 <p>LA ALIANZA • THE ALLIANCE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</p>	POLICIES AND PROCEDURES
Policy #: HS 3.58	Lead Department: Health Services
Title: Nurse Practitioner Guidelines	
Original Date: February 1996	Last Revision Date: October, 2008
Approved by: Barbara Flynn, RN	
Applies to: All Lines of Business	

Policy Objective:

To delineate the guidelines for practice of nurse practitioners within the scope of services provided by Central California Alliance For Health.


I. DEFINITIONS

A Nurse Practitioner, by definition, shall be currently licensed as a Registered Nurse in California and be currently certified by a licensed Nurse Practitioner Program which has met the requirements set forth and described in Title 16, Section H84 of the California Administrative Code.

II. NURSE PRACTITIONER GUIDELINES

A. The Nurse Practitioner is authorized to do the following patient-related activities within the scope of practice defined by Title 16:

1. Take a patient's medical history and perform a physical examination for any presenting problem.
2. Diagnose and treat common primary care medical problems
3. Whenever necessary, perform life-sustaining emergency
4. Order specific laboratory studies and x-rays, and other studies as appropriate for that patient.
5. Collect specimens as indicated for additional tests.
6. Perform pertinent laboratory tests.
7. Perform any other procedure for which they have applied for privileges and which have been granted or approved with proctoring.
8. Counsel patients and their families on health promotion, diagnoses and management alternatives.
9. Keep medical records of patient care.

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10. Verbally transmit any prescription, except Schedule H controlled substances, to a pharmacist. This is in accordance with the Pharmacy Law, Business and Professions Code, Section 4036.2.

11. The Nurse Practitioner may furnish drugs and devices in accordance with the Nursing Practice Act, Section 2836.1 - 2836.3 if the following conditions are met:
 - a. The Nurse Practitioner possesses a current Furnishing Number issued by the California Board of Registered Nursing.
 - b. The Nurse Practitioner Furnishing Number is included on the prescription and the Consulting Physician's name appears on the prescription for labeling purposes.
 - c. Appropriate educational information is provided to the patient prior to furnishing the drugs or devices.
 - d. The Nurse Practitioner may not furnish controlled substances.

- B. The patient must be informed that the provider is a mid-level clinician, and be given the opportunity to request care by a physician should the patient desire it.

- C. The Nurse Practitioner will seek physician consultation in a timely manner for the following situations, and any others he/she deems appropriate:
 1. Any conditions which have failed to respond to appropriate management or do not follow classic diagnostic patterns.
 2. Before performing any invasive procedures.
 3. All emergency situations after initial care has been started.
 4. Any patient who desires physician consultation.

- D. The supervising physician shall be a physician licensed by the State of California. This physician will review the findings of the patient's history and physical examination and supervise the Nurse Practitioner performing approved tasks or procedures. The Nurse Practitioner will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management. The supervising physician will be



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available for consultation or assistance at all times, either by physical presence or electronic communications. One supervising physician will be available for every two mid-level clinicians working in an area at the same time.

COMMON MEDICAL PROBLEMS DIAGNOSABLE AND TREATABLE BY MID-LEVEL PRACTITIONERS

The Mid-Level Practitioner will be authorized to diagnose and treat common medical problems according to accepted criteria and management, including, but not limited to:

Health care maintenance and promotion, all ages

Dermatology

Acne Vulgarize	Wound care
Atopic dermatitis	1st/2nd degree burns, involving <5% of BSA
Paronychia	Simple laceration
Contact dermatitis	Herpes zoster/Shingles
Dermatophytosis	Viral exanthem
Pediculosis/Scabies	Milia
Moniliasis	Seborrheic keratosis
Seborrheic dermatitis	Impetigo
Stomatitis/apthous ulcer	Pityriasis rosea
Verruca	Cholasma
Cellulitis/Folliculitis	Pruritis
Insect bites	Psoriasis
Drug reactions	

Eye

Blepharitis	Conjunctivitis
Hordeolum	Conjunctival hemorrhage
Pterygia/Pinguecula	Dacarocystitis
Healing corneal abrasion	Chalazion

ENT/Respiratory

Otitis media	Otitis externa
Seous Otitis	Pharyngitis
Dental pain	Laryngitis
URI	Cerumen impaction



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Contraception	Vulvovaginitis
Cervicitis	PID, mild/moderate
Hirsutism	Mastitis
Dysmenorrhea, simple	
Evaluation of cystocele/rectocele, mild	
Dysfunctional uterine bleeding, without orthostasis or significant anemia	
Fibrocystic breast disease, without isolated mass	
Pregnancy: Routine prenatal care	

Musculoskeletal

Osteoarthritis	Sprain, stable, simple
Low back pain, chronic or acute	Gout
Splint application to sprain	Tendinitis
Bursitis	Muscle spasm
Stable or responsive inflammatory (non-infectious) arthritis	

Hematology

Iron deficiency anemia, nutritional	Pernicious anemia, stable
Thalassemia minor	Folate deficiency, stable

Endocrine/Metabolic

Diabetes, stable, controlled
 Hyper/hypothyroid states, stable, controlled
 Exogenous obesity
 Menopausal symptoms

Neurology


Headaches, tension	Migraines
Seizure disorder, stable, controlled	Peripheral neuropathy

Pediatrics

Well child care	Feeding problems
Enuresis	Minor illness

Psychiatry

Simple anxiety
 Adjustment reaction, brief, uncomplicated

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Emergency Care

Whenever necessary, the Mid-Level Practitioner may perform life-sustaining measures. This includes, but is not limited to:

- Establishing and maintaining airway
- Cardiopulmonary resuscitation
- Control of hemorrhage by external pressure or tourniquet
- Start IV line
- Suture wound
- Injection of adrenaline for asthma, anaphylactic shock or laryngeal edema
- Injection of Atropine for severe bradycardia
- Administration of oxygen for acute dyspnea
- Administration of *Narcan* for suspected narcotic overdose
- Administration of IV glucose for suspected insulin reaction
- Splint skeletal emergencies

Inpatient Care (*Mid-Level will need hospital privileges*)

- Perform history and physical examination
- Develop treatment plan in consultation with supervising physician
- Assist with surgical procedures
- Develop discharge plan in consultation with supervising physician

References: Title 22 CCR Section 51345.1
 Medi-Cal Contract Exhibit A, Attachment 9

Review Date	Revised Date	Approved By
December 1998	December 1998	Barbara Flynn, RN
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