



**California Mental Health Planning Council**

**Expanding the Use of  
Psychiatric Nurse  
Practitioners  
In Behavioral Health Settings:  
Resource Materials**

**2002**

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Nurse Practitioners in Behavioral  
Health Settings: Resource  
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## Summary of Contents

Resource materials contained in this packet supplement the information presented by panelists. The materials have been organized into six sections: Frequently Asked Questions about Psychiatric Nurse Practitioners, Examples of Job Descriptions, Curriculum for Educating Nurse Practitioners, Benefits for Psychiatrists, Examples of Standardized Procedures, and Information from the Board of Registered Nursing web site. Resource materials will provide behavioral health care administrators, physicians, direct consumers, and family members with a general understanding of a psychiatric nurse practitioner's education, scope of practice, and expertise.

### **Section 1:** Frequently Asked Questions about Psychiatric Nurse Practitioners

Examples of questions commonly asked about the role of psychiatric nurse practitioners and their answers have been included in this section. The answers provided serve as a foundation for differentiating between psychiatric nurse practitioners and clinical nurse specialists and highlight the invaluable role that psychiatric nurse practitioners have in behavioral health care settings.

### **Section 2:** Examples of Job Descriptions

Psychiatric nurse practitioners work in a variety of behavioral health care settings. Three job descriptions have been included that highlight the diversity of the jobs and duties performed by psychiatric nurse practitioners: Nurse Practitioner Psychiatry/Physician Assistant, Adult Nurse Practitioner, and Senior Nurse Practitioner. In addition, these examples are models for developing positions at behavioral health care facilities that have yet to use psychiatric nurse practitioners to provide mental health services.

### **Section 3:** Curriculum for Educating Nurse Practitioners

Examples of curriculum from University of California San Francisco's (UCSF) Department of Community Health Systems School of Nursing and California State University Long Beach (CSULB) Nursing Program have been included. The curriculum highlight two excellent nursing programs in the State, the Psychiatric Nurse Practitioner Program at UCSF and the Mental Health Specialist Nursing graduate program at CSULB. Examples provide a detailed demonstration of the academic rigor of nurse practitioner programs, the educational background of graduates, and the high standards established for nurse practitioners specializing in mental health.

### **Section 4:** Benefits of Collaborating with Nurse Practitioners

This section highlights commonly expressed benefits for psychiatrists who have developed collaborative working relationships with psychiatric nurse practitioners.

**Section 5:** Examples of Standardized Procedures

Standardized procedures help to define the relationship between the supervising psychiatrist and the psychiatric nurse practitioners and specify the circumstances in which physician consultation is necessary. Procedures are developed collaboratively and can be updated as frequently as once a year. Two examples have been included: an Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice from the Board of Registered Nursing and standardized procedures developed in Orange County. For information on other examples of standardized procedures, please contact Human Resources Project staff at (916) 654-3585.

**Section 6:** Materials from the Board of Registered Nursing Web Site

Resource materials taken from the Board of Registered Nursing web site provide additional information on the following: scope of practice, criteria for furnishing, an explanation of restraint and seclusion orders by nurse practitioners, and frequently asked questions regarding nurse practitioner practice.

For additional information on any of the materials included in this packet, or for contact information on panelists, please call the Human Resources Project staff at (916) 654-3585, or e-mail [bkeef@dmhhq.state.ca.us](mailto:bkeef@dmhhq.state.ca.us).

## FAQs About Psychiatric Nurse Practitioners

### ***What is a Psychiatric Nurse Practitioner?***

- A psychiatric nurse practitioner is a Master's prepared nurse with graduate training in the assessment and management of psychiatric conditions. Some psychiatric nurse practitioners are also trained in primary care, and can manage common illnesses such as asthma, diabetes, hypertension, etc.
- Psychiatric nurse practitioners can prescribe medication. This is called "furnishing" in California.
- Psychiatric nurse practitioners are distinct from family nurse practitioners and adult nurse practitioners. These generalist NPs provide primary care and have limited training in assessing and managing psychiatric illness.

### ***Why are Psychiatric Nurse Practitioners valuable in public mental health services?***

- Clients served by county mental health departments have become increasingly medically complex. Homelessness, substance abuse, aging, and increases in obesity and Type II diabetes associated with use of atypical antipsychotics all contribute to the need for comprehensive biopsychosocial assessment and care, and coordination of mental health care with primary care and other medical services. Psychiatric nurse practitioners excel in evaluating the impact of medical illness on psychiatric functioning and in managing clients with complex, comorbid disorders.
- A substantial amount of this medical and psychiatric morbidity is caused by lifestyle factors such as smoking, inactivity, and poor diet. Psychiatric nurse practitioners have the expertise to provide tailored individual and group health promotion interventions.
- Psychiatric nurse practitioners are adept at teaching self-management of chronic health conditions. This ability to collaborate with and teach consumers to manage their own health fits well with the Recovery Model of mental health services being adopted by some counties.
- Some rural counties do not have consistent access to a psychiatrist. Psychiatric nurse practitioners provide a full range of mental health services and can prescribe medications.

### ***How is the scope of practice of a Psychiatric Nurse Practitioner different from that of a psychiatrist?***

- Psychiatrists may practice autonomously; psychiatric nurse practitioners practice in collaboration with physicians. Standardized procedures specify the circumstances in which physician consultation is necessary.
- Psychiatric nurse practitioners typically consult with a supervising psychiatrist on complex or treatment-resistant cases.
- Psychiatric nurse practitioners have particular expertise in self-management approaches and health promotion, as well as consulting with and educating nursing staff.

***How are Psychiatric Nurse Practitioners different from Clinical Nurse Specialists?***

- Clinical nurse specialist roles typically focus more on consultation and education, and less on medical management of psychiatric illness. Clinical nurse specialists currently do not have prescriptive authority in California.

***Can Psychiatric Nurse Practitioners bill Medi-Cal and Medicare for services?***

- Yes, if they have provider numbers.

**San Francisco Department of Public Health  
City and County of San Francisco**

**Nurse Practitioner Psychiatry/Physician Assistant  
Job Description**

**Salary: \$2,660 - \$3,330 Biweekly**

**Class: 2328/2218**

Under medical direction, the Nurse Practitioner/Physician Assistant performs specialized duties in clinical settings or home, performs mental health assessments, manages the care of patients within the field of psychiatric mental health, and provides health education to these patients, specific to the needs of the older adult mentally ill. The essential job functions are as follows:

- Provides mental health care to older adult patients with a psychiatric diagnosis
- Takes medical histories, performs hearing and vision tests as needed, and administers injections
- Provides assessments, crisis response, medication and medication injections, direct mental health services, and medical record documentation, as required
- Develops working relationships with contractors and primary care clinics
- Serves as lead staff person on an as-needed basis in coordination with the program director
- Evaluates complaints of an acute and chronic nature
- Formulates an initial diagnosis and treatment plan for individuals with common mental health problems
- Collaborates with physicians to collect the data for less common and more complicated health problems
- Monitors changes of clients with persistent mental illness
- Provides support, psychotherapy and supportive counseling for clients in regards to psychosocial, environmental, and physical well-being
- Provides health education material for clients, caregivers and family, as well as staff
- Performs related duties as required

**MINIMUM QUALIFICATIONS:**

- Possession of a valid California License as a Registered Nurse; AND
- Possession of a California Certificate as a Nurse Practitioner; AND
- Certificate as an Adult or Family Nurse Practitioner and one (1) year experience as a registered Nurse on a Psychiatric Inpatient Unit, Psychiatric Emergency Service, clinic, or Mental Health Center; OR

- Possession of a valid permanent California License as a Physician Assistant issued by the California Board of Medical Quality Assurance and one (1) year experience as a Physician Assistant on a Psychiatric Inpatient Unit, Psychiatric Emergency Service, clinic, or Mental Health Center.
- Verification/Waiver: Verification of qualifying experience, education, and/or training is required at the time of filing. Candidates unable to do so may submit a letter requesting a waiver of this requirement indicating the reason(s) a verification cannot be obtained. Failure to submit verification or request for the waiver will result in application rejection.

**Baker Places, Inc.**

## **Adult Nurse Practitioner Job Description**

Adult Nurse Practitioners will report to the Medical Staff Manager for administrative and general clinical issues. Nurse Practitioners will be assigned a Consulting Physician/Psychiatrist with whom to collaborate upon specific client clinical care issues as required to meet state and professional guidelines. Nurse Practitioners will adhere to all agency, program, and medical staff policies and procedures.

The primary job responsibilities include but are not limited to:

1. Direct clinical assessment of all newly admitted clients within 15 days of admission to an assigned program. The CMHS Initial Psychiatric Evaluation form will be completed in full, including a Five Axis DSM diagnosis and a detailed Treatment Plan. The Initial Evaluation may also include a focused physical examination, medical screening procedures (e.g., PPD placement and reading), and referrals to medical specialists as needed.
2. Review and revision of Admission Orders, authorization of Standing PRN Orders, and orders for refills so as to maintain continuity of medications.
3. Collaboration with the Medical Staff Manager and Consulting Physician to develop the most appropriate, culturally competent and effective psychotropic medication regimen according to clients' psychiatric history and active symptoms.
4. Collaboration with clients and program staff to enhance medication adherence through client and staff education and individual or group interventions with clients.
5. Assistance to clients to obtain community-based outpatient primary care for acute or chronic, pre-existing or newly diagnosed medical conditions no later than 30 days after admission.
6. Assistance to clients to obtain community-based outpatient primary care for acute or chronic, pre-existing or newly diagnosed medical conditions no later than 30 days after admission.
7. Communication with pharmacies, substance abuse treatment entities, dentists and other affiliated health providers to ensure excellent, comprehensive health care to clients.
8. Attendance and conducting of staff trainings on various topics related to the provision of culturally competent psychiatric and medical care to the target client populations.
9. Pager accessibility weekdays from 0900 a.m. to 1700 p.m. and at other times as mandated by Medical Staff Manager.
10. Maintain high standards of professional appearance and behavior including honesty, punctuality, creative problem-solving, respectful communication and conflict resolution, timely documentation and billing for clinical work, ensuring a clean and safe work environment, and refraining from harassment.
11. Other duties as assigned by the Medical Staff Manager and other Management Staff.

**Baker Places, Inc.**

## **Senior Nurse Practitioner**

### **Job Description**

**Hours Per Week:** 32-40

#### **Duties and Responsibilities:**

The Senior Nurse Practitioner (SNP) is supervised by the Medical Director and works closely with that person to ensure that the medical services provided to our clientele are consistently adherent to the standards of the agency. The SNP will work within the Acute, Transitional and Case Management Divisions; some amount of administrative supervision is also assumed by the Program Director of the respective work-site. The position responsibilities are as follows:

#### **Clinical Responsibilities:**

1. Initial psychiatric evaluations for clients that have been referred to and accepted into Baker Places programs. This evaluation shall consist of a history of presenting circumstances, current medications, pertinent medical and psychiatric history, five axis diagnosis and a treatment plan. Treatment plan shall include effective interventions to guide the staff in working with the client to obtain the most benefit from program activities. In some instances, this evaluation may include a focused physical examination and/or PPD placement/PPD reading.
2. Working in conjunction with the Medical Director or a physician designee to develop the most appropriate medication regimen given the client's history and presenting symptoms.
3. Working closely with the client and program staff to help enhance medication adherence through client staff education, one-to-one and/or group interventions with the client and monitoring the medication procedures in place at the respective program.
4. As-needed consultation with the Director of Client Services, Division Directors and Program Directors in regards to clinical situations that are occurring within individual programs.
5. Facilitating client linkage to community-based Primary Care providers.
6. Communicating and working with other community-based physicians as determined by the agency Medical Director.
7. Agency-wide In-Services on various topics related to the provision of Medical and Psychiatric services to our target population.
8. Beeper accessibility Monday through Friday, 0900 to 1700 and at other times as mandated by the Medical Director.
9. Performs all initial physical exams, urgent, primary and psychiatric care for all clients at the two levels of medically supported detox units.
10. Other duties as determined by the agency Medical Director.

#### **Administrative Responsibilities:**

1. Working in conjunction with the Medical Director to orient, train and schedule other medical personnel providing services for the agency.

2. Assisting in the implementation and maintenance of medication policies, procedures and protocols within the individual programs as identified by the Medical Director.
3. Other duties as assigned by the Medical Director.

University of California, San Francisco  
Nurse Practitioner Curriculum

**Table 3: Sample Curriculum Plan for PMHNP Students**

(\* Indicates highly recommended elective. New courses are numbered N2xx or N4xx, units in ()); MH = mental health; APC = adult primary care; DC = Dual Clinical; GC = Graduate Core)

YEAR I: FALL	WINTER	SPRING
	N262A Research Methods (2) 20 hrs GC	N227 Theories of Major Psych. Disorders (4) 30 hrs MH theory
N405 Psychiatric Nursing Seminar 20 hrs MH Theory	N232 Clinical Pharmacology (2) 20 hrs APC N243.02 Group Treatment Modalities (2) 20 hrs MH theory	
N270 Advanced Health Assessment (2) 20 hrs APC theory	N245 Health Protection and Promotion (2) 20 hrs APC theory	N246 Assessment and Management of Common Signs and Symptoms (3) 30 hrs APC theory
N405 Advanced Health Assessment Practicum (2) 60 hrs DC clinical	N245.01 Seminar in HP&P (1) 10 hrs APC theory N405 Practicum in HP&P (2) 60 hrs DC clinical N405 Group Skills Practicum (1) 30 hrs MH Clinical	N246.01 Seminar in Urgent Care (1) 10 hrs APC theory N405 Practicum in Urgent Care (2) 60 hrs DC clinical
N221 Theory in Advanced Nursing Practice (2) 20 hrs GC		N412 Management of Psychotropic Regimens 30 hrs MH seminar
N257 Assessment and Management of Common Psychiatric Symptoms (2) (may be taken by exam) 20 hrs MH theory	N219 Assessment and Management of Complex Psychiatric Illness (3) 30 hrs MH theory	N231A Substance Use in the Mentally Ill (2) (2 day workshop) 20 hrs MH theory
Units: 10-12	Units: 14	Units: 14
<p>Summer: N404: 6 weeks, Acute Care Residency (3 units) 20-30 APC clinical; 72 MH clinical</p> <p>N405: Integrated Clinical Seminar (1 unit) 6 hrs APC theory; 6 hrs MH theory</p>		
YEAR II: FALL	WINTER	SPRING
N206 Management of Psychiatric Conditions (2) 20 hrs MH theory	N243.01 Family Treatment Modalities (3) 20 hrs MH theory	
N241 Dimensions in Advanced Practice (2) 20 hrs GC N247 Complex Health Problems (3) 30 hrs APC theory	N247.01 Seminar in Adult Primary Care (1) 10 hrs APC Theory	N271.03 Clinical Decision Making* (2) 20 hrs APC theory

<b>N405 Integrated Clinical Seminar (1)</b> 10 hrs Integrated Theory	<b>N405 Integrated Clinical Seminar (2)</b> 10 hrs Integrated Theory	<b>N405 Integrated Clinical Seminar (2)</b> 20 hrs Integrated Theory
<b>S222 Health Care Economics and Policy (3)</b> 30 hrs GC		
<b>N404 Clinical Residency (4)</b> 120 hrs DC clinical	<b>N404 Clinical Residency (4)</b> 120 hrs DC clinical	<b>N404 Clinical Residency (4)</b> 120 hrs DC clinical
16 units	11 units	10 units

Total units (79): includes at least 43 in theory-based courses (with 200 numbers), 13 in clinical seminars and case conferences (N405, N412), and 26-30 units in clinical practice (405) and residencies (N404). \* The group, family, and psychopharmacology clinical residencies will be incorporated into the N404 clinical residency hours. These correspond to 680 hours of clinical practice and conform to ANP and Psychiatric CNS certification requirements. Overall units exceed minimal degree requirements but are comparable to other programs in the School of Nursing.

**A. GRADUATE CORE**  
**(Taken by all MS students)**

N262A - RESEARCH METHODS (2 units)

Course provides advanced research methods to understand research questions/hypotheses, sampling, study designs, and results. Utilization of research findings and interpreting findings to guide clinical practice are emphasized.

N221 - THEORY IN ADVANCED PRACTICE NURSING (2 units)

Course provides an introduction to critical thinking about the discipline of nursing. Comparative analyses of frameworks to critique competing theoretical approaches to nursing practice are presented. Methods for the development, testing, and implementation of practice theories are discussed.

N241 - DIMENSIONS IN ADVANCED PRACTICE (2 units)

Course provides the opportunity to define social, political, legal, legislative, regulatory and organizational factors that influence advanced nursing practice across roles and settings.

S222 - HEALTH ECONOMICS AND POLICY (3 units)

Course provides a critical analysis of economic, sociological, and political factors that affect health care. Examines U.S. health policies that impact on access, quality, costs, delivery systems, professional practices, and reform.

**B. ADULT PRIMARY CARE CORE**  
**(Meeting ANP credentialing requirements)**

N270 - ADVANCED HEALTH ASSESSMENT (2 units)

Course introduces assessment concepts and skills to determine the health status of clients across the life span. Focuses on the collection and interpretation of clinical data derived from the history and physical exam.

N405 - ADVANCED HEALTH ASSESSMENT PRACTICUM (2 units)

Seminar concurrent to N270. Opportunity to apply theory in clinical practice to further develop skills and to extend clinical expertise in selected aspects of mental health and community nursing. Guided clinical laboratory experience is designed to develop mastery of advanced skills.

N245 - HEALTH PROTECTION AND PROMOTION (2 units)

Course emphasizes principles of individual health protection and promotion across the life span in advanced nursing practice. The examination of models of disease prevention and health promotion for individual wellness in the context of the family, community, and culture is emphasized.

N245.01 - SEMINAR IN HEALTH PROTECTION AND PROMOTION (1 unit)

Seminar is taken concurrent with N245 and provides the specialty content necessary for adult primary care nurse practitioners.

N246 - ASSESSMENT AND MANAGEMENT OF SIGNS AND SYMPTOMS (3 units)

Course introduces students to signs and symptoms of illness across the life span that are commonly encountered in ambulatory care. Symptoms and signs will be analyzed using a clinical decision-making model.

N246.01 - SEMINAR IN URGENT CARE (1 unit)

Seminar is taken concurrently with N246.

N247 - COMPLEX HEALTH PROBLEMS (3 units)

This course introduces some of the more complex yet common clinical problems encountered in primary care, such as congestive heart failure, diabetes mellitus, syncope, arthritis and sexual dysfunction, among others. The clinical presentation, underlying causes and appropriate steps in the assessment of these complex health problems are discussed. The clinical approach to establishing diagnoses and formulating management plans are reviewed. Emphasis is placed upon knowledge which is considered practical and essential for the proper care of patients with these conditions. The importance of clinical epidemiology and an evidence-based approach to these problems is discussed.

N247.01 - SEMINAR IN ADULT PRIMARY CARE

This seminar provides the opportunity to enhance clinical problem-solving abilities through case study analysis and provides the specialty content necessary for adult primary care nurse practitioners. Application from and enhancement for N247 content will be made using case presentations and other relevant learning strategies.

N271.01 - DECISION-MAKING IN ADULT PRIMARY CARE

Case studies of complex chronic illnesses are analyzed to delineate critical decision-making variables, which include the relevant pathophysiology, epidemiologic principles and psychological/sociological variables, that impact symptom disease expression, clinical management and methods of coping.

N232 - CLINICAL PHARMACOLOGY (2 units)

Course focuses on clinical application of pharmacology in the management of patients, including frequently prescribed drugs for the treatment of chronic diseases and minor acute illnesses across the life span.

**C. PSYCHIATRIC CORE**  
**(For management of the Mentally Ill)**

N257 - ASSESSMENT AND MANAGEMENT OF COMMON PSYCHIATRIC SYMPTOMS (2 units) (May be taken by exam to reduce unit load by psychiatric nurses)

Course analyzes common signs and symptoms of psychiatric illnesses from biopsychosocial perspective. Clinical presentation, underlying causes and appropriate management as they occur across the life span are discussed.

N219 - ASSESSMENT AND MANAGEMENT OF COMPLEX PSYCHIATRIC ILLNESS (3 units) (May be taught in a workshop format)

Course uses clinical case material in the critical examination of complex psychiatric diagnoses. Emphasis will be on the utility of assessment tools such as the mental status examination and the psychiatric history across diverse clinical specialties and the life span.

N206 - MANAGEMENT OF PSYCHIATRIC CONDITIONS: SYMPTOM MANAGEMENT, PSYCHOEDUCATION, AND RELAPSE PREVENTION (3 units)

This seminar course analyzes research on current practice approaches to adults with mental illness, with an emphasis on educational interventions and long-term management of psychiatric symptomatology.

N227 - THEORIES OF MAJOR PSYCHIATRIC DISORDERS (3 units)

This review of major psychiatric conditions, outlined by the DSM-IV, explores socio-cultural, psychological, and biological theories as dimensions in understanding the etiology, onset, course, treatment, nursing care, and outcome of selected conditions.

N243.01 - FAMILY TREATMENT MODALITIES (2 units)

Course will examine theories of family therapies and their applications in the practice of psychiatric nursing. A particular emphasis is on working with families of the seriously mentally ill. Family assessments and supportive, educational, and therapeutic interventions will be described and evaluated.

N243.02 - GROUP TREATMENT MODALITIES (2 units)

A seminar to examine theories and practice of various group modalities in current use. A current or last quarter group leadership experience is required of all students.

N231A: SUBSTANCE USE IN THE MENTALLY ILL (2 units)

Examines causes and consequences of substance use disorders among severely mentally ill adults. Examines service delivery models developed for harm reduction and to promote recovery among high-risk populations. Emphasis on culturally competent services for diverse groups.

N412A - MANAGEMENT OF PSYCHOTROPIC REGIMENS (1 unit per quarter)

Seminar in a case conference format to promote clinical judgement about management of regimens for psychiatric symptoms.

N405 - INTEGRATED CLINICAL SEMINAR IN CARE OF MENTALLY ILL ADULTS (1 unit per quarter)

This seminar is designed to assist students apply and evaluate theories, concept and skills in the practice setting under the direction of preceptors. It is taught in conjunction with residency experiences in primary care and psychiatric settings and is offered to both CNS and ANP students with a focus on care of mentally ill adults.

N404 - INTENSIVE CLINICAL RESIDENCY: ACUTE CARE (2-5 units)

Course focuses on comprehensive assessment and management of adults presenting acute psychiatric problems. Placements are in the emergency service sector and include the SFGH Psychiatric Emergency Service (PES) and acute diversion units (ADUs). Students work closely with the psychiatric NP preceptor to develop expertise in physical and psychiatric assessment.

N404 - INTEGRATED CLINICAL RESIDENCY (8-15 units)

Students have the opportunity to apply and evaluate theories, concepts, and skills in clinical practice settings under the supervision of a preceptor. Students must take at least 8 of their residency units in integrated sites. Additional residency hours are planned individually (e.g., HIV/AIDS, gynecology, additional primary care).

N2XX - PSYCHIATRIC REHABILITATION SEMINAR (2 units)

Course provides an introduction to psychiatric rehabilitation history, treatment philosophy and application in local services. Emphasis on preparing students for leadership roles in the mental health sector.

#### **D. COMPREHENSIVE EXAMINATION**

N298 - COMPREHENSIVE EXAMINATION (0 units)

After fulfilling course requirements for the MS degree, students are eligible to complete the Comprehensive Examination. This is a paper that should reflect their synthesis of knowledge gained in the course of study. It is offered on a pass/fail basis as a graduation requirement.

**Hours:** Didactic hours include lectures and seminars (200 series courses) as well as clinical conference with 400 series numbers. Clinical practice hours include N405 and N404s.

	<b>Didactic</b>	<b>Clinical Practice</b>
YR 1	360 hours	180 hours
YR 2	211 hours	420 hours*
TOTAL	571 hours	540-600 hours

[\*The sample curriculum showed some variability in overall residency units, depending on students' choices (e.g., summer session units). 540 hours are minimum for ANP credentialing.]

## Cal State Long Beach Nursing Program

### Requirements for the Master of Science in Nursing (code 6-1072)

1. Completion of a minimum of 36 units in approved upper division and graduate courses
2. For Family Nurse Practitioner, Pediatric Nurse Practitioner, Adult-Geriatric Nurse Practitioner and Psychiatric-Mental Nurse Practitioner Programs completion of NRSG 510 (2 units), 520 (2 units), 530 (2 units), 540 (2 units), and 695 (3 units) or 698 (4 units). For Women's Health Care, Midwifery and Nurse Anesthesia Programs, completion of NRSG 560 (2 units), 596 (3 units), 660B (3 units), 660A, B, C (at least six units), 680L series (at least 9 units) or 698 (4 units)
3. An overall GPA of 3.0 or better
4. Completion of an approved thesis or comprehensive examination

### Masters of Science in Nursing/Masters of Science in Health Care Administration (code 6-1075)

#### 510. Advanced Pathophysiology for Advanced Practice Nursing (2)

Prerequisites: Admission to the graduate nursing program or consent of instructor. This course presents the principles of human functional and homeostatic mechanisms as well as underlying mechanisms operant during disturbance of human functional and homeostatic mechanisms. The course materials build upon the framework of understanding developed in the prerequisite undergraduate anatomy and physiology course. Understanding of concepts of integration and communication between organ systems will be explored and will be applied to gain greater knowledge of disturbances at the cellular level which result in aberrant organ and system function. This course is prerequisite to the nursing 680 series courses. Traditional grading only.

#### 520. Advanced Pharmacology for the Advance Practice Nurse (2)

Prerequisites: Admission to the graduate nursing program must be taken concurrent with NRSC 510 or consent of the instructor. This course is designed to meet the needs of students in the graduate nursing program and advance practice nurses for advanced knowledge about pharmacological agents useful in the management of a variety of common clinical situations. This course is also designed to meet the BRN pharmacology course requirement for the nurse practitioner to furnish drugs or devices pursuant to the Business and Professions Code Section 2836.1. A theoretical framework establishing the importance of advanced pharmacological knowledge to the full implementation of the nurse practitioner role will be presented. Following a review of the basic concepts, a physiological systems approach will be applied which will allow a greater understanding of the effect of common drugs utilized in primary care/family planning settings in the provision of perinatal care, family planning services and/or routine health care in essentially healthy persons. Ethical/legal issues, as well as a review of the California furnishing bill and standardized procedures will be covered. This course is not designed to supersede or replaced dosage and treatment protocols established within the nurse practitioner's setting for clinical practice. The course is prerequisite to the nursing 680 set of courses. Traditional grading only. (Lecture-Discussion)

**530. Advanced Physical Assessment for Advance Practice Nurses (2)**

Prerequisites: Admission to the graduate nursing program or permission of the instructor. This core course is designed to provide through classroom instruction and experiences, advanced knowledge and diagnostic skill development in physical assessment of clients often encountered by the advanced practice nurse. The assessment role of the nurse is further expanded to include client education and the cooperative synthesis of wellness strategies to optimize health. This course is prerequisite to the NRS 680 series courses. Traditional grading only. (Technical activity and laboratory 4 hours)

**540. Health Care Economics, Policy, and Management for Advance Practice Nursing (2)**

Prerequisites: Admission to the graduate nursing program or consent of instructor. This course examines the advanced practice nurse's relationship to policy formation, health care economics, and health care organizations. Analyses of the health care delivery system will include the increasing levels of public, governmental, and third party participation in policy formation. Emphasis of this course will be analysis of health policy and its effect on the practice environment. The course explores the issues of health care organization, health care financing, and delivery within integrated care systems to include community and the organization of community based systems of care. Students are prepared to provide quality cost effective care, participate in the design and implementation of care in a variety of health systems, utilize computerized data bases, and assume a leadership role in managing human fiscal and physical health care resources. Included is the definition of primary health care by the World Health Organization, which addresses the issues of poverty and public health and the relationship of these issues to improving health care delivery and client outcomes. This course is prerequisite to the nursing 680 series courses. Traditional grading only. (Lecture-Discussion)

**550. Human Diversity and Psychosocial Issues in Health Care for Advance Practice Nursing (Prerequisite) (2)**

Prerequisites: Admission to the graduate nursing program or consent of instructor. This course focuses on the culturally sensitive nursing principles of advanced practice nursing, selected strategies and negotiations with patients. An emphasis is placed on complex psychosocial assessment, interdisciplinary approaches and special populations. This course is prerequisite to the NRS 680 series course. Traditional grading only. (Lecture-Discussion)

**688. Psychiatric/Mental Health Theories for Advance Practice Nursing I (3) F**

Prerequisites: Admission to graduate nursing program and NRS 510, 520, 540, 550, 560, 596. Study of the pathology, diagnostic methods, indications for referral and management for nurse practitioner students of the medical psychological and social problems of clients of psychiatric facilities and community mental health agencies. Traditional grading only.

**688A. Psychiatric Mental Health Clinical Studies for Advance Practice Nursing I (3) F**

Prerequisites: Admission to graduate program and NRS 510, 520, 530, 540, 550, 560; corequisite: NRS 688. This course is the second of two supervised clinical practicums for nurse practitioner students which is focused on the application of mental health concepts. Theories from the prerequisite and concurrent nursing theory courses are applied and tested in the clinical setting. Credit/No Credit grading only. (Laboratory 9 hours)

**688B. Psychiatric – Mental Health Clinical Studies for Advance Practice Nursing II (3) F**

Prerequisites: Admission to graduate program and NRSG 510, 520, 530, 540, 550, 560; corequisite: NRSG 688. This course is the second of two supervised clinical practicums for nurse practitioner students which is focused on the application of mental health concepts. Theories from the prerequisite and concurrent nursing theory courses are applied and tested in the clinical setting. Credit/No Credit grading only. (Laboratory 9 hours)

**689. Psychiatric – Mental Health Theories for Advance Practice Nursing II (3) F**

Prerequisites: Admission to graduate nursing program and NRSG 510, 520, 530, 540, 550, 560, 596. This course is the continued study at an advanced level of pathology, diagnostic methods, indications for referral, and management for nurse practitioner students of the medical, psychological, and social problems of clients of psychiatric facilities and community mental health agencies. Traditional grading only.

**689A. Psychiatric – Mental Health Clinical Studies for Advance Practice Nursing III (3) S**

Prerequisites: Admission to graduate program and NRSG 510, 520, 530, 540, 550, 560, 596; corequisite: NRSG 698. This course is the first of two supervised clinical practicums for nurse practitioner students focus on the application of complex mental health concepts. Theories from the prerequisite and concurrent nursing theory courses are applied and tested in the clinical setting. Traditional grading only. (Laboratory 9 hours)

**689B. Psychiatric – Mental Health Clinical Studies for Advance Practice Nursing IV (3) S**

Prerequisites: Admission to graduate program and NRSG 510, 520, 530, 540, 560, 596; corequisite: NRSG 689. This course is the second of two supervised clinical practicums for nurse practitioner students focused on the application of complex mental health concepts. Theories from the prerequisite and concurrent nursing theory courses are applied and tested in the clinical setting. Traditional grading only. (Laboratory 9 hours)

**695. Professional Literature (3)**

Prerequisites: NRSG 596, Consent of graduate and program advisors, advancement to candidacy. Critical analysis and synthesis by comparative review of professional literature in nursing practice, theory, and research. Not open to students taking Nursing 698. Traditional grading only.

**696. Research Methods (3)**

Prerequisite: Upper division course in statistics. The research process in use including the use of theory, study design, data collection, data analysis and interpretation of findings.

**698. Thesis (1-4)**

Prerequisites: Admission to Graduate Nursing Program, advancement to candidacy, NRSG 596, and consent of department graduate advisor. Planning, preparation and completion of a thesis in clinical nursing.

## Benefits of Collaborating with Nurse Practitioners

Nationwide, there is growing use of Psychiatric Nurse Practitioners as mental health care providers for children and adults. There are numerous benefits for physicians who collaborate with psychiatric nurse practitioners. The following is a list of benefits commonly identified by psychiatrists and psychiatric nurse practitioners.

- Augmenting the physician workforce with nurse practitioners can reduce caseloads. This advantage is particularly salient when psychiatrist positions cannot be filled.
- Physicians working with nurse practitioners can share on-call pager and after-hour responsibilities with nurse practitioners.
- For psychiatrists who enjoy collaborative practice and teaching, supervising psychiatric nurse practitioners offers more variety in work responsibilities.
- Psychiatric nurse practitioners can fulfill many functions typically performed by a physician, including:
  - Obtaining medical histories and performing physical examinations;
  - Prescribing medications and other treatments;
  - Ordering, performing, and interpreting diagnostic studies.
- Psychiatric nurse practitioners with additional training in primary care can diagnose, treat, and monitor chronic diseases such as diabetes and high blood pressure.
- Psychiatric nurse practitioners have a health promotion background, and have training and expertise in designing and implementing protocols to respond to common health risks in people with mental illnesses. For instance, psychiatric nurse practitioners have designed programs to monitor weight and blood glucose and facilitate weight management in clients taking newer antipsychotic medicines.
- Nurse practitioners have expertise in promoting positive health behaviors and self-care skills through education and counseling.
- Patient and family education done in a group format by psychiatric nurse practitioners can increase the effectiveness of treatment provided by the psychiatrist.
- Psychiatric nurse practitioners can provide symptom management and staff education.

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## **AN EXPLANATION OF STANDARDIZED PROCEDURE REQUIREMENTS FOR NURSE PRACTITIONER PRACTICE**

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Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1480). Standardized procedures are the legal mechanism for registered nurses, nurse practitioners to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the registered nurse, nurse practitioner.

Organized health care systems includes health facilities, acute care clinics, home health agencies, physician's offices and public or community health services. Standardized procedures means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

The organized health care system including clinics, physician's offices (inclusive of sites listed above) must develop standardized procedures permitting registered nurse, nurse practitioner to perform standardized procedure functions. A registered nurse, nurse practitioner may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedure; and **must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform the functions.**

A nurse practitioner is a registered nurse who possesses additional preparation and skill in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforming to the Board standards as specified in CCR 1484 (Standards of Education).

The Board of Registered Nursing has set educational standards for nurse practitioner certification which must be met in order to "hold out" as a nurse practitioner. Nurse practitioners who meet the education standards and are certified by the BRN are prepared to provide primary health care, (CCR 1480 b), that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.

## Scope of Medical Practice

The Medical Practice Act authorizes physicians **to diagnose** mental and physical conditions, **to use drugs in or upon** human beings, **to sever or penetrate the tissue** of human beings and **to use other methods** in the treatment of diseases, injuries, deformities or other physical or mental conditions. As a general guide, the performance of any of these functions by a registered nurse, nurse practitioner requires a standardized procedure.

### Standardized Procedure Guidelines.

The Board of Registered Nursing and the Medical Board of California jointly promulgated the following guidelines. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
- (b) Each standardized procedure shall:
  - (1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
  - (2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.
  - (3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.
  - (4) Specify any **experience, training, and/or education** requirements for performance of standardized procedure functions.
  - (5) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
  - (6) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
  - (7) Specify the scope of **supervision** required for performance of standardized procedure functions, for example, telephone contact with the physician.
  - (8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
  - (9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
  - (10) Specify patient **record-keeping** requirements.
  - (11) Provide for a method of **periodic review** of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. If a RN or NP undertakes a procedure without the competence to do so, such an act may constitute gross negligence and be subject to discipline by the Board of Registered Nursing.

**Standardized procedures which reference textbooks and other written resources in order to meet the requirements of Title 16, CCR Section 1474 (3), must include book (specify edition) or article title, page numbers and sections. Additionally, the standards of care established by the sources must be reviewed and authorized by the registered nurse, physician and administrator in the practice setting. A formulary may be developed and attached to the standardized procedure. Regardless of format used, whether a process protocol or disease-specific, the standardized procedure must include all eleven required elements as outlined in Title 16, CCR Section 1474.**

## **SUGGESTED FORMAT FOR STANDARDIZED PROCEDURES**

### **I. POLICY**

1. Function(s): (2)\*
2. Circumstances under which R.N. may perform function: (2)
  - a. Setting (9)
  - b. Supervision (7)
  - c. Patient Conditions
  - d. Other

### **II. PROTOCOL (3)**

1. Definitions
2. Data base
  - a. Subjective
  - b. Objective
3. Diagnosis
4. Plan
  - a. Treatment
  - b. Patient conditions requiring consultation (8)
  - c. Education - patient/family
  - d. Follow up
5. Record keeping (10)

### **III. REQUIREMENTS FOR REGISTERED NURSE: (4)(5)**

1. Nurse practitioner education program, specialty
2. Advance level training
3. Experience as a nurse practitioner
4. National Certification in a specialty
5. Method of initial and continuing evaluation of competence

### **IV. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE**

1. Method: (Title 16, CCR Section 1474(a))
2. Review schedule (11)
3. Signatures of authorized personnel approving the standardized procedure, and dates: (1)
  - a. Nursing
  - b. Medicine
  - c. Administration

### **V. REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES (6)**

- 1.
- 2.

**\* Numbers in parentheses correspond to Board of Registered Nursing guideline numbers in Title 16, CCR Section 1474.**

## EXAMPLE A (Process Protocol)

The Board of Registered Nursing does not recommend or endorse the medical management of this sample standardized procedure. It is intended as a guide for format purposes only.

### Standardized Procedures

#### General Policy Component

#### I. Development and Review

- A. All standardized procedures are developed collaboratively and approved by the Interdisciplinary Practice Committee (IDPC) whose membership consists of nurse practitioners, nurses, physicians, and administrators and must conform to all 11 steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. All standardized procedures are to be kept in a manual which includes dated, signed approval sheets of the persons covered by the standardized procedures.
- C. All standardized procedures are to be reviewed every three years and as practice changes by the IDPC.
- D. All changes or additions to the standardized procedures are to be approved by the IDPC accompanied by a dated and signed approval sheet.

#### II. Scope and Setting of Practice

- A. Nurses may perform the following functions within their training specialty area and consistent with their experience and credentialing: assessment, management, and treatment of episodic illnesses, chronic illness, contraception, and the common nursing functions of health promotion, and general evaluation of health status (including but not limited to ordering laboratory procedures, x-rays, and physical therapies, recommending diets, and referring to Specialty Clinics when indicated).
- B. Standardized procedure functions, such as managing medication regimens, are to be performed in (list area, i.e., short appointment clinic). Consulting physicians are available to the nurses in person or by telephone.
- C. Physician consultation is to be obtained as specified in the individual 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.
3. Problem which is not resolving as anticipated.
4. History, physical, or lab findings inconsistent with the clinical picture.
5. Upon request of patient, nurse, or supervising physician.

### III. Qualifications and Evaluations

- A. Each nurse performing standardized procedure functions must have a current California registered nursing license, be a graduate of an approved Nurse Practitioner Program, and be certified as a Nurse Practitioner by the California Board of Registered Nursing.
- B. Evaluation of nurses' competence in performance of standardized procedure functions will be done in the following manner:
  1. **Initial:** at 3 months, 6 months and 12 months by the nurse manager through feedback from colleagues, physicians, and chart review during performance period being evaluated.
  2. **Routine:** annually after the first year by the nurse manager through feedback from colleagues, physicians, and chart review.
  3. **Follow-up:** areas requiring increased proficiency as determined by the initial or routine evaluation will be re-evaluated by the nurse manager at appropriate intervals until acceptable skill level is achieved, e.g. direct supervision.

### IV. Authorized Nurse Practitioners

List each

### V. Protocols

The standardized procedure protocols developed for use by the nurses are designed to describe the steps of medical care for given patient situations. They are to be used in the following circumstances: management of acute/episodic conditions, trauma, chronic conditions, infectious disease contacts, routine gynecological problems, contraception, health promotion exams, and ordering of medications.



# STANDARDIZED PROCEDURES

## *Management of Common Primary Care Conditions*

- I. Policy
  - A. As described in the General Policy Component.
  - B. Covers only those registered nurses as identified in General Policy Component.
- II. Protocol
  - A. **Definition:** This protocol covers the management of common primary care conditions seen in the outpatient setting, such as eczema, headaches, acne, fatigue syndromes, allergic rhinitis, and low pain.
  - B. **Database** - Nursing Practice  
(Perform usual total nursing assessment to establish data base).
  - C. **Treatment Plan** - Medical Regimen
    1. **Diagnosis**
      - a. Most consistent with subjective and objective findings expected by patient. If diagnosis is not clear, assessment to level of surety plus differential diagnosis.
      - b. Assessment of status of disease process when appropriate.
    2. **Treatment** - (Common nursing functions)
      - a. Further lab or other studies as appropriate.
      - b. Physical therapy if appropriate.
      - c. Diet and exercise prescription as indicated by disease process and patient condition.
      - d. Patient education and counseling appropriate to the disease process.
      - e. Follow-up appointments for further evaluation and treatment if indicated.
      - f. Consultation and referral as appropriate.
    3. **Physician Consultation:** As described in the General Policy Component.
    4. **Referral to Physician or Specialty Clinic:** Conditions for which the diagnosis and/or treatment are beyond the scope of the nurse's knowledge and/or skills, or for those conditions that require consultation.
    5. **Furnishing Medications** - (Medical Regimen)  
Follow furnishing protocol, utilizing formulary.

**PROTOCOL: DRUGS AND DEVICES**

Definition: This protocol covers the management of drugs and devices for women of all ages presenting to \_\_\_\_\_ clinic. The nurse practitioner may initiate, alter, discontinue, and renew medication included on, but not limited to the attached formulary. All Schedule I and Schedule II drugs are excluded.

Subjective Data: Subjective information will include but is not limited to:

1. Relevant health history to warrant the use of the drug or device.
2. No allergic history specific to the drug or device.
3. No personal and/or family history which is an absolute contraindication to use the drug or device.

Objective Data: Objective information will include but is not limited to:

1. Physical examination appropriate to warrant the use of the drug or device.
2. Laboratory tests or procedures to indicate/contraindicate use of drug or device if necessary.

Assessment: Subjective and objective information consistent for the use of the drug or device. No absolute contraindications of the use of the drug or device.

Plan: Plan of care to monitor effectiveness of any medication or device.

Patient Education: Provide the client with information and counseling in regard to the drug or device. Caution client on pertinent side effects or complications with chosen drug or device.

Consultation and/or Referral: Non-responsiveness to appropriate therapy and/or unusual or unexpected side effects and as indicated in general policy statement.

REFERENCES: PDR '94 50th Edition (list page)  
Primary Care Medicine, 3rd Edition, Chapter (list), pp. (list)  
Handbook of Gynecology and Obstetrics, 3rd Edition, Chapter (list), pp. (list)

STANDARDIZED PROCEDURES for  
Psychiatric Nurse Practitioners in

*# of Edition*

Outpatient Clinics

1999 - 2000

This is a "process specific" Standardized Procedure (SP) for the psychiatric Nurse Practitioner's (NP's) role in Adult Outpatient Clinics developed by the Outpatient Clinic Psychiatric Nurse Practitioner Interdisciplinary Practice Committee (NP IPC).

This process specific standardized procedure includes a written description of the method used in developing, approving, and revising the SP's for work in Adult Mental Health outpatient clinics. In conformance with Board of Registered Nursing, Title 16, California Code of Regulations (CCR) section 1474, and the Medical Board of California, Title 16, CCR Section 1379, the following items are included:

- 1) Adult Outpatient Psychiatric Nurse Practitioners (NP's) are registered nurses with a Masters Degree in nursing, a specialty in Psychiatry, and a state issued nurse practitioner certificate. *Section 1474 (a)(4)*
- 2) Initial evaluation of NP's competence occurs when the supervising psychiatrist observes the NP conduct initial and follow-up medication / furnishing service. NP's will maintain competence by fulfilling Board of Registered Nursing licensure requirements regarding CEU's, and attending psychopharmacology and other clinical training. Regular supervision with supervising psychiatrist, utilization review by NP's service chief, and medication monitoring will serve as ongoing evaluation of the NP's competence to perform the SP's. *Section 1474 (a)(5)*
- 3) NPs are authorized to perform SP functions as established by Human Resources job classification requirements. *Section 1474 (a)(6)*
- 4) Regular supervision time is schedule with supervising psychiatrist. The supervising psychiatrist listed at the bottom of this SP will be physically present or available by telephone whenever the NP listed at the bottom is working as a NP in the outpatient clinics. *Section 1474 (a)(7)*
- 5) NP's will provide mental health services for the relatively stable mental health consumer, including the furnishing of medication. Each NP and psychiatrist shall be issued the Health Care Agency's (HCA BH) Prescribing Guidelines Manual. Other resources for medication furnishing are the Formulary. *Section 1474 (a)(2)*
- 6) NP's may obtain a psychiatric and medical history and perform an overall assessment for any presenting problem. They may order specific laboratory studies for the patient where necessary. NP's may write orders for prescription medication as necessary for patient care with the NP's name / furnishing number, and the supervising MD's name / license number / DEA number. NP's may counsel patients on mental health promotion, diagnosis and management possibilities. *Section 1474 (a)(3)*
- 7) The NP will notify the supervising physician of any change in patients' symptoms, or impairment not managed by standard interventions (i.e. medication adverse effects, poor response, etc.) *Section 1474 (a)(8)*
- 8) NP's will document patient status in the progress notes and medication in the medication record contained in the patient chart according to established charting procedures. *Section 1474 (a)(10)*

- 9) The service provided by a NP may be at any physical site that the NP is functioning in their role as an employee. *Section 1474 (a)(9)*
- 10) The standardized procedures will be reviewed annually by the Outpatient Clinic Psychiatric NP IPC. *Section 1474 (a)(11)*
- 11) The dated signatures of the personnel authorized to approve protocols follows at the end of this standardized procedure (and each subsequent change after a review). *Section 1474 (a)(1)*. For each psychiatrist and NP, one official copy of these Standardized Procedures must be kept by the administrator and are valid until superceded by the next version, or until there is written indication that the supervision relationship has ended.

Signatures of HCA BH personnel authorized to approve protocols:

_____ Director <span style="float: right;">DATE</span>	_____, M.D. <span style="float: right;">DATE</span> Psychiatrist
_____ Manager <span style="float: right;">DATE</span>	

Signatures of nurse practitioner and supervising psychiatrist authorized to approve protocols:

_____ Nurse Practitioner <span style="float: right;">DATE</span>	_____ Psychiatrist <span style="float: right;">DATE</span>
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Signatures of nurse practitioner and supervising psychiatrist rescinding above supervision agreement:

_____ Nurse Practitioner <span style="float: right;">DATE</span>	_____ Psychiatrist <span style="float: right;">DATE</span>
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----- AGENCY  
**BEHAVIORAL HEALTH / ADULT MENTAL HEALTH SERVICES  
POLICIES AND PROCEDURES**

SECTION & PAGE: - \_\_\_\_\_  
DATE APPROVED: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
 NEW     REVISED

**SUBJECT:**        AMHS outpatient clinic psychiatric Nurse Practitioners (NP)    **CHANGE NOTICE:** \_\_\_\_\_

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**PURPOSE:**

To provide uniform procedures for AMHS outpatient clinic psychiatric Nurse Practitioners (NPs) prescribing practices, and supervision of their medication furnishing services by AMHS psychiatrists.

**SCOPE:**

These procedures shall apply to all AMHS outpatient NPs providing treatment in Adult Mental Health Services (AMHS).

**REFERENCES:**

Business & Professions (B&P) Code - Sections 2725,2834-2836, 2863.1  
Title 16 - Sections 1470-1474, & 1481-1485  
HCA BHC Standardized Procedures for Psychiatric Nurse Practitioners

**INTERDISCIPLINARY PRACTICE COMMITTEE:**

The HCA BH AMHS Outpatient Clinic Psychiatric Nurse Practitioner Interdisciplinary Practice Committee (NP IPC) shall be comprised of the Adult Outpatient Clinic Operation's program managers, each service chief and psychiatrists who supervise NPs, and NPs. This committee shall meet at least annually to review and make appropriate changes to the standardized procedures, and this P & P. Previous versions of the Standardized Procedures shall be kept by the NP IPC in the event that they should be needed.

**METHOD:**

Each psychiatrist and NP dyad shall sign an official copy of the Standardized Procedures, which must be kept by the Service Chief indicating the psychiatrist is supervising the NP. A Standardized Procedure should be completed for all supervisory dyads, and are valid until superceded by the next update, or until there is indication on the Standardized Procedure that the supervision relationship has been rescinded.

For **each** new psychiatrist / NP dyad, the NP shall observe the psychiatrist conduct new evaluations and follow up medications services. For **each** new psychiatrist / NP dyad, the psychiatrist shall also observe the NP conduct initial and follow up medication furnishing services, as outlined in the Standardized Procedures. The purpose of this is so the management of supervised cases can be consistent. If there is more than one supervising psychiatrist for each NP, it shall be specified which consumers are associated with each psychiatrist / NP dyad.

All new consumers shall be evaluated by a psychiatrist with possible subsequent referral of the patient to the Psychiatric NP, except for a few situations. These situations, when a consumer can be scheduled to see the NP initially, would be limited to:

- 1)                    Transfers from other clinics
- 2)                    Reopening cases that were previously seen by the NP
- 3)                    Transfers from Behavioral Health Correctional Mental Health (CMH).

The consumer can be referred to the NP when the team consisting of the psychiatrist, service chief, and NP determine that the consumer is "essentially healthy" as defined by B&P code section 2863.1.

Subsequent to the initial referral to the NP, the consumer shall see the psychiatrist when requested by the NP, the psychiatrist, or the patient.

The service chief shall coordinate the schedules of the NP and supervising psychiatrist to include:

- a) Time shall be made available in psychiatrist's and NP's schedule to enable the NP to review complicated cases with the supervising psychiatrist before the patient leaves the clinic.
- b) Time shall be made available in psychiatrist's and NP's schedule to insure that regularly scheduled weekly supervision with each supervising psychiatrist will occur. Weekly supervision should include a review of new patients and medication changes of patients that were seen the previous week.
- c) The NP and psychiatrist dyad are required to be both present at the same time or an arrangement shall be made for the supervising psychiatrist to be on call for telephone contact. The NP may utilize telephone availability for consultation with another psychiatrist if the NP has a supervisory dyad established in writing. (B & P Code 2836.1 {d}{3} )
- d) Arrangements for alternative supervision for the NP will be made with another designated psychiatrist when the supervising psychiatrist is not available, such as unexpected sick time, scheduled vacation or other absence.

#### **Psychiatric Nurse Practitioner Training:**

- 1) NPs shall be required to have an advanced study in nursing (i.e. MSN with specialty in psychiatry). The training shall have been completed prior to employment as a NP with HCA BH. The NP shall have a certificate as a Nurse Practitioner
- 2) For NP's who have not obtained a furnishing license, medication / furnishing service documentation a prescriptions must be co-signed by a supervising psychiatrist. Upon completion of six months of supervised experience in a clinic, a NP can apply for a furnishing license. The supervising MD(s) must sign(s) the application certifying that six months of clinical experience did occur. Once licensed with a furnishing number, there are no further signature requirements by the supervising MD.

#### **Chart Documentation:**

- 1) Medication chart entries, and prescriptions shall not require a co-signature by a psychiatrist when the NP possesses a furnishing number. Care coordinator and nursing / dispensing entries by the NP shall not require co-signatures.
- 2) If the NP consults with a non-supervising psychiatrist for a patient, then the NP should enter a chart note that consultation was obtained.

#### **Standard Procedures Required for Nurse Practitioners:**

- 1) The Standardized Procedures shall be a process specific standardized procedure that refer to assessment, treatment and the formulary outlined in the HCA BH AMHS Prescribing Guidelines.
- 2) NP's must operate within the scope of their nursing license, and may only furnish drugs as authorized by the HCA BHC AMHS NP Standardized Procedures.
- 3) Each clinic location must maintain a current copy of the HCA BHC AMHS NP Standardized Procedures for reference.
- 4) The Standardized Procedures shall include a written description of the method used in developing, approving, and annual review of the Standardized Procedures in conformance with Title 16, California Code of Regulations (CCR) section 1474, and the Medical Board of California, Title 16, CCR Section 1379.

**Furnishing:**

- 1) Psychiatric Nurse Practitioners “furnish” medications in accordance with the most current HCA BH Standardized Procedures and Prescribing Guidelines. Furnishing is analogous to psychiatrists prescribing medications. The NP uses the County’s three-part prescription.
- 2) The prescriptions have the supervising psychiatrist’s name and license number on it. The NP’s name and furnishing number shall also be on the prescriptions.
- 3) In the clinic where there is more than one supervising psychiatrist, the NP should indicate on the prescriptions which psychiatrist is supervising for that patient.

## **Board of Registered Nursing Materials**

The following resources from the Board of Registered Nursing web site have been included for review:

- Explanation of RN Scope of Practice and Nurse Practitioner Practice
- Criteria for Furnishing Number Utilization by Nurse Practitioners
- Nurse Practitioners New Authority to Provide Medications
- Restraint and Seclusion Orders by Nurse Practitioners
- Frequently Asked Questions Regarding Nurse Practitioner Practice

Information on the Business and Professions Code: Nurse Practitioners is available on the Board of Registered Nursing web site: [www.rn.ca.gov](http://www.rn.ca.gov). Click on Advisories and Publications. Information is provided by nursing occupation; click on Nurse Practitioners. Information on the Business and Professions Code and other materials pertaining to practice issues can be downloaded from this section by choosing any of the highlighted topics.

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## EXPLANATION OF RN SCOPE OF PRACTICE AND NURSE PRACTITIONER PRACTICE

The Board of Registered Nursing has multiple requests from individuals, health facilities, physicians, insurance companies, managed care entities, and regulatory agencies for information about RN scope of practice, nurse practitioner practice, certification, and standardized procedures. The BRN provides the following information to assist in applying the statutes and regulations to the practice setting. Where appropriate, the statutes and regulations will be included to provide a reference.

### Scope of Registered Nursing Practice.

The activities comprising the practice of nursing are outlined in the Nursing Practice Act (NPA), Business and Professions Code Section 2725. The legislature expressly declared its intent to provide clear legal authority for functions and procedures, which have common acceptance and usage. The NPA authorizes:

Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patient; and the performance of disease prevention and restorative measures.

Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitation regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist and clinical psychologist.

The performance of skin tests, immunization techniques, and the withdrawal of blood from veins and arteries.

Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determining of whether the signs, symptoms, reaction, behaviors, or general appearance exhibit abnormal characteristic; and implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedure, or changes in

treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

Standardized procedures are the legal mechanism for RNs and NPs to perform functions which otherwise would be considered the practice of medicine. Standardized procedures guidelines are to be adhered to by RNs and NPs when performing medical functions. The guidelines are described in the California Code of Regulation, Section 1474. The standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized.

The Medical Practice Act includes diagnosis of mental or physical conditions, the use of drugs in or upon human beings and severing or penetrating tissue of human beings. As a general guide the performance of any of these functions by a RN or NP requires a standardized procedure.

### **Nurse Practitioner Practice.**

Nurse practitioners are registered nurses who are prepared by advanced education to provide primary care including medical procedures that may be required for a specialty area. Clinical competency is required when treating medical conditions utilizing approved standardized procedures. Nurse practitioner practice is outlined in the NPA, Section 2834 including Furnishing Drugs and Devices, and CCR Section 1480. CCR 1480 provides definitions of NP, primary care, clinical competence and holding out as an NP. (see the section on laws and regulations).

### **Related Definitions.**

- ◆ **“Nurse practitioner”** means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforming to board standards as specified in section 1484.
- ◆ **“Primary health care”** is that which occurs when a consumer makes contact with a healthcare provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.
- ◆ **“Clinically competent”** means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
- ◆ **“holding oneself out”** means to use the title of nurse-practitioner.

The RN who has met the requirements for certification (holding out), may be known as a nurse practitioner and may place the letters “RN,

NP” after his or her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to adult, pediatric, obstetrical-gynecological and family nurse practitioner. **The “holding out” as a nurse practitioner and using the title “RN, NP” does not confer broad practicing parameters.** The nurse practitioner must meet requirements for clinical competency as defined.

### **Methods for NP Certification.**

*1. Completing an approved nurse practitioner education program.*

#### **Nurse Practitioner Education Programs.**

The California approved NP programs prepare nurse practitioners according to the standards of education (CCR 1484). The programs may be full-time or part-time and are not less than 30 semester units (45 quarter units) which includes theory and supervised clinical practice. At least 12 semester units or 18 quarter units of the program are in supervised clinical practice. The duration of clinical experience and the setting is such that the students receive intensive experience in performing the treatment procedures essential to the category/specialty for which the student is being prepared e.g. Adult, Pediatric, Family, Ob/Gyn.

All the approved NP programs are affiliated with academic institutions, which offer one or more educational options certificate, masters and post masters (see school list). The nurse practitioner programs prepare students in the following categories and/or specialties: family planning, family nurse practitioner, geriatric nurse practitioner, Women’s Health or OB/GYN nurse practitioner, school nurse practitioner, Acute Care Nurse Practitioner, and Neonatal nurse practitioner.

*2. Successfully completing a National examination for certification of Nurse Practitioner in a specialty, which is approved.*

#### **Nurse Practitioner National Certification in a category/specialty**

National associations/organizations and state boards that have nurse practitioner certification requirements, which are equivalent to the Board’s standards for nurse practitioner certification.

*3. Equivalency.*

A RN who has completed a NP program of study that does not meet the BRN educational standards as specified in California Code of Regulations Section 1484.

**Or**

A nurse who has not completed a nurse practitioner program of study meeting the Board's standards may for the purpose of certification provide the BRN with the following:

1. Documentation of remediation of areas of deficiency in course content and/or clinical experience, which meets the same educational standards as a graduate of a BRN approved program of study preparing a nurse practitioner, and
2. verification by a nurse practitioner and by a physician who meets the requirements for faculty member (CCR 1484(C)), of clinical competence in the delivery of primary health care. The applicant must have a professional relationship with a qualified NP faculty who has assumed responsibility for the development, monitoring, and mentoring of the equivalent program of study and for verification that the applicant meets the standards of education as identified in CCR 1484, Standards of Education.

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**CRITERIA FOR FURNISHING NUMBER UTILIZATION  
BY NURSE PRACTITIONERS**

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**HISTORY**

The passage of AB 1077 (Chapter 455) amended the Nurse Practitioner (NP) furnishing law, effective January 1, 1997. Prior to the amendment, the Nursing Practice Act, Business and Professions (B&P) code section 2836.1, authorized nurse practitioners (NPs) to obtain and utilize a "furnishing number" to furnish drugs and/or devices. Furnishing is defined as "the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures."

AB 1077 (Chapter 455) 1997 amended Business and Profession Code 2836.1 by giving NPs the authority to furnish Schedule III through Schedule V controlled substances listed in the California Uniform Controlled Substance Act, Division 10 (commencing with Section 11000) of the Health and Safety Code.

Following the enactment of AB 1077 (Chapter 455) 1997 the Drug Enforcement Administration (DEA) determined that the new law did not afford prescriptive authority to NPs. Rather, furnishing is a delegated authority utilizing standardized procedures. The DEA requires prescriptive authority to obtain a DEA registration number. In order for NPs to furnish controlled substances as authorized by AB 1077 (Chapter 455), the law needs to be amended to include prescriptive privileges.

SB 816 (Chapter 741) 1/2000 amended Business and Professions Code, Section 2836.1. This new law then adds "order" or "drug order" to Section 2836.1. The new law changes furnishing of controlled substances Schedule III through V to mean issuing an "order" for a drug. The intent of this legislation is furnishing can now be known as an "order" and can be considered the same as an "order" initiated by the physician. This new law requires the NP who has a furnishing number to obtain a DEA number to "order" controlled substances, Schedule III, IV, V.

\*The amended B&P code Section 2836.1 extends the NPs furnishing authority to include Schedule III, IV, V controlled substances by adding "order" that can be considered the same as an order initiated by the physician. The NP must obtain a DEA registration number to furnish Schedule III, IV, V, controlled substances.

**PRACTICE REQUIREMENTS**

The following criteria must be met by the NP in order to utilize the furnishing number to furnish drugs and/or devices pursuant to B&P Section 2836.1.

**BOARD APPROVED 5/97**

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NPR-I-16 (REV 6/00)

### **Furnishing Number**

Include the furnisher's name and furnishing number on the transmittal order form for drugs, devices, or both. Prescription pads may be used as a transmittal order form as long as they contain the furnisher's name and furnishing number. The NP's DEA number is also required on the transmittal form for Schedule III, IV, or V controlled substance. Pharmacy law requires a physician's name on the drug or device container label. As of January 1, 2000, AB 1545 (Chapter 914) amended pharmacy law and now requires the pharmacist to also include the NP's name on the container label.

### **Limitation on Drugs and/or Devices**

The drugs and devices are furnished by a NP in accordance with standardized procedures or protocols developed by the NP and supervising physician under any of the following circumstances:

- When furnished incidental to the provision of family planning services.
- When furnished incidental to the provision of routine health care or prenatal care.
- When rendered to essentially healthy persons.

### **Furnishing Controlled Substances**

The NP is required to have a furnishing certificate from the Board of Registered Nursing and a Drug Enforcement Administration registration number.

The furnishing of drugs including controlled substances shall be further limited to those drugs agreed upon by the NP and physician and specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished by an NP, the controlled substances shall be furnished in accordance with a patient-specific protocol contained within the standardized procedure and approved by the treating or supervising physician. A copy of the section of the NP's standardized procedures relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

A patient-specific protocol as required for NPs to furnish Schedule III controlled substances is a protocol contained within the standardized procedures that specifies which categories of patients may be furnished this class of drugs. The protocol may state any other limitations as agreed upon by the NP and the supervising physician, such as the amount of the substance to be furnished, or the criteria for consultation. Pursuant to Health and Safety Code section 11200(b), " no prescription for a Schedule III or IV substance may be refilled more than five times in an amount, for all refills of the prescription taken together, exceeding a 120 day supply." Prescription for furnishing Schedule III through V refers to "order" for the written prescription transmittal order.

### **Standardized Procedure**

Furnishing the drugs or devices in accordance with standardized procedures as defined in Business and Professions Code Section 2725 and 2836.1 of the Nursing Practice Act. An example of a patient-specific protocol for Schedule III drug is attached. A drug formulary

may be incorporated into the standardized procedure as described in the Board advisory statement, "AN EXPLANATION OF STANDARDIZED PROCEDURE REQUIREMENT FOR NURSE PRACTITIONER."

### **Sites**

The qualified California Board of Registered Nursing certified nurse practitioner may furnish drugs or devices in accordance with standardized procedures in any site except in an NP solo practice. A solo practice is defined as a nursing practice which is solely owned and operated by the NP or a group of NPs.

### **Physician Supervising**

Furnish the drug and/or devices under the supervision of a physician. BRN approval of the supervising physician is not required. For furnishing purposes, the physician may supervise a maximum of not more than four NPs at one time. The physician must be available by telephonic contact at the time of the patient examination by the nurse practitioner.

### **Patient Education**

Prior to the furnishing of drugs or devices, the NP must provide appropriate educational information available to the patient.

Other BRN advisory statements related to furnishing of drugs may be obtained from either BRN offices or the Web site.

[www.rn.ca.gov](http://www.rn.ca.gov)

S. El Monte Office (626) 575-7080

Sacramento Office (916) 322-3350

## **EXAMPLE, -PATIENT-SPECIFIC- PROTOCOL FOR FURNISHING CONTROLLED SUBSTANCES SCHEDULE III**

The patient-specific protocol is contained within the standardized procedure from which the nurse practitioner (NP) is furnishing the Schedule III controlled substance. This is a suggested format. Any format which addresses the category or diagnosis of illness/injury/condition etc. for which the Schedule III controlled substance is to be used and includes the eleven (11) guidelines outlined in CCR 1474 is acceptable.

## 1. Poll

As relates to the standardized procedure from which the NP is furnishing the Schedule III controlled substance.

## 2. PROTOCOL

### 1. Definition

Knee injury is an acute traumatic incident which can contuse, fracture, or tear various knee structures.

### 2. Data base

#### a. Subjective Data

The following history is suggested:

Description of injury or work activities surrounding the onset of symptoms  
History of valgus, varus and/or associated rotary stress injury

Audible "pop" at moment of injury

Other subjective data as appropriate

#### b. Objective Data

The following assessment is suggested, and any or all of these findings may be noted:

Knee:

Examine for swelling, effusion, redness, ecchymosis, decreased range of motion, tenderness, or any combination of these.

Assessment:

Knee injury

Diagnostic Plan

Treatment Plan

- Supportive therapy:

- Encourage rest

- Apply ice

- Apply compression wrap for swelling

- Elevate affected extremity

- Recommended drug therapy for severe pain

- Acetaminophen with Codeine 1-2 tablets every 4 hours to a maximum of 12 tablets/24 hours

- Hydrocodone and Acetaminophen 1-2 tablets every 4-6 hours; maximum dosage of Acetaminophen, 4g/day.

- Limit the number of tablets to 20, 30 or 50 with no refills.

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100  
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Ruth Ann Terry, MPH, RN  
Executive Officer

**NURSE PRACTITIONERS****NEW AUTHORITY TO PROVIDE MEDICATIONS**

**Effective January 1, 2000**

Assembly Bill 1545 (Correa) and Senate Bill 816 (Escutia) were signed into law by Governor Gray Davis on October 8, 1999, and became law January 1, 2000. These bills amend nurse practitioner practice while furnishing drugs and devices to patients.

AB 1545, Chapter 914 (Correa) addresses the following:

**NP name on the Rx label.** Pharmacy law specifies what must be included on the medication label prepared by a pharmacist and placed on the patient's medication container. Formerly, the nurse practitioner (NP) writing an order for a medication did not have his or her name and title "NP" on the label; only the physician's name was on the patient medication container.

AB 1545 will direct the pharmacists to include the NP's name as well as the physician's name on the medication label.

**Dispensing medication.** Business and Professions Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medications, except controlled substances, upon the valid order of a physician in primary, community, and free clinics.

AB 1545 amends this section to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol, in these clinics. Pharmacy law, Business and Professions Code Section 4076, is amended to include NPs dispensing using required pharmacy containers and labeling.

**Signing for Sample Medications.** Formerly, NPs could not sign for drug samples offered by representatives of pharmaceutical companies. Pharmaceutical companies supply medical offices with sample medications, and only physicians were permitted by law to sign the receipt from the pharmaceutical representative acknowledging receipt of the medication.

The new law adds this section to pharmacy law: an NP who functions pursuant to a standardized procedure, as described in Section 2836.1 or protocol, may sign for delivery or receipt of complimentary samples of dangerous drugs or dangerous devices

that have been requested in writing by his or her supervising physician. Pharmacy law, Business and Professions Code Section 4061, is amended to reflect NPs accepting sample medications. NPs may sign the receipt of a manufacturer's sales representative for complimentary samples.

SB 816, Chapter 741 (Escutia) addresses the following:

**Furnishing Controlled Substances.** The new law requires the NP who has a furnishing number to obtain a DEA registration number to "order" controlled substances Schedule III, IV and V.

The Drug Enforcement Administration (DEA) monitors all prescribers who write for controlled substances. All prescribers who write for controlled substances are required to register with the DEA and obtain a DEA registration number. Currently, NPs with furnishing numbers have California legislative authority to furnish controlled substances, Schedule III, IV, and V.

**Definition – Drug Order.** Under current law, NPs furnish drugs and devices in accordance with standardized procedures or protocols developed by the NP and his or her supervising physician. This new law adds "**order**" or "**drug order**" to Business and Professions Code Section 2836.1. The new law changes furnishing of controlled substances Schedule III, IV, or V to mean issuing an **order** for a drug. The intent of this legislation is furnishing can now be known as an "order" and can be considered the same as an "order" initiated by the physician. This new law requires the NP who has a furnishing number to obtain a DEA number to "order" controlled substances, Schedule III, IV, and V.

**Registration with the Federal Drug Enforcement Administration (DEA).** The NP who has a furnishing number can obtain an application for a DEA number by calling:

San Francisco Field Division: 1-888-304-3251  
Los Angeles Field Division: (213) 894-2216 or 1-888-415-9822  
San Diego Field Division: (858) 616-4327

The address is:

United States Department of Justice  
Drug Enforcement Administration  
Central Station  
P.O. Box 28083  
Washington, D.C. 20038-8083

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Ruth Ann Terry, MPH, RN  
Executive Officer**Restraint and Seclusion Orders  
by Nurse Practitioners**

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*Medicare: Hospital Conditions of Participation for Patients' Rights, Regulation 482.13 (e) and (f) of the Hospital Interpretive Guidelines.*

Nurse practitioner questions have arisen due to Hospital Interpretive Guidelines – Patients Rights, 482 (e) and (f) referring to restraint and seclusion for behavior management. Nurse practitioners are asking whether they can order seclusion and restraints. The BRN has reviewed Health Care Finance Administration interpretive guidelines for Hospital Condition of Participation for Patients' Rights which includes definition of a licensed independent practitioner, LIP. The LIP interpretive guidelines expressly state that doctor of medicine and osteopathy may delegate tasks to other qualified healthcare personnel i.e. nurse practitioners and physician assistants.

The California certified furnishing nurse practitioner may order physical or chemical restraint, in strict accordance with approved standardized procedure(s). A Drug Enforcement Administration, DEA, registration number is necessary for furnishing controlled substances. The nurse practitioner may also order seclusion based on an approved standardized procedure. The nurse practitioner must be knowledgeable and competent in the Hospital Conditions of Participation for Patients' Rights which include the Interpretive Guidelines. By the use of approved standardized procedures, the physician, the hospital, and the nurse practitioner have collaborated on the extent of implementation of an approved order for restraints and seclusion which meet the intent of the acute medical and surgical hospitals Conditions of Participation for Rights.

Hospital Conditions of Participation for Patients' Rights – Interpretive Guidelines, can be obtained from the Health Care Financing Administration's Web site at [www.hcfa.gov/quality/4b2.htm](http://www.hcfa.gov/quality/4b2.htm).

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## FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

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### Practice Questions

➤ ***Do my patient charts need to be countersigned by a physician?***

The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally, some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may also be written to require physicians to countersign charts.

➤ ***Can a nurse practitioner dispense medications? If so, what laws should the nurse practitioner know about to perform this function?***

The Business and Profession Code, Section 2725.1 – allows registered nurses to dispense (hand to a patient) medication, except controlled substances, upon the valid order of a physician in primary, community and free clinics.

AB 1545, Chaptered 914 (Correa)-amended Section 2725.1 to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol in primary, community and free clinics. Pharmacy law, Business and Professions Code, Section 4076 is amended to include NPs dispensing using required pharmacy containers and labeling. This new law became effective January 1, 2000.

➤ ***Is a nurse practitioner practicing illegally when the physician supervisor is more than 50 miles away?***

The mileage between the nurse practitioner and the supervising physician is not specifically addressed in the NPA. However, the physician should be within a geographical distance, which enables her/him to effectively supervise the nurse practitioner in the performance of the standardized procedure functions.

➤ ***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***

No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.

- ***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***

You must first be clinically competent to provide care to this new patient population. Clinically competent is defined in California Code of Regulations (CCR) section 1480(c) as "...to possess and exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice." In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level for the new patient population.

Once competency is achieved, and as required by the Standardized Procedure Guidelines (CCR 1474), the standardized procedures for the adult population must specify the experience, training, and/or education, which enables you to provide the care. The method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions must also be specified.

- ***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination include, but are not limited to, patient population and acuity, treatment modalities, and advances in technology affecting the patient population.

- ***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

If the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by nursing, administration, and medicine at the agency, then they may be used.

- ***I am a geriatric nurse practitioner and work with a physician who has patients in a number of nursing homes. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

- ***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title "Nurse Practitioner" (NP) because BRN certification is required if you "hold out" as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

- **Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?**

No. The law restricts use of standardized procedures to performance of medical functions; therefore, the standardized procedures cannot be developed solely by the nurse practitioner and chiropractor. However, the chiropractor can be part of the interdisciplinary team, which must include nursing, administration, and medicine that develops the standardized procedures. Nurse practitioners may not furnish drugs or devices to the patients of a chiropractor. The nurse practitioner furnishing law requires that the standardized procedures or protocols be developed by the nurse practitioner and his or her supervising physician and surgeon, (2836.1 (a)).

- **May I call myself a nurse practitioner once I have completed my nurse practitioner program?**

You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title without BRN certification subject their licenses to Board discipline.

- **I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still “furnish” medications for patients using a standardized procedure?**

No. There is explicit statutory language related to furnishing of drugs and devices by nurse practitioners (NPA, Article 8). The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner transmittal orders for drugs or devices.

- **How do I find out about third party billing, especially medicare and medi-cal?**

<b>Medicare</b>	<b>Medicare</b>	<b>Medi-Cal</b>
Certification Dept	Physician and Provider	916-323-1945
P.O. Box 60560	line	EDS 1-800-544-5555
Los Angeles, Ca. 90060-0560	Chico, CA. 95976	Provider Information.
213-742-3996	530-743-1587	

*These numbers all have recorded responses, they are subject to change.*

## Furnishing Questions

- **What is a formulary?**

A pharmacy formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary(ies) in their furnishing standardized procedure.

➤ ***What is a “patient specific protocol” for schedule III, controlled substances?***

The patient-specific protocol required for nurse practitioners to furnish Schedule III controlled substances is a protocol, contained within the standardized procedure, that specifies which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation.

➤ ***In my furnishing procedure do I need to list the drugs and devices that can be furnished or can I use categories of drugs?***

The law requires the identification of the drugs and devices in standardized procedure or protocol. The nurse practitioner cannot use a category of drug to meet the furnishing requirements. The law states:

The standardized procedures or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish drugs or devices, **which drugs or devices may be furnished**, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provisions of the standardized procedures. (NPA, Section 2836.1) (Emphasis added.)

➤ ***How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?***

The furnishing law requires that the physician supervise no more than four nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise.

➤ ***I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?***

The BRN does not require you to maintain two furnishing numbers. It should be noted that the certified nurse midwife furnishing law is more restrictive than the nurse practitioner law. The nurse practitioner furnishing statute was amended in 1997 and January 1, 2000 and permits furnishing in all sites except “solo practice” and, with certain limitations, permits nurse practitioners to furnish controlled substances, Schedule III, IV, V. NPs may now obtain DEA registration to furnish controlled substances, schedule III, IV, V. (The CNM furnishing laws did not change in 1997 and January 1, 2000).

## DEA Questions

➤ ***The DEA application asks for “State License No.”. Which number, RN license number or NPF number, should the NP put on the application?***

The DEA requires the RN license number and the NPF number.

- ***The DEA application asks for a business address. Can the NP use a work address or personal address?***

The DEA requires a business address that is the physician's address or clinic's address for the DEA Registration Number. The DEA Number is clinic site specific for dispensing, prescribing and administering purposes. If you leave your place of employment, you must submit written notification to the DEA Office with a copy of your DEA Number, the California RN license and the NP Furnishing Number certificate. If you go to another clinic, you must submit a written request for change of address to the DEA. If the physician or office clinic has two locations (business addresses), the primary clinical site should be referenced for the DEA Registration Number. Keep in mind that NPs cannot furnish in the solo practice of a nurse practitioner or nurse practitioners.

- ***Does the NP need a furnishing number issued by the BRN to obtain a DEA number?***

Yes, an NPF number is required to obtain a DEA number. The provisions of SB816 added "order" to Business and Professions Code, Section 2836.1. SB816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V. Schedule III requires "patient specific protocol" approved by the physician.

- ***Can NPs now be allowed to write for controlled substances, Schedule II narcotics, with their DEA number?***

No, NPs are authorized to order Schedule III, IV, and V controlled substances. Physician Assistants can order Schedule II, controlled substances as this was provided for in SB816.

- ***Does having a DEA number eliminate the need for a furnishing number?***

No, the DEA number only allows NPs to write "order" controlled substances, Schedule III, IV, and V. NPs are required to have a furnishing number to make drugs and devices available to their patient using a transmittal form (prescription pad) and are to be furnished pursuant to approved standardized procedures. DEA registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

- ***On the DEA application, it asks "Administer, Dispense, Prescribe". Can a NP as a result of SB816 now prescribe?***

Yes, for the purposes of obtaining DEA numbers and writing for controlled substances, the NPs "prescribe" Schedule III, IV, V.

- ***Are NPs now considered "prescribers"?***

For the purpose of obtaining a DEA number for (ordering) Schedule III, IV, V the NP with a furnishing number is considered by the DEA to be a prescriber.

- ***Can the NP with a furnishing number use their physician's DEA number?***

No, the NP with a furnishing number may not use the physician's DEA number. The new law requires the nurse practitioner with the furnishing number to obtain his or her own DEA number to furnish controlled substances.

➤ ***What is required to be printed on the prescription pad/transmittal order/drug order?***

When furnishing a controlled substance, Schedule III, IV, or V, write the "order" and include your name, title, furnishing number, and DEA number. The law still requires the supervising physician to be identified on the transmittal order for the purposes of the label on the container. The NP name will also be displayed on the container as a result of AB1545 which is a new provision.

➤ ***Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?***

Nurse practitioners do not have prescriptive authority. Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient.

SB 816, Chapter 749, (Escutia), effective January 1, 2000 authorizes NPs with furnishing certificates to apply for a DEA number. Business and Professions Code, Section 2836.1 was amended, NPs furnish drugs and devices in accordance with standardized procedures or protocols developed by the NP and his or her supervising physician. The new law added "order" or "drug order" to Section 2836.1. The intent of this legislation is furnishing can now be known as an "order", and can be considered the same as an "order" initiated by the physician.

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs in Section 2836.1 of the Business and Professions Code are legally authorized to furnish and "order" controlled substances, schedule III, IV, V.

Registration with the Federal Drug Administration (DEA) can be done by calling:

Los Angeles Field Division: (213) 894-2216 or 1-888-415-9822

San Diego Field Division: (858) 616-4329

San Francisco Field Division: 1-888-304-3251

➤ ***Where can a nurse practitioner find information on controlled substances such as the drug enforcement administration (DEA) and pharmacy laws? Numbers subject to change.***

DEA Main office, San Francisco: 1-888-304-3251

DEA Field office, San Diego: (858) 616-4329

DEA Field office, Los Angeles: (213) 621-6960

Board of Pharmacy : (916) 445-5014