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ADULT ACUTE CARE
CERTIFIED REGISTERED NURSE PRACTITIONER
Standard Protocol (Collaborative Practice)

The patient population of the Adult Acute Care NP (ACNP) includes adults from adolescence through the end of life. Common practice settings for ACNPs are inpatient hospitals, emergency departments, intensive care units, acute care units, and specialty clinics. Critical care, cardio-pulmonary, emergency medicine/trauma, and oncology are a few of the specialties in which the ACNPs may practice.

Core Duties and Scope of Practice

1. The certified registered nurse practitioner (CRNP) may work in any setting consistent with the collaborating physician's areas of practice and function within the CRNP's population-focused scope of practice. The CRNP's scope of practice shall be defined as those functions and procedures for which the CRNP is qualified by formal education, clinical training, area of certification, and experience to perform.
2. The following core skills and formulary are part of the standard protocol which may be performed by the CRNP:
    a. Arrange inpatient admissions, transfers and discharges in accordance with established guidelines/standards developed within the collaborative practice; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
    b. Perform complete, detailed, and accurate health histories, review patient records, develop comprehensive medical and nursing status reports, and order laboratory, radiological, and diagnostic studies appropriate for complaint, age, race, sex, and physical condition of the patient.
    c. Perform comprehensive physical examinations and assessments.
    d. Formulate medical and nursing diagnoses and institute therapy or referrals of patients to the appropriate health care facilities and/or agencies and other resources of the community or physician.
    e. Plan and initiate a therapeutic regimen which includes ordering legend drugs, medical devices, nutrition, and supportive services in accordance with established protocols and institutional policies.
    f. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning, and allergic reactions. In emergencies, initiate mechanical ventilatory support and breathing, if indicated.
    g. Interpret and analyze patient data and results of laboratory and diagnostic tests.
    h. Provide instructions and guidance regarding health care and health care promotion to patients, family and significant others.
3. In addition to procedures within basic RN scope of practice, the collaborating physician and CRNP determine whether a procedure on the protocol is necessary for their collaborative practice site(s). The physician must be qualified to provide medical direction for the procedure; the CRNP who lacks current proficiency is responsible and accountable for obtaining sufficient education, guidance and/or supervision for safe practice prior to performing a procedure.

    The CRNP should have on file the documented training, education, and competency validation for <u>all</u> of the skills/procedures listed below and agreed upon with the collaborating physician, which include, but are not limited to, the following Standard Skill/ Procedure Protocol:
    a. The skills, functions, and formulary taught in Nurse Practitioner (NP) academic education do not require individual documentation.
    b. The collaborating physician and CRNP may document and validate that the NP has received: education, training, and competency (to include demonstrated competency with respect to specialty legend drugs) to comply with the rules and regulations pertaining to the CRNP's duties and physician's collaborative practice.
    c. The documentation and signatures below indicate: the skills and procedures previously acquired and proficiently performed and the specialty legend drugs approved in this collaborative practice.

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Standard Skill and Formulary Protocols (* Indicates RN Practice)	**Physician Initials or ✓** Indicate Skill and Formulary Protocols Are Allowed at the Practice Site		**Education and Competency Validation** ✓ or Date = Previous Validation N/A = Not Applicable		
	Permitted (Yes)	**Not Allowed (No)**	**Basic NP Education**	**Previous Validation**	**Instruction to be Scheduled**
Abscess - Incision, Drainage and care of					
Administering local anesthetic agents					
Arterial Lines, Insertion of Radial, Femoral					
Audiometry / Audiogram, Interpretation of					
*Baclofen Intrathecal Pump, Refill					
Bartholin Gland, I & D cyst; placement of Word Catheter					
Bedside Chemical Pleurodesis					
Bimanual pelvic exam					
Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 6 mm in diameter and not below the level of the full dermis. If on anatomically sensitive areas such as, eyes and ears must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure.					
*Bone Marrow Aspiration/Biopsy (Iliac Crest)					
*Cardiac Stress Testing					
*Cast application and removal					
Chest Tube/ Pleural Cath Removal: Allowed to remove Mediastinal Chest Tubes					
Central Venous Line Removal – Tunneled					

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	Permitted (Yes)	Not Allowed (No)	Basic NP Education	Previous Validation	Instruction to be Scheduled
Cryotherapy of non-pigmented superficial lesions – Allowed to perform on the face, only on skin lesions not to exceed 6 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as eyes, must be evaluated by the physician prior to treatment.					
Digital Nerve Block proximal and distal phalangeal					
Echocardiography, technical component					
*EKG 12 Lead interpretation with subsequent physician interpretation					
*External Cardiac Pacing					
*Femoral Venipuncture for blood sample					
*First and Second assistant in surgery					
Flexible Sigmoidoscopy					
Foreign Body removal					
*Hemapheresis, Stem Cell collection and Leukopheresis					
Initial x-ray interpretation with subsequent physician interpretation					
*Intrathecal Admin of Chemotherapy Via Omaya Reservoir					
Laser Protocols for Non-Ablative Treatment- as a Level 1 Delegate					
Lumbar Puncture					

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	Permitted (Yes)	**Not Allowed (No)**	**Basic NP Education**	**Previous Validation**	**Instruction to be Scheduled**
Nasal Cautery with Silver Nitrate Applicator for Epistaxis					
Nasal Packing, Anterior for Control of Epistaxis					
*Needle Decompression, Tension Pneumothorax					
Pelvic Floor Rehab with Electrical Stimulation and Biofeedback					
Pulmonary Spirometry, Interpretation of					
Removal of Benign Lesions after Physician Evaluation					
Removal of Pacing Wires					
*Removal of Pulmonary Artery Catheter (Swanz-Ganz Catheter)					
Removal skin tags					
Removal of Toenails					
Sclerotherapy of Telangiectasis with FDA approval solutions					
Sclerotherapy with Sotradecol as foam or liquid, concentration not to exceed 0.5%; cannot be used at a remote site; must have written documentation of adequate training					
Suturing of superficial lacerations					
Total Parenteral Nutrition (TPN) Initiation not to include writing the formula					
Tympanogram with Interpretation and Treatment					

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	Permitted (Yes)	Not Allowed (No)	Basic NP Education	Previous Validation	Instruction to be Scheduled
*Vagal Nerve Stimulator, Interrogation with and without Voltage Adjustment					
Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis					

Standard Skill and Formulary Protocols (* Indicates RN Practice)	Physician Initials or ✓ Indicate Skill and Formulary Protocols Are Allowed at the Practice Site		Education and Competency Validation ✓ or Date = Previous Validation N/A = Not Applicable		
Specialty Legend Drugs authorized for use within the scope of the collaborative practice specialty	**NOTE:** The Initial dose must be prescribed by a physician, with authorization to prescribe maintenance doses, according to written protocol or direct order of the physician.				
	Permitted (Yes)	Not Allowed (No)	Basic NP Education	Previous Validation	Instruction to be Scheduled
Antineoplastic Agents					
Oxytocics for CRNP					
Radioactive Agents					
Non-Biologic disease - modifying Anti-Rheumatic Drugs (DMARDS)					
Biologic or Biosimilar DMARDS and Anti-tumor necrosis factor drugs (anti-TNF)					
Other Biologics or Biosimilars (excluding Anti-TNF)					

Additional specialty skills may be requested for the CRNP (i.e., diagnostic or therapeutic Skill and Formulary requiring additional training, monitoring, and/or onsite physician availability), as provided in ABN Administrative Code Chapter 610-X-5-.19(3). The protocols are determined by the practice site and population-focused certification. They are available on the Advanced Practice section of the ABN website.

The signatures below indicate the Standard Protocol Agreement for this collaborative practice and define the skills and standard legend drugs the collaborative physician has approved for the collaboration with this CRNP.

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TO BE COMPLETED BY CRNP/MD
THE FOLLOWING FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.

Patient Referral Process (for physicians other than collaborating physician (610-X-5-.09(8)(f))

Emergency Plan (pre-determined plan for emergencies (610-X-5-.09(8)(e))

Attestation: We hereby certify under penalty of law of the State of Alabama that the foregoing information in this standard protocol is correct to the best of our knowledge and belief. We understand that we are jointly and individually responsible for complying with the rules and regulations pertaining to CRNP and the collaborative practice of CRNP with physicians.

Print Collaborating Physician Name

Original Signature of Collaborating Physician

Date

Physician License #

Print Name of CRNP

Original Signature of CRNP

Date

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Note: This protocol is to be on file with the ABN and a copy of this protocol should be on file at the practice site.

Return the completed, signed form via email to advancedpractice@abn.alabama.gov or fax it to 334.293.5201.