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REGISTERED NURSE PRACTITIONER (RNP) PRACTICING IN AN ACUTE CARE SETTING

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Background

Registered nurse practitioner (RNP) education has progressed beyond the apprentice model of “see one, do one, teach one.” (Swenson, 2006). It is no longer acceptable to substitute registered nursing experience and physician oversight for a formal nurse practitioner program consisting of didactic and clinical study informed by national standards. Authority to practice does not flow from a physician’s license (Swenson, 2006) but from a rigorous credentialing process that includes verification of appropriate educational preparation including supervised clinical practice and competency testing at the advanced practice level. Similar to other professions, the **scope of registered nurse practitioner practice is based upon the didactic and clinical education obtained in a basic RNP program (Klein, 2008).**

RNP Education

Registered nurse practitioner education has evolved into a system consisting of advanced core and focused specialty courses. This educational model prepares graduates for advanced nursing practice as direct care providers **within a focused population of care** (also known as specialty area). RNP education does not follow the medical model therefore RNPs do not readily fit into the process used by facilities to credential physicians and medical residents. Care must be taken in credentialing the RNP to ensure full utilization of scope of practice based on the RNP’s training, practice setting and education (Kleinpell, Hrvanek and Hinch, 2008). Administrators are challenged with ensuring that appropriate mechanisms exist to credential and privilege RNPs within the institution appropriate to their scope of practice (Kleinpell, Hrvanek and Hinch, 2008). The primary component of the RNP ability to practice is their licensure and recognition through national certification in an established population area of practice (Klein 2008). In Arizona prior to July 1, 2004, not all nurse practitioners were required to hold national certification, but all have been through a review of their education for consistency with their assigned specialty population as part of the qualification for state board certification; state board certification is required for practice in Arizona. Population is not only defined by diagnosis, gender, and age, but also by acuity and type of care needed.

There are 2 broad categories of RNP preparation: **primary care** with didactic and clinical education focused on health promotion, disease prevention and treatment of patients primarily in ambulatory and community settings; and **acute care** with didactic and clinical education focused on the management of patients with complex acute, critical and chronic health conditions primarily in acute care (hospital) settings (NONPF 2002, 2004). Within primary care, RNP practice is further specialized to a population of care (Pediatric, Adult, Gerontology, Family, Women's Health, etc). Acute care RNP specialties are currently limited to neonatal, pediatric and adult.

Additional nurse practitioner specialty areas of preparation include Adult or Family Psychiatric and Mental Health Nurse Practitioner and Certified Nurse Midwife. The educational preparation and practice in these populations of care include management of clients in both primary and acute care settings.

Additional Competencies and Overlapping Scopes of Practice

An individual RNP may enhance their competencies by learning additional skills/procedures **within their scope of practice** through additional didactic education and supervised clinical practice as specified in A.A.C. R4-19-208 (C). For example, since primary care of infants is within their scope of practice, a pediatric or family nurse practitioner could perform a circumcision after obtaining and demonstrating this competency through completion of a formal didactic and clinical instruction course. In contrast, an adult RNP, even after completion of the same course, could not perform circumcisions because care of infants is outside the scope of adult nurse practitioner practice. While the Board recognizes that there is some overlap in scopes of practice between specialties, an individual may not expand scope to a different specialty without completing a basic NP program in that specialty. For example a pediatric nurse practitioner may be qualified to follow some patients into young adulthood before transitioning their care to an adult or family practitioner, overlapping with Adult/FNP scope; and a family nurse practitioner may be qualified to treat common, self-limited depression or anxiety, overlapping with psychiatric nurse practitioner scope; but neither is qualified to practice within the full scope of the others' specialty area.

RNP's in Acute Care Settings

Due to recent limits regarding the use of physician residents, acute care facilities have sought to hire nurse practitioners to fill "hospitalist" roles with scant attention as to whether the educational preparation of the NP is consistent with the role. For example, an FNP with some pediatric ICU experience as an RN was believed to be qualified to take an acute care pediatric NP position in the pediatric intensive care unit.

While the Board does not limit the employment setting of the NP, the role within that setting must be consistent with the formal education and scope of the NP's education, certification and specialty. "An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained" (A.A.C. R4-19-508 C) .

According the National Organization of Nurse Practitioner Faculties (2004), the acute care RNP "practices in any setting in which patient care requirements include complex monitoring and therapies, high intensity nursing intervention, or continuous nursing

vigilance within the range of high acuity care” (pg. 13). Acute care nurse practitioners receive “highly focused education that includes psychomotor skill assessment and evaluation in many complex procedures. They are prepared to manage complex unstable patients similar to those managed by hospitalists” (Klein, 2008, pg 277). Therefore it is the position of the Board that **an RNP who provides acute care services cannot exceed the limits of the advanced practice specialty area.** Sole and independent management of the care of complex unstable patients in an acute care setting, including but not limited to an intensive care unit, is in the exclusive domain of the nurse practitioner who has completed an approved acute care nurse practitioner program. A primary care nurse practitioner may have a role in assisting or directing management of the acute care patient as long as the aspect of care is within the limits of their specialty and role of nurse practitioner certification.

Role of Primary Care RNPs in Acute Care Settings

There is a role for the primary care NP in an acute care facility if the role is consistent with the educational preparation and certification of the NP. The primary care NP may admit his/her own patients and manage referrals to appropriate specialties, as it is within scope for a primary care NP to facilitate transitions between health care settings and to provide continuity of care for individuals and family members.

Patients admitted to an acute care facility will benefit from the inclusion of a primary care RNP on the health care team to assist in the management of some aspects of care consistent with the primary care RNPs scope of practice. Primary care RNP preparation focuses on management of health promotion, disease prevention, and ongoing care of individuals and families (Klein, 2008). The National Organization of Nurse Practitioner Faculties (2002) describe the primary nurse practitioner role in managing and negotiating health care delivery systems as one of “overseeing and directing the delivery of clinical services within an integrated system of health care” (pg. 20, 24 28, 33, 38). A hospital-based primary care RNP could coordinate care between specialty physicians; plan the patient’s discharge; order and review results of diagnostic tests; initiate referrals; advocate for the patient; and monitor the patient’s progress through the system. An acute exacerbation of a chronic illness could be managed by a primary care NP if the nature of the person’s exacerbation is manageable in an ambulatory setting. If an exacerbation of a chronic illness is such that the person is unstable or critically ill, then that person’s care team should include someone with acute care credentials, at least until the situation is under control and stable.

Summary

In summary the RNP is expected to utilize appropriate judgment to determine if a specific role or procedure within a patient care situation is within the scope of practice that he or she is educationally prepared to provide. “Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate,” (ARS § 32-1606 (17) (d)(vi)) are part of the legal scope and responsibilities of all registered nurse practitioners. Experience as an RN, on-the-job training, having a physician sign off orders, and the personal comfort of the RNP are not a sound basis for accepting an assignment or role beyond the RNP’s scope of practice.

Questions and Answers

1. Can a primary care nurse practitioner treat hospital patients as long as they are not in the ICU?

The primary care RNP's role in any setting must be within their scope of practice consistent with their educational preparation. An oft-quoted caveat is that the RNP can treat any condition in an acute care setting that they could treat in an office setting. While this may have some practical applicability, it will not cover the RNP for practicing outside his/her scope. The condition that led to the patient's hospital admission may influence the treatment of even the simplest condition. For example, an RNP may be very competent at treating urinary tract infections (UTI) in an office setting. However, when a patient is admitted to the hospital with a diagnosis of dehydration, diarrhea and acute renal failure and subsequently develops a UTI, that patient needs a different treatment approach than an ambulatory client with an episodic illness. The primary care RNP's educational preparation and supervised clinical practice did not include this content. Therefore, absent additional formal training, independent management of this particular patient's UTI would be considered outside the scope of primary care nurse practitioner practice.

2. How does my experience as an RN expand my RNP scope of practice?

Your experience as an RN may give you some familiarity with a particular patient population but **does not determine your scope of practice** as a nurse practitioner. Your RNP scope is based on the didactic education and clinical practice obtained in your RNP program.

3. Can a primary care RNP write hospital orders?

The Nurse Practice Act allows for primary care RNPs to write orders for hospitalized patients within their scope and limits of the specialty area. Employers may choose to be more restrictive than the nurse practice act, they cannot be less restrictive. RNPs who choose to practice in those more restrictive environments must discuss any concerns they have about practice policies that are more restrictive than the NPA with the facility administration.

4. Can a primary care RNP perform invasive procedures?

The Board does not maintain a list of approved procedures. In general, primary care RNPs may only perform primary care procedures within the limits of their scope and the demonstrated and evaluated competency of the RNP. First and foremost, the patient and procedure must be appropriate to the RNP scope of practice. The condition necessitating the procedure must be one that the RNP is educationally and experientially prepared to manage. The RNP must have demonstrated and evaluated competency in the procedure. Consistent with A.A.C. R4-19-508 (C), education should consist of formal didactic learning and supervised documented clinical practice as prescribed by an accrediting body, accredited university, or professional association. Finally the RNP must be able to recognize and manage complications including emergencies that would result from the procedure. If the patient's acuity level requires an invasive procedure and

management in an acute care setting this suggests that the sole management of the patient is beyond the scope of practice of the FNP.

5. If a procedure is illegal in AZ, but legal in other states, is it within the scope of practice for an RNP to perform the procedure in AZ?

No, the Board's authority to regulate nursing practice comes from legislatively enacted statutes. The broad scope of RNP practice is contained in the statutory definition of registered nurse practitioner (see ARS § 32-1606 (15) below). If the legislature subsequently prohibits an RNP from performing an activity, for whatever reason, that activity is clearly outside the legal scope of practice.

6. Does scope of practice change based on the scarcity of acute care RNP programs and graduates in AZ?

No. Scope of practice is based on formal education and supervised clinical practice within the basic RNP program. The scarcity of appropriate programs for training acute care nurse practitioners does not allow others without that training to assume the role.

7. Can a primary care RNP who successfully completes life-support education (ACLS, PALS or NRP) run a code in a hospital?

An RN (including NP) may provide care consistent with the recognized guidelines of the organization offering the life-support course. The provider with the highest level of training and proficiency in resuscitative procedures should direct the code.

8. I completed an acute care nurse practitioner program before there was a recognized specialty or exam so was certified as an adult NP. What is my scope of practice?

The Board recognizes that with emerging specialty populations, there is often confusion and occasionally inconsistent certification due to lack of a certification exam or approval of the specialty. RNP scope of practice is based on the didactic and clinical education obtained in the basic RNP program. Prior to the emergence of the acute care specialty, some Pediatric NP programs may have contained both a primary and acute care focus, and some Adult NP programs may have included either a primary or acute care track. Graduates of programs that included an acute care focus or track may qualify for acute care certification, and their educational preparation would support acute care practice. For consistency the Board would advise that graduates pass the acute care national certifying exam (if qualified) and seek additional Board certification. The Board recognizes that not all graduates of these programs will qualify for the exam, especially if the program was not part of a graduate degree program.

Applicable Regulations

ARS § 32-1606 Definitions

15. "Registered nurse practitioner" means a professional nurse who:
- (a) Is certified by the board.
 - (b) Has completed a nurse practitioner education program approved or recognized by the board.
 - (c) If applying for certification after July 1, 2004, holds national certification from a national certifying body recognized by the board or provides proof of competence if a certifying examine is not available.
 - (d) Has an expanded scope of practice within a specialty area that includes:
 - (i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.
 - (ii) Managing the physical and psychosocial health status of clients.
 - (iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.
 - (iv) Making independent decisions in solving complex client care problems.
 - (v) Diagnosing, performing diagnostic and therapeutic procedures, prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.
 - (vi) Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate.
 - (vii) Delegating to a medical assistant pursuant to section 32-1456.
 - (viii) Performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

ARS § 32-1606 B. The board shall:

12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner in collaboration with a licensed physician.

R4-19-508. Scope of Practice of a Registered Nurse Practitioner

- A. An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience.
- B. In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601(15) and 32-1606(B)(12), may perform the following acts within the limits of the specialty area of certification:
1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria;
 2. For a patient who requires the services of a health care facility:
 - a. Admit the patient to the facility,
 - b. Manage the care the patient receives in the facility, and
 - c. Discharge the patient from the facility;
 3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform;
 4. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health;
 5. Perform therapeutic procedures that the RNP is qualified to perform;
 6. Prescribe treatments;
 7. If authorized under R4-19-511, prescribe and dispense drugs and devices; and

8. Perform additional acts that the RNP is qualified to perform.
- C. An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

References

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