# Collaborative Practice Agreement for Nurse Practitioners/Physician Assistants in the Emergency Center

## A. Purpose

The purpose of this document is to:

1. Describe the scope of practice for the Family Nurse Practitioner (FNP)/Physician Assistant (PA) signing this protocol when providing care for patients at the Emergency Center operated by Scotland Memorial Hospital (SMH).
2. This document authorizes the NP/PA to perform medical acts in accordance with the Statutory Authority G.S. 90-18(13); 90-18.2; 90-121.36; effective 8/1/2004 for the NP and Statutory Authority G.S. 90-18(13); 90-18.1; amended effective 5/1/2004 for the PA.
3. Serve as written authorization for the NP/PA to initiate medical aspects of patient care.

## B. General Information

1. NP/PA

   The following information shall be maintained on file at SMH:

   - ❑ *Current licensure with the Board of Nursing for the State of North Carolina as a Registered Nurse with approval from the NC Medical Board to practice as a Family Nurse Practitioner or Current licensure with the NC Medical Board to practice as a Physician Assistant.
   - ❑ *Current approval from the NC Medical Board to practice under a supervising physician (may have more than one supervising physician-each requiring their own approval notice).
   - ❑ *Current DEA certificate
   - ❑ Current BLS and ACLS
   - ❑ Current credentialing from SMH
   - ❑ *Documentation that yearly CME requirements are met (currently 50)
   - ❑ *Copy of the Collaborative Practice Agreement for the NC Board of Nursing and/or Medical Board signed by the NP/PA, the supervising physician and backup physicians.

   * These items will also be available on hand by the mid-level provider when working in either the Emergency Department.

2. Physicians

   The following information shall be maintained on file at SMH

   - ❑ Current licensure by the NC Medical Board
   - ❑ Current credentialing from SMH

3. Miscellaneous

   The NP/PA (s) and Physician(s) practicing under this protocol agree to notify one another of any sanctions imposed by a licensing board against his/her license, or failure to maintain above mentioned requirements.

## C. Settings where protocol will be used

NP/PA is authorized to initiate medical aspects of care under this protocol to patients in the office setting and satellite offices associated with SMH including the Emergency Department. Community service activities involving minimal medical decision-making (blood pressure screenings, sports physicals, etc.) may be conducted at appropriate off-site areas.)

## D. Scope of Practice and Medical Functions Authorized

1. Patient populations and health conditions to be cared for:

   The medical aspects of care provided by the NP/PA under this protocol shall be to provide urgent/emergent health care to the community, including evaluation, assessment, treatment, patient education and disposition consistent with routine urgent/emergent care to patients presenting themselves to the Emergency Department of SMH. Patient populations include ages from newborn to geriatric. Specific protocols for patients with unusual conditions and other site-specific guidelines will be kept in the sites, signed by the NP/PA and the supervising physician.

2. Functions

   a. Consistent with the rules and regulations form the NC Boards of Nursing/Medicine the NP/PA is authorized to provide the medical functions identified below. These functions are not intended as an exhaustive description of practice but rather illustrative of the types of medical functions the NP/PA will perform. These functions are in addition to any function a NP/PA is authorized to perform independently under his/her professional license.
      - I) Establish medical diagnosis (es) and determine a plan of care for short-term health problems, and/or exacerbations of chronic health problems.
      - II) Establish medical diagnosis (es) and determine a plan of care for acute injury.
      - III) Order and interpret and/or perform routine diagnostic studies to include, but not limited to urine and blood chemistries, culture and sensitivities, smears for pathologist interpretation, pulmonary function testing, radiological examinations, audiograms, electrocardiograms, vision and developmental screening, IV therapy, venipuncture, urethral catheterization, nasogastric intubation and gastric lavage, slit lamp examinations, tonometry, anoscopy and arterial blood gasses.
      - IV) Perform therapeutic, corrective, or cosmetic measures to include, but not limited to, debridement, incision and drainage, wound closure, treatment of external and genital warts, foot care, injections and immunizations (tetanus/rabies, etc), suture removal, treatment of minor superficial (1st and 2nd degree) burns, removal of superficial foreign bodies (skin, soft tissue), nail removal for infections or trauma, control of external hemorrhage, application of dressing and bandage, subcutaneous local anesthesia, anterior nasal packing for epistaxis, splinting of sprains and fractures, draining of subungal hematomas, carry out aseptic and isolation techniques.
      - V) Perform specific physical examinations including, but not limited to well infant, well child, pre-employment, sports, school and DOT.
      - VI) Refer patients to the appropriate licensed physicians, clinics or other health care providers for the purpose of continued management, consultation or follow-up care.
      - VII) Prescribe medications and devices as described in Paragraph E.

   b. The above mentioned functions will be performed utilizing
      - I) The expertise and consultation of supervising/collaborating physician.

3. Emergency Care

   Emergency situations will be handled according to the written protocols listed above, as well as in accordance with SMH policies. The NP/PA may provide care to stabilize a patient's condition and prevent deterioration of condition that may be otherwise by beyond the scope of protocol. Initiate appropriate evaluation and emergency management of emergency situations such as cardiac arrest, respiratory distress, injuries, burns and/or hemorrhage. Institutes life saving measures such as passing an endotracheal airway, external cardia massage, injection of iv medications, defibrillation, cardioversion and establishes emergency vascular access (cutdown, intraosseous, central vein on the direct order of the supervising physician.

4. Criteria for ordering special diagnostic tests:

    a. CT Scan of Brain or MRI
        I) Seizure disorder
        II) Persistent Headaches
        III) Suspected other neurological disorder
    b. CT Scan of the Spine or MRI
        I) Suspected herniated disc
        II) Progressive weakness of extremities
        III) Suspected other neurological disorders
    c. CT Scan of Abdomen
        I) Abdominal symptoms not explained by any other radiological means
    d. Ultrasound
        I) Pelvis- to rule out ovarian cysts, PID, tubal pregnancy or define pelvic mass
        II) Scrotum- to evaluate vascular status
        III) Lower extremity- for vascular status
        IV) Trauma as indicated to rule out vascular compromise
    e. Nuclear Medicine Examinations
        I) To delineate the cause of symptoms not diagnosed by other means (ie V/Q scans)

5. Standing Orders for the Urgent Care Center

    a. Standing Orders for Emergencies:
        I) In emergency situations, the Physician supervisor in the ER will be notified by the practitioner. If deemed necessary, the patient will be stabilized in the office and transported to the Emergency Department for further evaluation and treatment.
    b. Standing Orders for the Suspected Myocardial Infarction:
        I) Any patient presenting in a way that suggests a myocardial infarction may be present will be assumed to be having a myocardial infarction. Consider other established conditions before carrying out any order.
        II) Place the patient at immediate rest
        III) Apply supplemental oxygen
        IV) Consider the use of ASA
        V) Consider the use of sublingual nitroglycerin
        VI) Consider the initiation of IV access
        VII) Consider doing an EKG
        VIII) Weigh the advantages of using 911 services or using family member vehicle
        IX) Don't delay departure if any procedures become time consuming. Contact the ER department early.

6. All Mid-level Provider medical records will be reviewed by the Attending Emergency Department physician on duty, and cosigned PRIOR to patient (included in the 18 above designated categories) being:

    I) discussed with a private attending physician
    II) discharged from the Emergency Department
    III) transferred from the Emergency Department or
    IV) allowed to leave AMA

7. Guidelines and General Considerations

    I) The PA/NP must clearly identify him/herself to every patient as a physician extender and clarify any confusion regarding their role in providing patient care.
    II) It is the responsibility of the MD to evaluate all unstable patients. If the MD is involved with another unstable patient, the PA/FNP may be requested by the MD or RN to evaluate or assist in the management of an unstable patient until the MD is able to assume such care.

III) The MD will coordinate the initial assessment on all Priority I (emergent) patients (as stipulated in the Triage Standing Orders) and order treatment to stabilize vital signs. After the initial assessment, the MD may ask the PA to assist with detailed history taking, records review, ongoing clinical monitoring, complete documentation, and disposition arrangements. This also applies to lower priority patients who become unstable after arrival to the ED.

IV) Priority I (Emergent) patients may be seen initially by the PA/NP if two or more Priority I patients arrive in close succession and the physician on duty cannot immediately evaluate/treat more than one of these patients. In such cases, the MD will direct the patient's care through the PA/NP and/or the RN until the MD can personally provide care to the patient.

V) Priority II (urgent) patients may be seen by the mid-level provider based on the volume and acuity of patients in the department and the MD's availability. The PA/FNP will discuss each Priority II patient with the MD after evaluating the patient and the MD will review the diagnostic and therapeutic plan. The MD can then decide whether to see the patient at that time or wait until the diagnostic studies are completed.

VI) Priority III (non-urgent) patients may be seen by the PA/FNP. Priority III patients may be presented to the MD at the time of discharge or disposition, without prior review of the diagnostic and therapeutic plan.

VII) All orders, including medication orders, must be written. Verbal orders are acceptable in critical situations but must be countersigned as soon as circumstances permit. If the nurse caring for the patient has any question about the diagnostic and therapeutic plan, he/she may ask the mid-level provider or the MD for clarification and guidance.

VIII) The PA/NP may evaluate and discharge a patient without further nursing interaction. In such instance the PA/NP is responsible for obtaining the discharge vital signs and the MD's signature.

IX) Gynecological examinations may be performed by all mid-level providers.

X) Complex lacerations must be seen by the MD before the wound is sutured by the mid-level provider and after the wound is closed.

XI) Medical screening examinations may be performed by the mid-level provider under the general supervision of the MD.

XII) The PA/NP will notify the Attending in the Emergency Department prior to leaving the department.

**E. Carrying out or signing prescription drug orders**

1. Authority to Prescribe
   a. Prescribing pharmaceuticals will be done in a manner consistent with T32: 32L.0009 of North Carolina law. Each prescription will have the NP/PA's and the supervising physician's full name and state license number and the site's address and phone number.
   b. Consistent with the NP/PA practice and functions described in Paragraph D, the NP/PA may prescribe all categories of dangerous drugs and medical devices. A careful drug allergy history will be taken prior to prescribing medications. Careful assessment to avoid drug interaction and side effects will be made. The potential benefit will outweigh the potential risk.
   c. Samples may be received (excluding controlled substances) and dispensed as deemed appropriate, without cost to the patient for the medication.
   d. Limitations on prescribing Controlled substances (Class II-V)
      I) may be independently prescribed by the NP/PA
      II) limited to a 7 day supply or less with no refills
      III) limited by DEA authority

2. The NP/PA shall provide appropriate instructions to the patient on use of any medication prescribed, including appropriate warnings and laboratory monitoring. Instructions may come in the form of verbal instructions, written instructions or pre-printed information.

3. Every prescription must be entered on the patient's chart.

4. Approved Formulary as follows (but not limited to)

- ❑ Antihistamines
- ❑ Antibiotics/Anti-infective agents
- ❑ Anti-tussives, Expectorants and Mucolytic Agents
- ❑ Anti-inflammatory Agents
- ❑ Autonomic drugs
- ❑ Birth Control Medications
- ❑ Blood Formation and Coagulation Agents
- ❑ Cardiovascular Drugs
- ❑ Central Nervous System Drugs
- ❑ Diagnostic Agents
- ❑ Electrolytic, Calorie and Water Balance Agents
- ❑ EENT Preparation
- ❑ Enzymes
- ❑ GI Drugs
- ❑ Hormones and Synthetic Substitutes
- ❑ Local Anesthetics
- ❑ Pain Medications (see above limitations regarding scheduled drugs)
- ❑ Prenatal Preparations
- ❑ Skin and Mucous Membrane Preparations
- ❑ Spasmolytic Agents
- ❑ Vitamins
- ❑ Toxoids and Vaccines

## F. Physician Responsibilities

1. Supervision

   The supervising physician is required to provide adequate supervision and knowledge of the practice guidelines of the NP/PA initiating medical aspects of care under this protocol. A back-up supervising physician, if he/she has affirmed in writing that he/she is familiar with this protocol and signed this form, may provide supervision. The NP/PA is authorized to diagnose and prescribe under the protocols established in this document without the direct (on-site) supervision or approval of the supervising physicians.

2. Consultation and Collaboration

   The supervising or back-up physician is available at all times either by on-site, by telephone or by other electronic means of communication when needed. Supervision shall be consistent with any requirement specified by the NC Boards of Nursing and/or Medicine. The supervising physician will be available for a daily status report on complications or problems encountered that are not covered by a protocol.

## G. Quality Assurance and Documentation of Physician Supervision

1. The quality of care initiated under this protocol shall be monitored and evaluated as follows:
   - ❑ Every eight months there shall be a scheduled meeting between the supervising physician and the NP/PA to review/evaluate quality of care for at least one mutually agreed upon clinical problem. Any other issues may be discussed at this time. Documentation, including a written plan that this meeting occurred will be kept at the clinic site.
     - ❑ These meetings will take place monthly for a 6 month grace period if
       - ❑ The NP/PA is a new graduate or is a new hire to the SMH system
       - ❑ A different supervising physician for the NP/PA

2. Supervising physician will review on a yearly basis the NP/PA prescription practices, medical diagnosing and documentation. Recommendations for updating the NP/PA practice will be addressed at these times or at any time the need for change arises because of development of new treatment, techniques, medications, etc.

## H. Review and Revision of Protocol

This protocol shall be reviewed at least annually and revised as appropriate to reflect any changes in scope of practice or drugs to be prescribed. A signed (NP/PA and supervising physician) signature sheet reflecting this will be maintained at each practice site.

**The following have reviewed this Policy and Procedure document**

Emergency Department Medical Director _____

Emergency Department Director _____

Urgent Care Center Director _____

Physician Assistant/Nurse Practitioner _____

Supervising Physician _____

Back-up Physician _____

Back-up Physician _____

Back-up Physician _____

Back-up Physician _____

Back-up Physician _____