

Boston Medical Center Health System Advanced Practice Registered Nurse (APRN) Practice & Prescription Guidelines

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Department

APRN

	CNP	PCNS
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Name as on Massachusetts license (Last, First, MI)

Licensed as

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Certification Board

Certification category

Qualified Healthcare Professional (QHP) – see criteria below

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Name as on Massachusetts license (Last, First, MI)

License number

Supervising Physician criteria:

1. Holds an unrestricted full license in Massachusetts.
2. Is Board-certified in a specialty area appropriately related to the APRN’s area of practice, or has hospital admitting privileges in a specialty area appropriately related to the APRN’s area of practice.
3. Holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration.

Supervising CRNA, CNP or PNMHCS (APRN) criteria:

1. Holds a valid registered nurse license in Massachusetts.
2. Holds advanced practice authorization in Massachusetts in the same clinical category as the person being supervised.
3. Holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration.
4. Has completed either:
 - A combination of supervised practice for a minimum of two years plus one-year of independent practice; or
 - Three years of independent practice.

I. Introduction

These guidelines describe the roles and responsibilities of an APRN who delivers health care services to patients in the Boston Medical Center Health System (“BMCHS”). They have been

developed and are agreed to by the APRN listed above, along with the QHP listed above. In addition to the qualification(s) checked above, the QHP holds an unrestricted full license in Massachusetts, and is registered to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration.

These guidelines must be kept on file by the APRN in the workplace at BMCHS.

II. Delegation of Supervision

In the event that the QHP is unavailable, temporary supervisory authority is delegated to another privileged physician (delegate) who has the same training, Board Certification or admitting privilege status as the QHP listed in this document. Such designation shall be only until the QHP is available.

III. Scope of Practice and Standards of Care

APRN's scope of practice is limited to those services within the scope of APRN's licensure, training, competence and privileges granted by the respective Board of Trustees, including the evaluation, diagnosis and treatment of patients, the maintenance of therapeutic regimens for acute and chronic problems, and prescribing and administering drugs and devices to patients. The APRN may issue medication orders or prescriptions in accordance with his/her controlled substance registration status and these guidelines, and consistent with the acceptable standards of good medical practice. The APRN will only practice in the clinical category for which the APRN has attained and maintained certification. The APRN may attain additional competencies within his or her clinical category consistent with the scope and standards of practice for that category. Established protocols consistent with standards of care within APRN's specialty include, but are not limited to, the following clinical resources, texts, references and guides relevant to the practice of _____(specialty), specifically:

Please list other professional activities and standards of care as applicable:

IV. Physician Consultation; Referral; Emergency Situations

The APRN will consult with the QHP or delegate when there are clinical or prescriptive practice questions; when the complexity of the patient or situation merits consultation; when a patient’s condition acutely deteriorates; or for such other reason as APRN deems necessary or appropriate.

The APRN will refer patients to other professionals, the QHP, or other physicians in the event APRN identifies a concern relating to a patient that is outside of her/his scope of practice; in the event APRN identifies a concern relating to a patient that APRN believes requires specialized care; or for such other reason as APRN deems necessary or appropriate.

Please list any other specific consultation or referral requirements as applicable:

In the event of an emergency, APRN is to follow BMCHS policies and procedures. APRN should use all necessary efforts consistent with BMCHS policies and procedures to stabilize the patient. The APRN should use his/her best judgment to determine if he/she should call the QHP for assistance, or if, instead, APRN should immediately call for emergency response. APRN shall remain with the patient until additional medical assistance arrives and relieves APRN of APRN’s obligation to remain with the patient. As soon after the patient is stabilized as reasonably practicable, the APRN shall report any emergency situation to the QHP.

V. Scope of Prescribing Practice and Limitations on Medications

The APRN will prescribe medications consistent with the acceptable standards of good medical practice. The APRN agrees to comply with all applicable state and federal laws and regulations governing prescriptive practices. At no time will the APRN write a prescription for any BMCHS patient until being granted privileges by the appropriate Board of Trustees.

Except as noted below, the APRN is able to prescribe the following schedules of medications without consultation with the QHP (*Check all that apply*):

- Schedule II (specify protocol)

- Schedule III

- Schedule IV

- Schedule V

- Check if the APRN may initiate intravenous therapy (specify protocol)

The APRN may recommend or dispense over the counter medications and preparations in accordance with published references and product recommendations, without additional limitation.

Any order or prescription for chemotherapy written by the APRN must be co-signed by the QHP or delegate. In addition, the APRN may have further limitations on prescribing as specified in BMCHS policies and procedures.

Please list any additional limitations on medications as applicable.

VI. Prescription and Review of Schedule II Controlled Substances

Any initial prescription by the APRN of Schedule II drugs must be reviewed within 96 hours by the QHP or delegate.

VII. Monitoring of Prescribing Practices

The QHP or delegate will monitor the prescribing practices of the APRN as follows:

Check *ONLY ONE*:

- All prescriptions are reviewed by the QHP or delegate prior to being issued to the patient

- QHP will review by random audit

of prescriptions

every

Frequency (at least annually)

Please list other monitoring arrangements, as applicable:

VIII. Term

For APRN initial credentialing, including moves from one Department to another, these guidelines will be in effect on the date of the latest signature below, or when privileges are granted, whichever is later.

In all cases, the term of these or any newly executed guidelines runs concurrently with each APRN privilege period not to exceed two years.

For each subsequent privilege period, these guidelines must be reviewed by the APRN and QHP and, if there are no changes, re-attested to.

Revised guidelines may be mutually agreed to at any time. Any changes to these guidelines, including to the QHP, require newly signed guidelines.

These guidelines become null and void upon any of the following:

- The APRN leaves BMCHS or the Faculty Practice Foundation.
- The APRN's license is no longer in good standing with Massachusetts Board of Registration in Nursing.
- The APRN's registration for controlled substances with the Massachusetts Department of Public Health or the U.S. Drug Enforcement Administration is no longer valid.
- The APRN's privileges are withdrawn, resigned, suspended, revoked or otherwise terminated.
- The APRN is no longer Board Certified.
- The APRN is no longer covered by a policy of professional liability insurance as required by the Board of Registration in Nursing.

Furthermore, either party may terminate these guidelines at any time, without cause, on sixty (60) days' prior written notice, or, for cause, on ten (10) days' prior written notice if the cause for termination is not cured within that ten (10) day period. The parties may also terminate these guidelines by mutual written agreement at any time.

These guidelines are mutually agreed to by the parties below:

APRN Date

QHP Date

Printed Name

Printed Name