

NURSE PRACTITIONER STANDARDIZED PROCEDURES

This document establishes the legal authority for the Nurse Practitioners at _____
_____ to perform certain functions and procedures that overlap with Physicians.

These standardized procedures are in accordance with the Nurse Practice Act in the California Business and Professions Code, Chapter 6, Section 2725, and the California Administrative Code, Title 16, Article 7, Section 1470-4 and Title 22, Division 3, Section 51240 (Medical). The numbering and lettering below parallel the Title 16 Code guidelines.

Nurse Practitioners and Physicians, who are in collaboration to provide patient care, jointly wrote these standardized procedures. These standardized procedures are signed and dated by those parties who share responsibility for the care of those patients to be cared for by the Nurse Practitioners at this site.

The standardized procedures shall remain at _____ for review by interested parties.

AUTHORIZED PROCEDURES AND DUTIES

The Nurse Practitioner is authorized to do the following patient related activities without the Physician's approval or observation:

- Obtain patient medical history and perform physical examinations for presenting problem(s) within the established scope of practice
- Laboratory tests: Blood finger sticks, throat swabs, and urine tests as indicated.
- Counsel patients and their families on health promotion, diagnosis and medical management
- Evaluate, diagnose, and treat conditions within the established scope of practice
- Maintaining medical records in electronic medical record

AUTHORIZED DIAGNOSIS AND MANAGEMENT

Nurse Practitioners are authorized to evaluate, diagnose, and treat minor medical injuries and illness for adults and children over the age of two weeks including but not limited to:

- Animal Bites (minor)
- Ear infections
- Otitis Externa
- Otitis Media
- Eye disorders
- Blepharitis
- Chalazion
- Conjunctivitis
- Hordeolum
- Headaches (minor)
- Health screening
 - Blood pressure evaluation
 - Diabetes screening
 - Pregnancy screening (urine test)
- Immunization update
- Respiratory disorders
 - Allergic rhinitis
 - Bronchitis
 - Influenza
 - Pharyngitis

- Sinusitis
- Viral URI
- Skin, hair, and soft tissue disorders
 - Acne
 - Burns (minor)
 - Cellulitis
 - Dermatitis
 - Herpes Simplex
 - Impetigo
 - Insect bites and stings
 - Pediculosis
 - Tinea pedis (Athlete's Foot)
- Strains and sprains (minor)
 - Ankle, knee, neck, arm, back
- Urinary tract infection

The Nurse Practitioner is authorized to diagnose and prescribe under the protocols established in this document without the direct (on-site) supervision or approval of the delegating or alternate Physicians.

EMERGENCY CARE

Whenever necessary, the Nurse Practitioner shall attempt to sustain life. This includes, but is not limited to:

- Establishing and maintaining airway
- Assist breathing
- Cardiopulmonary resuscitation
- Control of hemorrhage by external pressure
- Injection (subcutaneous) of epinephrine for anaphylactic shock

AUTHORIZATION TO FURNISH DRUGS AND DEVICES

The Nurse Practitioner may order/prescribe drugs and medical devices pursuant to B&P Code Section 2836.1 and must include the following criteria:

- Include the furnisher's name and furnishing number on the prescription transmittal order form for drugs, devices, or both. Prescription pads and electronic prescription may be used as a transmittal order form as long as they contain the furnisher's name and furnishing number. The NP's DEsupA number is also required on the prescription transmittal form for Schedule II, III, IV, or V controlled substance.
- The drugs and devices furnished by Nurse Practitioners are in accordance with the standardized procedures, and established formulary.
- California law (Health and Safety Code Section 11165.1) requires all California licensed prescribers authorized to prescribe scheduled drugs to register for access to CURES 2.0 by July 1, 2016 or upon issuance of a Drug Enforcement Administration Controlled Substance Registration Certificate, whichever occurs later.
- California Law (Health and Safety Code Section 11165.4) requires all California authorized licensed prescribers of scheduled drugs to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance:
 - The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions below apply. For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.
 - Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions below apply.
 - Before subsequently prescribing a controlled substance, if previously exempt.

- At least once every four months if the controlled substance remains a part of the patient's treatment plan.
- California Law (Health and Safety Code Section 11165.4) states a health care practitioner is exempt from consulting the CURES database before prescribing, ordering, administering, or furnishing a controlled substance in any of the following circumstances:
 - While the patient is admitted to, or during an emergency transfer between a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility
 - In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.
 - As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a:
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility, or
 - Place of Practice
 - The patient is receiving hospice care

The Nurse Practitioner may accept, sign for and distribute prescription drug samples.

STANDARDS FOR CARE

Standards for adequacy of diagnosis, management, and treatment shall be consistent in accordance with the standardized procedures established at

Protocols for the Management of General Health Status

Definition: this protocol covers the management of general health status.

- Subjective data
 - Patient concerns noted
 - Health and Social History
 - Established patients
 - Interval History
 - New patients
 - Past health history via interview, previous medical records
 - Recent interval history
 - Symptoms relevant to any chronic/acute disease process
 - Present status of current symptom(s)
- Objective data
 - Physical exam addresses chief complaint
 - Appropriate lab tests performed
- Assessment
 - Consistent with subjective and objective findings
 - Assessment of the status of any acute/chronic diagnosis
- Treatment
 - Supportive measures that are appropriate to health maintenance, i.e., immunizations, screening measures, age-related anticipatory guidance, patient education regarding health care
 - Referral to appropriate specialty
 - Addressing patient concerns
 - Guidelines for follow-up
 - Consultations

Protocol for Management of Common Acute Illness

Definition: This protocol covers the management of common acute illnesses

- Subjective data:
 - Symptoms relevant to the acute illness and organ systems affected. Status of current symptoms, i.e., duration, frequency, and in relation to chronic, underlying health problems
- Objective data
 - Physical exam appropriate to acute illness signs and symptoms
 - Laboratory testing as appropriate
- Assessment
 - Consistent with subjective and objective findings
- Treatment
 - Supportive measures that are appropriate to the patient's illness
 - Education regarding administering medications if indicated
 - Guidelines for follow-up
 - Consultations

Protocol for the Management of Chronic Illness

Definition: This protocol covers the management of previously diagnosed chronic disease

- Subjective data
 - Symptoms relevant to the chronic disease process and organ systems affected
 - Status of current symptom(s), i.e., present stable or absent
- Objective data
 - Physical examination appropriate to the disease process
 - Laboratory evaluation as appropriate
- Assessment
 - Consistent with subjective and objective findings expected with diagnosis
 - Status of chronic disease
- Treatment
 - Initiation or manipulation of prescriptive medication
 - Patient education regarding the administration of prescription medication
 - Referral for physical, occupational, or psychological therapy if appropriate
 - Diet and exercise prescription as indicated by the disease process and patient condition
 - Guidelines for follow-up
 - Consultations

To perform the roles in these standardized procedures, the Nurse Practitioner must have:

- Possession of a valid California license as a Registered Nurse Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
- Possession of a valid Furnishing Number from the State of California
- Possession of valid DEA license
- Master's Degree in Nursing
- National certification as a Nurse Practitioner within six months of hire
- Continuing competence shall be evaluated by regular review of patient care provided by the Nurse Practitioner

The scope of supervision for the performance of the functions named in the procedure shall include:

- Regular chart review by collaborating Physicians for the initial 6 months.
- Regular and monthly chart review by peers

CONSULTATION AND REFERRAL

Consulting Supervising Physician should be available to the Nurse Practitioner by direct on-site, phone or via electronic means.

Communication with a Physician should be sought for the following situations and others deemed appropriate:

- Emergent conditions requiring prompt medical intervention

- Acute decompensation of patient situation or condition
- Increase in severity of symptoms after initial treatment
- Unexplained historical, physical or laboratory findings
- Upon request of patient, Nurse Practitioners), or Physician
- Initiation of medication regimes which are currently not defined as “standard of care” dependent upon diagnosis
- Patient contacts and visits not in accordance with standardized practice and/or facility policy
- Review of specific management guidelines and possible complications related to treatment of disease process less familiar to the Nurse Practitioner

When a Physician is consulted, a notation, including the Physician’s name, should be noted in the chart.

MEDICAL ASSISTANT SUPERVISION

NP may supervise Medical Assistants in the absence of the physician onsite in compliance with Business and Professions Code Sections 2069 (a) (2).

SITE

The Nurse Practitioners shall perform these functions at _____

MEDICAL RECORDS

Electronic medical records shall include: chief complaint; history; review of pertinent systems; objective findings; lab results; assessment; differential diagnoses as needed; and management plan. Management may include prescriptions, procedures, patient education, and referrals. Medical records shall be written within 48 hours of an encounter and remain confidential.

AGREEMENT REVIEW

This document shall be reviewed, dated and re-signed within _year(s) of the below date of signature. Either party may initiate request of change at any time but all parties must agree and sign for any change.

Signature: Nurse Practitioner

Dated: _____

Print: Nurse Practitioner

Signature: Supervising Physician

Dated: _____

Print: Supervising Physician