing any risk or harm. The nurse must assess the client's request for possible health risks, explore ways to accommodate the request in collaboration with the health care team as appropriate, while collaborating with the client to consider actions or interventions that are evidence-based and necessary for a positive health outcome.

Collaborating to determine how to fulfill the client's needs without exposing them or others to undue risk meets the [Code of Conduct for Registered Nurses and Nurse Practitioners](#) and the nurse's commitment to client-centered care, also outlined in the [Standards for the Nurse-Client Relationship](#).

The federal government has recognized the unique health needs of First Nations and Inuit communities in Canada. More information and helpful resources are available on the

Government of Canada's Indigenous health page. The Truth and Reconciliation Commission of Canada's call to action #22 states: "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal health practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders were requested by Aboriginal patients", which is intended to honour and respect these practices within the Canadian health-care context.

Related resources:

- [Indigenous Health](#) (Government of Canada)
- [Truth and Reconciliation Commission of Canada: Calls to action](#)

This content is adapted from the College of Nurses of Ontario; the original work is available on cno.org: [Culturally Sensitive Care \(cno.org\) Dec2018](#)

I am providing care to a palliative patient that has asked me to include an unconventional treatment in his plan of care. What are my accountabilities in this situation?

Complementary therapies, or unconventional treatments, are used to supplement conventional health care practices. These include a wide range of treatment methods, such as herbal therapies and manual healing, including reflexology and acupuncture.

It is important to note that it is often not within the nursing scope of practice to independently initiate a treatment. Therefore, nurses must be aware of legislation, regulations, professional standards, and guidelines as well as the health-care institution's policies relevant to determining whether the therapy requires a medical order, whether it can be appropriately incorporated into the patient's plan of care (in consultation with other care team members as appropriate), and whether its use is supported by the health-care institution's policies. The nurse is accountable to document the request, the response, the administration or use by the patient in accordance with their professional standards and the health-care institution's policies (CNPS, 2019).

Nurses are obligated to explore the patient's understanding of the treatment and the rationale for their choice. Nurses also must ensure the patient has the necessary information to make an informed choice.

In deciding to provide a complementary therapy, nurses are accountable for assessing the therapy's appropriateness given the patient's health status, and for having knowledge, skill, and judgment to competently assist with or provide the therapy. If unable to obtain adequate information about the complementary therapy to assess if it is a significant risk to the patient, the nurse should refrain from performing the treatment and explain the decision to the patient.

If a nurse believes that administering the complementary therapy would pose a risk to the patient's safety, they should bring their concerns forward by consulting at the most appropriate level of the health care team (CNPS,2019).

It is within the nurse's role to facilitate, advocate, and promote best possible care for the client. Nurses are required to act in situations where patient safety and well-being are compromised. This includes notifying the prescriber of concerns, consulting with the health care team and recommending an appropriate health care provider to perform the procedure if it is beyond the nurse's scope of practice, role, and/or competence. Nurses are also accountable to advocate for policies and procedures about complementary therapies that are driven by patient safety.

This content is adapted from the College of Nurses of Ontario; the original work is available on [cno.org: Complementary Therapies \(cno.org\) Dec2018](https://cno.org/Complementary-Therapies).

I recently completed a Therapeutic Touch Program, is it acceptable for me to suggest and include this therapy in the plan of care for some clients on my unit?

Proposing an alternative therapy must be done in collaboration with the entire health care team and be incorporated into the care plan. It is also important to be aware of organizational policies regarding the use of complementary therapies. If there are no policies in place, the nurse has the responsibility to advocate for policies around the use of complementary therapies to support these practices when appropriate.

Complementary therapies are not usually taught in basic nursing programs. By themselves, complementary therapies do not constitute nursing practice. It is when complementary therapies are performed within the context of the nursing process that they fall within the realm of nursing practice (NANB, 2016). The nurse is required to receive education and training to develop the competencies required to provide the complementary therapy in the case where these procedures are introduced into nursing practice in specific practice settings. For more information on the process for making the decision to introduce post entry-level procedures into the practice of nursing, please refer to [Practice Guideline: Beyond Entry-Level Competencies](#).

To propose the use of alternative therapies, the nurse must have sufficient information to believe the treatment would benefit the patient. When recommending a complementary therapy, the nurse is obligated to ensure the patient has the necessary information to make an informed choice, and consent obtained prior to performing the therapy.

This content is adapted from the College of Nurses of Ontario; the original work is available on [cno.org: Complementary Therapies \(cno.org\) Dec2018](https://cno.org/Complementary-Therapies).

The Nursing Care Plan is a valuable tool that guides nursing care to include evidence-based care, to promote individualized care and achieve client centered outcomes. For guidance on the nurse's role in the application of the nursing care plan, please refer to the [Practice Guideline: The Nursing Care Plan](#). If you have any questions, please contact a NANB nurse consultant at practiceconsultation@nanb.nb.ca.

References

- Nurses Association of New Brunswick. (2016). Are complementary therapies considered nursing practice? *INFO NURSING*, 47(2), 44. <https://www.nanb.nb.ca/wp-content/uploads/2022/08/INFO-Vol47-No2-E-web.pdf>
- Canadian Nurses Protective Society. (2019). *Ask a lawyer: Complementary Therapies*. <https://cnps.ca/article/ask-a-lawyer-complementary-therapies/>
- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf