



0913A Site Nurse Practitioner Standardized Procedures

RotaCare Bay Area, Inc. Policies and Procedures

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Policy Summary:

1. DEVELOPMENT AND REVIEW

- a. All standardized procedures are developed collaboratively by nurse practitioners (NP) and physician representatives and approved by the local Administrative Council and the RotaCare Bay Area Board of Directors. Standardized procedures shall meet the 11 requirements for standardized procedure guidelines as specified in the California Code of Regulations, section 1474.
- b. All standardized procedures are to be reviewed at least every 3 years and as practice changes, by a nurse practitioner and the supervising physician and approved by the local Administrative Council and the RotaCare Bay Area Board of Directors.
- c. All standardized procedures include a dated, signed approval sheet and a list of covered NPs. Each local clinic will maintain a copy of the current approved standardized procedure document.
- d. All changes or additions to the standardized procedures are to be approved by the local Administrative Council and the RotaCare Bay Area Board of Directors.

2. SCOPE AND SETTING OF PRACTICE

- a. Nurse practitioners may perform the following overlapping functions within their training specialty area and consistent with their experience and credentialing: evaluation/assessment of health status, management and treatment of acute illnesses and injuries and chronic illnesses, and furnishing of medications. This includes but is not limited to: ordering laboratory tests and procedures; x-rays, etc.); authorizing time off from work, for a period; and making referrals to specialty clinics or healthcare providers when indicated.
- b. Standardized procedures are to be performed in areas where a consulting physician is available to the nurse practitioner(s) in person or by telephone at the time of the patient evaluation. . no physician shall supervise more than four nurse practitioners at a time.
- c. Physician consultation shall be obtained as specified in the protocols and under the following circumstances:
 - (1) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started,
 - (2) Acute decompensation of patient situation, and
 - (3) Initiation or manipulation of a medication regimen outside the scope of this standardized procedure.
 - (4) Problem which is not resolving as anticipated,
 - (5) History, physical or laboratory findings inconsistent with the clinical picture, and
 - (6) Upon the request of the patient, nurse practitioner or physician.



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- d. Furnishing of medications to patients shall be done in conjunction with the delivery of routine health care covered by this standardized procedure.
- e. Health records of patient contacts and visits shall be kept in accordance with standard practice and RotaCare Bay Area policy.
- f. Guidelines, procedures and medication formularies for specific practice departments/settings will be developed collaboratively by the nurse practitioner and supervising physician and updated as needed.

3. QUALIFICATIONS AND EVALUATIONS

- a. Each nurse practitioner performing standardized procedure functions must have a current California RN license, be a graduate of an approved Nurse Practitioner program, and be certified as a Nurse Practitioner by the CA Board of Registered Nursing.
- b. Nurse practitioners must have a BRN furnishing number to order medications.
- c. Evaluation of a nurse practitioner's performance of standardized procedure functions, including furnishing practices, will be done in conjunction with existing performance evaluation policies and according to the following:
 - (1) Initial: at by the Clinical Coordinator through feedback from colleagues, physicians and chart review during the performance period being evaluated.
 - (2) Routine: annually after the first year as stated above

4. AUTHORIZED NURSE PRACTITIONER(S)

- a. The nurse practitioner(s) covered to perform standardized procedure functions including the furnishing of medications within the parameters set above are listed in Attachment I.
- b. A current list of those nurse practitioners and their furnishing numbers is kept on file.


D. Protocols:

1. The standardized procedure protocols developed for use by the nurse practitioners are designed to describe the steps of care for given patient situations. They are to be used in the following circumstances: assessment and management of acute injuries and illnesses and chronic disease, and furnishing medications.
2. Practice guidelines and clinical paths are to be used to supplement the patient care process, not to define it absolutely. Alterations and adjustments may be necessary in individual patient situations.



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3. Protocol for the management of chronic diseases: (see 6 below).
4. Protocol for the management of acute illnesses: (see 7 below).
5. Protocol for furnishing medications: (see 8 below).
6. PROTOCOL FOR THE MANAGEMENT OF CHRONIC DISEASE*
 - a. Policy:
 - (1) As described in general policies.
 - (2) Limited to essentially healthy persons in conjunction with the delivery of routine health care.*
 - (3) Covered nurse practitioners: as described in general policies.
 - b. Protocol:
 - (1) Definition: This protocol covers the management of chronic disease in adults. *Chronic illness is defined as all impairments or deviations from normal which have one or more of the following characteristics: are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, may be expected to require a long period of supervision, observation or care. (Mayo, L., National Health Council)
 - (2) Data Base:
 - (a) Subjective data: as described in the *Nursing Practice Act* Article 2 "Scope of Regulation".
 - (b) Objective data:
 - 1) Physical examination appropriate to the disease process.
 - 2) Diagnostic testing such as laboratory, x-ray, as appropriate with exception of invasive techniques (other than routine blood work).
 - (3) Assessment: Consistent with subjective and objective findings.
 - (4) Management:
 - (a) Treatment:
 - 1) Initiation and adjustments of medication in consultation with a physician as needed.
 - 2) Physical, occupational or psychological therapy as appropriate.
 - 3) Diet and exercise prescription or referral as indicated by disease process and patient condition.
 - (b) Consultation: as described in general policies.



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- (c) Patient/Family Education: In verbal and/or written format, the NP explains to the pertinent parties involved the disease process, pertinent signs and symptoms, therapeutic modalities and appropriate follow-up.
- (d) Follow-up: In accordance with standard practice or with the consulting physician's recommendation.
- (e) Record Keeping: As described in general policies.

7. PROTOCOL FOR THE MANAGEMENT OF ACUTE ILLNESSES AND INJURIES

a. Policy:

- (1) As described in general policies.
- (2) Limited to minor acute illnesses, non-life threatening.
- (3) Covered Nurse Practitioners as described in general policies.

b. Protocol:

- (1) Definition: This protocol covers the management of minor acute illnesses seen in adults.
- (2) Data Base:
 - (a) Subjective data: as described in the *Nursing Practice Act* Article 2 "Scope of Regulation".
 - (b) Objective data:
 - 1) Physical examination appropriate to the disease process.
 - 2) Diagnostic testing such as laboratory, x-ray, (other than routine blood work).
- (3) Assessment: Consistent with subjective and objective findings.
- (4) Management:
 - (a) Treatment:
 - 1) Initiation and adjustment of medication in consultation with a physician as needed.
 - 2)
 - 3) Diet and exercise prescription or referral as indicated by disease and patient condition.
 - 4)
 - (b) Consultation: as described in general policies.
 - (c) Patient/Family Education: In verbal and/or written format, the NP explains to the pertinent parties involved the disease process, and pertinent signs and symptoms, therapeutic modalities and appropriate follow-up.
 - (d) Follow-up: In accordance with standard practice and/or with the consulting physician's recommendation.
 - (e) Record Keeping: As described in general policies.



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8. PROTOCOL FOR THE FURNISHING OF MEDICATIONS

a. Policy:

- (1) As described in general policies.
- (2) Furnishing/ordering of medications to patients is done in conjunction with the delivery of routine health care. For the ordering of drugs and devices, no physician shall supervise more than four nurse practitioners (NP) at a time.
- (3) Covered Nurse Practitioners: as described in general policies.


b. Protocol:

- (1) Definition
 - (a) This protocol covers the initiation, alteration, and renewal of medications for patients seen in the covered departments or services, Attachment I.
 - (b) Medications covered in this protocol are those that are acceptable as current standards of medical practice, and as outlined in specific clinical guidelines. Medications ordered by covered NPs are listed in the local clinic formulary which may be included. Generic equivalents are covered.
 - (c) The consulting physician will prescribe medications excluded from this protocol, and as appropriate in those situations that are noted in the general policy, scope and setting of practice, section 2c.
- (2) Database: Subjective and objective data will be elicited from the patient indicating the need for the medication. NPs may initiate or alter drug regimens. The NP may:
 - (a) Renew medications necessary for resolution, improvement, or stabilization of condition; assess compliance, side effects, signs of toxicity and efficacy prior to refill.
 - (b) Increase/decrease dosage as indicated by symptoms and signs relevant to the disease process and organ systems affected.
 - (c) Order medications in dosages routinely prescribed, when indicated and in patients in whom the medication is not contraindicated.
 - (d) Discontinue:
 - 1) Any medication prescribed for an acute condition when problem resolves or after standard duration of treatment, if appropriate.
 - 2) Any medication for chronic disease after reasonable trial without improvement or resolution, provided an appropriate plan is indicated in the medical record.
 - 3) Any medication when side effects are experienced, with substitution of an alternative medication.
 - 4) Any medication the patient is taking which is not supplied by the setting pharmacy, with substitution of an equivalent



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- (d) 4) Continued medication listed in the setting or department specific formulary.
- c. Education: Patients will be provided with appropriate educational information regarding ordered drugs or devices.
- d. Drug order: The prescription order form will include:
- (1) patient's name
 - (2) trade or generic name of medication
 - (3) strength and quantity ordered, with refills noted
 - (4) directions for use
 - (5) NP's signature-title and furnishing number may be stamped or printed on the order
 - (6) if indicated consulting physician's name will be printed on the form.
- e. Written documentation: drug, strength, and patient directions will be documented in the medical record.
9. Footnotes:
- a. Ordering drugs and devices by nurse practitioners to essentially healthy persons in specified settings under a standardized procedure is outlined in the Business and Professions Code, Nursing Practice Act, Section 2836.1, amended on January 1, 2000.
 - b. Ordering of drugs and devices by nurse practitioners is defined as the "act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure" (Business and Professions Code, Nursing Practice Act, Section 2836.2).
 - c. A licensed pharmacist may dispense drugs and devices upon the order of a nurse practitioner functioning pursuant to Section 2836.1 (Business and Professions Code, Pharmacy Act, Section 4040, amended on January 01, 2000).
10. Applicable Regulations
- a. California Nursing Practice Act, Article 8
 - b. California Code of Regulations, Title 16, Articles 7 and 8
 - c. California Code of Regulation, Title 22, Article 7: Section 70706.2, *Standardized Procedures*.



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11. Approval(s):
 - Supervising Physician:
 - Administrative Council:
 - Board of Directors RotaCare Bay Area:
- I. List of Attachments
 - a. Attachment 1
 - A list of current NPs covered by this policy is on file.
 - b. The NP practice setting maintains documentation that also includes:
 1. Procedures specific to the practice setting developed to implement this policy
 2. Setting specific formularies to implement the protocol for furnishing medications.
 3. Setting specific procedures for evaluating the NP performance of standardized procedure functions, including chart review tools, documentation of audits etc.



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STATEMENT OF APPROVAL AND AGREEMENT

The Standardized Procedures for Site Nurse Practitioners document has been reviewed and approved by the Medical Director on behalf of the RotaCare Bay Area, Inc.

Accordingly, I, _____, NP, agree to provide medical care in accordance with these Protocols dated _____, and I will practice within the scope of expertise, licensure, and clinical privileges.

Site Nurse Practitioner Signature

NP License Number

Date

Medical Director Signature

Date