

Group Letterhead
Address & Phone
List of Providers in Group

**Collaborating Physician / Prescriptive Authority Protocol for
Advanced Practice Registered Nurses (APRN)**

{APRNs Name} and {Collaborating Physician's Name}

- I. Appropriate laboratory tests and/or diagnostic procedures will be required and ordered by the APRN before medical therapeutics or corrective measures may be prescribed by the APRN. The APRN may perform, but not be limited to, the following:
 - A. Elicit a complete medical history:
 1. Chief complaint
 2. Review of systems
 3. Past medical history
 4. Family history
 5. Current medications
 6. History of allergies and/or untoward responses to medications or treatments
 7. Pregnancy and/or breastfeeding history.
 - B. Conduct an appropriate physical examination.
 - C. Order and interpret diagnostic tests, which may include:
 1. Blood tests (hematology, chemistry, serology)
 2. Urinalysis
 3. Cultures, KOH preps, scrapings, Zancck preps, gram stains
 4. Diagnostic imaging (x-rays, cans, MRI, ultrasounds, mammograms)
 5. Pulmonary function tests
 6. Echocardiogram, stress test, holter monitor
 7. EEG, EKG
 8. EMG
 9. Smears (breast, vaginal, cervical)
 10. Sensory screenings (hearing, vision)
 11. Skin testing
 12. Other tests related to the area of clinical specialization
 - D. Devise and implement a plan of care:
 1. Order pharmacologic agents
 2. Evaluate cost and ease of treatment
 3. Evaluate compliance issues
 4. Perform therapeutic procedures in the area of clinical specialization:
 - a. Administer nebulizer treatments
 - b. Wart care
 - c. Other procedures as indicated
- II. Situations in which medical consultation or referral may or may not be required before the APRN prescribes or administers are as follows:
 - A. Consultation is not required for prescriptions for common primary care problems.
 - B. Consultation is not required for renewal of medications for stable chronic disease
 - C. Consultation may be indicated in the following instances:

1. Evaluation, management and/or treatment of medical conditions which have been resistant to treatment.
2. Prescription of multiple medications with the potential for drug interactions or significant side effects.
3. Prescription of multiple medications and/or treatment of conditions which are unfamiliar to the APRN
4. Evaluation and management of untoward or unusual responses to treatment
5. Evaluation and management of conditions that do not fit commonly accepted diagnostic patterns for disease/disorder
6. Evaluation and management of physical or historical findings without obvious explanation
7. Initiation of a drug regimen in common chronic disease
8. Evaluation of situations when the best interest of the patient would be served by a consultation
9. Initiation of consultation may always be sought whether or not indicated, as outlined above.
10. Prescription of Schedule II narcotics.

D. Consultation is generally indicated in the following instances:

1. Initiation of a drug regimen in chronic disease of a complex nature
2. Alteration of the dosage of medication in the management of chronic disease as a result of the exacerbation or change in the status of the disease
3. Treatment of severe, acute disease
4. Treatment of an acute process in patients with multi-system disease

E. Consultation is always indicated in the following instance:

Treatment of patients with overwhelming or life-threatening disease.

III. Categories of medical therapeutics which may be prescribed or administered by the APRN include the following:

A. Pharmaceutical agents that generally require no consultation:

1. non narcotic analgesic and anti-pyretic
2. anti-migrane (non narcotic)
3. topic anesthetic (rectal, urinary tracts, ophthalmic)
4. anti-arthritic, anti-gout
5. anti-diarrheal
6. anti-spasmodic
7. antacid, carafate
8. anti-reflux, H2 antagonist
9. anti-emetic
10. digestant
11. laxative, stool softener
12. anal/rectal preparation
13. antihistamine
14. anti-pruritic
15. anti-allergy , oral and nasal inhaler
16. anti-microbial
17. vaginal preparation
18. anti-asthma
19. contraceptive
20. cough medicine
21. decongestant
22. dermatologic agents
23. ophthalmic anti-infective, anti-allergy agents

24. otic preparation
25. hormones
26. steroids
27. muscle relaxants
28. urinary anti-spasmodics
29. immunizations
30. agents used for substance abuse

B. Pharmaceutical agents that will generally require consultation when treatment is initiated:

1. agents related to HIV, AIDS
2. anti-anxiety, anti-depressant
3. anti-arrhythmics
4. anti-hypertensives
5. other cardiovascular preparations
6. selected anti-microbials
7. thyroid treatments
8. diabetic agents
9. lipid lowering agents
10. sedatives, hypnotics

C. Pharmaceutical agents that will always require consultation when treatment is initiated:

1. oncologic agents
2. anti-anginal
3. anti-psychotic, anti-manic
4. anti-coagulant, blood modifier, and other blood products
5. anti-convulsant
6. anti-Parkinson
7. agents for treatment of glaucoma

IV. Annual evaluation of prescriptive authority by APRNs will be conducted by the physician in the clinical practice relationship with the APRN.

V. The physician in the clinical practice relationship with the APRN will review the protocol annually and provide written documentation to the Y-NHH Department of Physician Services of any changes in the protocol. The physician also will state that the clinical practice relationship has been renewed for one year.

STATEMENT OF AGREEMENT

This document is intended to formalize the clinical practice relationship between the Advanced Practice Registered Nurse (APRN) and the collaborating physician.

By signing this statement of agreement, the undersigned agree to maintain a collaborative and collegial relationship and to abide by the enclosed APRN prescriptive authority protocol.

APRN Printed Name

APRN Signature

Date

MD Printed Name

MD Signature

Date