## STANDARDIZED PROCEDURES FOR THE

## NURSE PRACTITIONERS AT

[YOUR AGENCY]

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**INTRODUCTION TO THE STANDARDIZED PROCEDURES**

The purpose of these Standardized Procedures is to define the scope of practice of

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at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in order to meet the legal requirements for the provision of health care by nurse practitioners. They are established to assist all health care providers with an understanding of the role and scope of practice of the nurse practitioner and to provide a safeguard so that providers and patients alike may be assured of the best health care possible.

These Standardized Procedures are based on the Guidelines established by the Board of Registered Nursing and the codes and regulations circumscribing California nurse practitioners (collectively referred to as the Nursing Practice Act). In order to provide the highest standard of care, these Standardized Procedures incorporate the following qualities:

ADAPTABILITY, in order to allow for the unique management needs of each individual patient;

FLEXIBILITY, to accommodate the rapidly changing and complex nature of the health care field and to acknowledge that medicine is not an exact science;

PRACTICALITY, in order to be useful in a setting that must incorporate a variety of educational backgrounds and personal management styles; and

SPECIFICITY, to address the intent of the Standardized Procedure Guidelines, the codes regulating nurse practitioners and to protect the health care consumer.

The Standardized Procedures consist of the following:

 **General Policies**: Define the general conditions of and give authorization to the nurse practitioner to implement the Standardized Procedures.

 **Health Care Management STANDARDIZED PROCEDURES**: Delineate the medical functions requiring a standardized procedure and, using policies and protocols, define the circumstances and requirements for their implementation by the nurse practitioner.

**STATEMENT OF APPROVAL AND AGREEMENT**

This document was jointly developed and approved by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in accordance with the codes regulating nursing practice, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature on this statement implies

* Approval of the Standardized Procedures and all the policies and protocols contained in this document.
* Agreement to maintain a collaborative and collegial relationship.
* Agreement to abide by the Standardized Procedures in theory and practice.

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Name/Title Date

**GENERAL POLICIES**

**GENERAL POLICIES**

It is the intent of this document to authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to implement the Standardized Procedures without the immediate supervision or approval of a physician. The Standardized Procedures, including all the policies and protocols, are defined in this document and will be referred to generally as the "Standardized Procedures".

**Development, APPROVAL, Revision and Review**

The Standardized Procedures have been developed and approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Review, and if necessary, revision, of the Procedures will be done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The completion of these tasks, including notification of revisions, is the responsibility of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

All nurse practitioners and associate physicians will signify agreement to the Standardized Procedures following the approval process. Signature on the Statement(s) of Approval and Agreement implies the following: approval of all the policies and protocols in this document, the intent to abide by the Standardized Procedures, and the willingness to maintain a collegial and collaborative relationship with all the parties.

**Setting**

The nurse practitioners will perform these Standardized Procedures at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Record of Authorized Nurse Practitioners**

The Statement of Approval and Agreement signed by the nurse practitioners will act as the record of nurse practitioners authorized to implement the Standardized Procedures.

**Education and Training**

The nurse practitioners must have the following:

1. Possession of a valid California License as a Registered Nurse.
2. Certification by the State of California, Board of Registered Nursing as a Nurse Practitioner.
* Furnishing Number.
* DEA Number.
* Certifications.

**Evaluation of Clinical Care**

Evaluation of the nurse practitioner will be provided in the following ways:

Initial Evaluation

* Chart Review based on written criteria.
* Informal evaluation during consultations.
* Feedback from co-workers.
* Evaluation at the end of the probationary period based on written criteria.

CONTINUING EVALUATION

* Annual evaluation based on written criteria including chart review.
* Verification of Continuing Education.
* Verification of current certifications.

**Patient Records**

The nurse practitioner will be responsible for the preparation of a complete medical record for each patient contact per existing office policies.

**Supervision**

The nurse practitioner is authorized to implement the Standardized Procedures in this document without the direct or immediate observation, supervision or approval of a physician, except as may be specified on individual Health Care Management Standardized Procedures. Physician consultation is available at all times, either on-site or by electronic means.

**Consultation**

The nurse practitioner will be providing health care as outlined in this document. In general communication with a physician will be sought for all the following situations, and any others deemed appropriate. Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the chart.

* Whenever situations arise which go beyond the intent of the Standardized Procedures or the competence, scope of practice, or experience of the nurse practitioner.
* Whenever patient conditions fail to respond to the management plan as anticipated.
* Any patient with acute decompensation or rare condition.
* Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.
* At the patient's, nurse practitioner's or physician's request.
* All emergency situations after initial stabilizing care has been started.

## HEALTH CARE MANAGEMENT

**STANDARDIZED PROCEDURES**

**HEALTH CARE MANAGEMENT - PRIMARY CARE**

**POLICY**

Primary Care includes acute and episodic conditions, chronic conditions, and health care maintenance. The nurse practitioner is authorized to diagnose and manage Primary Care conditions under the following protocols:

**PROTOCOLS**

1. Assessment and treatment plan is developed based on the resources listed in this document.
2. Lab work and diagnostic studies ordered are appropriate to the condition being evaluated.
3. Durable medical goods and therapies ordered, such as physical therapy, occupational therapy, dietary counseling and psychological services, are appropriate to the condition and consistent with internal policies.
4. Patient education and follow up is given as appropriate.
5. All other applicable Standardized Procedures in this document are followed during health care management.
6. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

 **HEALTH CARE MANAGEMENT - SECONDARY CARE**

**POLICY**

Secondary Care conditions are unfamiliar, uncommon, unstable or complex conditions. The nurse practitioner is authorized to evaluate and treat Secondary Care conditions under following protocols:

**PROTOCOLS**

1. Assessment to the level of surety plus differential diagnosis.
2. A physician is communicated with regarding the evaluation, diagnosis and/or treatment plan.
3. Management of the patient is either in conjunction with a physician or by complete referral to a physician or other treatment center.
4. The physician is notified if her/his name is used on a referral to a specialty physician or department.
5. The consultation or referral is noted in the patient's chart including name of physician.
6. All Secondary Care charts are co-signed by a physician.
7. All other applicable Standardized Procedures in this document are followed during health care management.
8. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

**HEALTH CARE MANAGEMENT - TERTIARY CARE**

**POLICY**

Tertiary Care conditions are acute, life-threatening, emergency conditions. The nurse practitioner is authorized to evaluate Tertiary Care conditions under the following protocols:

**PROTOCOLS**

1. Initial evaluation and stabilization of the patient may be performed with concomitant notification of a physician or emergency department, and immediate referral.
2. The referral is noted in the patient's chart including name of physician and/or facility referred to.
3. All other applicable Standardized Procedures in this document are followed during health care management.
4. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

**PROCEDURES AND MINOR SURGERY**

**POLICY**

The nurse practitioner may perform the listed procedures under the following protocols:

* Casting, simple.
* Chemical or electrocautery of external, non-facial, non-malignant lesions less than 1cm in size, e.g. warts.
* Epidermal cyst removal (non-facial) less than 3 cm in size.
* Incision and drainage of non-facial abcess less than 5 cm in size.
* Suture non-facial laceration less than 5 cm in size.
* Mole removal (non-facial).
* Punch or shave biopsy.
* Toenail removal.
* IUD insertion.
* Flexible Sigmoidoscopy
* Cervical biopsy
* Endometrial biopsy

**PROTOCOLS**

1. The nurse practitioner has been trained to perform the procedure(s), has been observed satisfactorily performing the procedure(s) by another provider competent in that skill, and continued competency is assessed per written criteria.
2. The nurse practitioner is following standard medical technique for the procedures as described in the Resources listed in this document.
3. Appropriate patient consent is obtained before the procedure.
4. All moles and biopsied tissue are sent for a pathology report.
5. Physician consultation/or presence on site is required for the procedure.
6. All other applicable Standardized Procedures in this document are followed during health care management.
7. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

**FURNISHING DRUGS AND DEVICES**

**POLICY**

The nurse practitioner is authorized to Furnish drugs and devices under the following protocols:

# PROTOCOLS

1. The nurse practitioner has a current Furnishing number.
2. The Standardized Procedure was developed and approved in collaboration with a physician, nurse practitioner and facility administrator or the designee.
3. All drugs and devices ordered are limited to the Formulary, OR are per the recommendations in the Resources listed in this document.
4. The drugs and devices ordered are consistent with the nurse practitioner’s educational preparation or for which clinical competency has been established and maintained.

1. The drug or device ordered is appropriate to the condition being treated.
2. Patient education is given regarding the drug or device.
3. The name, title, and Furnishing number of the nurse practitioner is written on the transmittal order.
4. The Statement of Approval and Agreement signed by the nurse practitioners will act as the record of nurse practitioners authorized to Furnish.
5. No single physician will supervise more than four nurse practitioners at any one time.
6. A physician must be available at all times in person or by telephonic contact.
7. All other applicable Standardized Procedures in this document are followed during health care management.
8. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

 **ORDERING SCHEDULED CONTROLLED SUBSTANCES**

**POLICY**

The nurse practitioner is authorized to order scheduled controlled substances per the following protocols:

**PROTOCOLS**

General

1. The nurse practitioner follows the provisions of the Standardized Procedure for Furnishing.
2. The nurse practitioner’s name, title, Furnishing and DEA numbers are on a secure transmittal order.
3. The scheduled substances that may be ordered are on the List of Scheduled Drugs in the appendix of this document.
4. Relevant scheduled drug contracts, DEA requirements, and all State and Federal regulations are adhered to.
5. Schedule III and II substances are ordered following the Patient Specific Protocol, in addition to these General Protocols for Scheduled substances.
6. All other applicable Standardized Procedures in this document are followed during health care management.
7. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

SCHEDULE III PATIENT SPECIFIC PROTOCOL

Schedule III substances may be ordered when the patient is in one of the following categories and under the following conditions:

Category: Example:

Acute Illness, Injury or Infection Fractures, Sprain, Cough

Acute Recurring Pain Sickle Cell Anemia

Persistent Limited, and Chronic Pain Burn, Cancer, Shingles

1. Subjective and Objective assessment has been made and findings are consistent with a diagnosis that would support the use of Schedule III substances.
2. Acute Conditions:

Limit order to a maximum of \_\_\_\_\_\_\_\_\_days/number; no refill without reevaluation.

1. Chronic, Acute Recurring Pain, and Persistent Limited:
* The Pain Management Protocol is adhered to.
* Treatment plan is established in conjunction with a physician, and is reviewed, with documentation, every 6-12 months.
1. Amount given, including all refills (maximum of 5 in 6 months) is not to exceed a 120 day supply as appropriate to the condition.
2. Education and follow up is provided.

SCHEDULE II PATIENT SPECIFIC PROTOCOL

Schedule II substances may be ordered when the patient has one of the following diagnoses and under the following conditions.

1. Severe pain from surgery, trauma or intractable, terminal illness when the pain is unresponsive to, or inappropriately or inadequately treated by, Schedule III–V substances.
2. Order for acute conditions is limited to a maximum of \_\_\_\_\_\_\_\_\_\_\_ days/number; no refills without evaluation.
3. Pain Management Protocol is adhered to.
4. Long-term use of these drugs must be established in conjunction with a physician and reviewed, with documentation, every 6-12 months.

####

#### B. Attention Deficit Hyperactivity Disorder when the:

#### Diagnosis is made and treatment plan outlined based on the medical guidelines in Resources.

**LIST OF SCHEDULED DRUGS**

SCHEDULE V DRUGS

Cough

* codeine cough syrup (Robitussin AC, others)

###### Diarrhea

* diphenoxylate/atropine sulfate (Lomotil)

###### Pain

* acetaminophen w/codeine elixir

SCHEDULE IV DRUGS

###### Anxiety

* lorazepam (Ativan)
* diazepam (Valium)
* alprazolam (Xanax)

###### Insomnia

* zolpidem (Ambien)
* flurazepam (Dalmane)
* temazepam (Restoril)

###### Obstructive Sleep Apnea

* modafinil (Provigil)
* armodafinil (Nuvigil)

###### Weight Loss

* phentermine (Adipex-P, others) (state form and strengths)

SCHEDULE III DRUGS

Pain/Cough

* codeine w/ acetaminophen (TyCo #3, #4)
* hydrocodone w/ acetaminophen (Vicodin, others)
* hydrocodone w/ibuprofen (Vicoprofen)
* hydrocodone cough syrup (Hycodan)

###### Headache

* butalbital w/aspirin (Fiorinal)
* butalbital w/acetaminophen (Fioricet)

SCHEDULE II DRUGS

Pain

* fentanyl transdurmal (Duragesic))
* hydromorphone (Dilaudid)
* meperidine (Demerol)
* morphine sulfate (MS Contin)
* oxycodone (Oxycontin)
* oxycodone w/ acetaminophen (Percocet, Tylox)
* oxycodone w/aspirin (Percodan)

ADHD

* detroamphetamine (Dexedrine)
* dextroamphamine /amphetamine (Adderall)
* methylphenidate (Ritalin, others)

# MEDICATION MANAGEMENT

**POLICY**

The nurse practitioner is authorized to manage drugs and devices under the following protocols:

**PROTOCOLS**

1. The management of drugs or devices includes evaluating, initiating, altering, discontinuing, Furnishing and ordering of prescriptive and over-the-counter medications.
2. Medication evaluation includes assessment of:
* Other medications being taken.
* Prior medications used for current condition.
* Medication allergies and contraindications, including appropriate labs and exams.

4) The drug or device is appropriate to the condition being treated, and:

* Accepted dosages per references.
* Generic medications are ordered if appropriate.

5) A plan for follow-up and refills is written in the patient's chart.

6) The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the nurse practitioner.

7) All other applicable Standardized Procedures in this document are followed during health care management.

8) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

# DISPENSING MEDICATIONS

**POLICY**

The nurse practitioner may dispense pre-packaged prescription drugs and devices, including Schedule II-V controlled substances under the following protocols:

**PROTOCOLS**

1. The drug or device utilizes required pharmacy containers and labeling.
2. All appropriate record keeping practices of the dispensary are performed.
3. All State and Federal policies on dispensing Controlled Substance must be followed.
4. All other applicable Standardized Procedures in this document are followed during health care management.
5. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## COMPLIMENTARY SAMPLES

# POLICY

The nurse practitioner is authorized to sign for the request and receipt of complimentary samples of prescription drugs and devices under the following protocols:

# PROTOCOLS

1. The list of Authorized Pharmaceutical Samples for Nurse Practitioner Signature is kept in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Each written request shall contain the name and address of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the nurse practitioner receiving the samples, the date of receipt, and the name and quantity of the dangerous drugs or devices provided. These records shall be preserved by the supplier.
3. A review of this process will be part of the review of all the Standardized Procedures.
4. All other applicable Standardized Procedures in this document are followed during health care management.
5. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

# AUTHORIZATIONS

# POLICY

The nurse practitioner is authorized, under the following protocols, to:

* Assess Worker’s Compensation injuries and illnesses.
* Certify Disability.
* Manage Home Health and Personal Care Services.
* Order Restraint and Seclusion.

# PROTOCOLS

1. Workers’ Compensation. The Doctor’s First Report of Occupational Injury or Illness, co-signed by the nurse practitioner, for a workers’ compensation claim can be for a period of time off from work not to exceed three calendar days. The treating physician is required to sign the report and to make any determination of any temporary disability.
2. Certify Disability. The nurse practitioner has performed a physical exam and collaborated with a physician and surgeon.
3. Home Health and Personal Care Services. Approval, signing, modifying, or adding to a plan of treatment or plan of care is after consultation with the treating physician and surgeon.
4. Restraint and Seclusion. The nurse practitioner must be knowledgeable and competent in the Hospital Conditions of Participation for Patients’ Rights including the Interpretive Guidelines. Ordering physical or chemical restraint, and/or seclusion, is in strict accordance with the protocols adopted in the Resources section of this document which include the extent of implementation and which meets the intent of the acute medical and surgical hospitals Conditions of Participation for Rights.
5. All other applicable Standardized Procedures in this document are followed during health care management.
6. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

### RESOURCES

**RESOURCES**

In House Protocols:

* Formulary
* List of Scheduled Drugs
* Pain Management Protocol
* Schedule II Patient Specific Protocol for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical Procedure for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examples of References:

* Current Medical Diagnosis and Treatment, Lange Series, 2013.
* 5 Minute Clinical Consult, 2013. 5minuteconsult.com
* American Academy of Family Physicians. aafp.org/online
* National Heart, Lung and Blood Institute Guidelines. nhlbi.nih.gov/guidelines
* Epocrates. epocrates.com
* Nurse Practitioner Prescribing Reference (NPPR). empr.com