



## DSTs 100, 300, 400, 500, and 600 Revision Summary

### Structural Changes Made to DSTs 100, 300, 400, 500 and 600

NNPBC is currently completing content revisions for all DSTs. DSTs 200-202 have undergone a full content revision. During this process, structural changes were made to DST 200 (*Assessment and Diagnostic Guidelines: Eyes*). These included the following:

- Content related to symptoms requiring urgent referral: The list of symptoms requiring urgent referral was removed from DST 200 (*Assessment and Diagnostic Guidelines: Eyes*) and replaced with a disclaimer regarding identifying a minor from a major injury and staying within the RN(c) scope of practice. This change was made due to conflicting information in the list of symptoms with key assessment indicators for eye conditions. In addition, the list itself could not be substantiated due to a lack of clarity regarding the framework used to develop the list of symptoms.
- Content related to general appearance and vital signs was moved to *DST 100 (Assessment and Diagnostic Guideline: General)*. This change was made to align documents, as general appearance and vital signs are not specific to the eye conditions, diseases, or disorders that RN(c)s are authorized to manage, diagnose, or treat. Further, conducting general appearance and vital signs are expected competencies of RN practice, not an addition to certified practice.
- Content related to physical assessment – eyes were moved to *DST 100 (Assessment and Diagnostic Guideline: General)*. This change was made to align with the purpose of the document. This section provides assessment information of the eyes that is not specific to diagnosing corneal abrasion and conjunctivitis but rather supports the RN(c) in their clinical reasoning.

To ensure consistency across DSTs, the same structural changes have been made to:

- 1) DST 300 (Assessment and Diagnostic Guideline: Eyes)
- 2) DST 400 (Assessment and Diagnostic Guideline: Cardio-Respiratory)
- 3) DST 500 (Assessment and Diagnostic Guideline: GI-GU)
- 4) DST 600 (Assessment and Diagnostic Guideline: Integumentary)

This means that:

- Any content related to symptoms requiring urgent referral has been removed from DSTs 300, 400, 500, and 600
- Any content related to general appearance and vital signs from DSTs 300, 400, 500 and 600 has been moved to DST 100
- Any content related to system-specific physical assessments in DSTs 300, 400, 500 and 600 that do not pertain to the conditions, diseases or disorders outlined in these DSTs has been removed.

### Publishing Process

Given that content from DST 300, 400, 500 and 600 has been relocated to DST 100, to avoid publishing DST 100 several times, DSTs 100, 300, 400, 500, and 600 (with the structural changes noted above) have been published at the same time as DSTs 200-202 (which has undergone both content and structural changes).

Content changes to the DST 300-304, DST 400-401, DST 500-501, DST 600-604, and DST 701 will be completed over the next year and published accordingly.