JOB DESCRIPTION
NURSE PRACTITIONER

Related documents: Nurse Practitioner Process Protocol
"Authorization for Individuals to Provide Services as Allied Health Personnel" in the LPCH/SCH Administrative Manual
NP Standard Procedures Appendix A, B, C

I. JOB SUMMARY

The Nurse Practitioner functions under the general Nurse Practitioner Standardized Process Protocol approved by the Interdisciplinary Practice Committee (IDPC). The Nurse Practitioner provides routine care and management of the patient with acute and chronic complaints, in collaboration with the supervising physician and through implementation of standardized procedures. Specific functions pertaining to the Service, Clinic or Department are established by the Nurse Practitioner and the supervising physician(s), and approved by the appropriate medical and nursing administrators, the IDPC, and the Lucile Packard Children's Hospital Medical Board and Board of Directors.

II. SUPERVISION

A. Supervision is provided by attending physicians in the Clinic, Service or Department. In his/her absence, supervision will be provided by another physician designated by the supervising physician. Standardized procedures, approved by the supervising physician(s) and the IDPC, are a mandatory mechanism of supervision. Other mechanisms of supervision used may be:

1. Direct on-site or phone supervision by a supervising physician must be available. A physician cannot supervise more than four nurse practitioners at one time.
2. Chart audits on random charts as an integral part of selected Quality Improvement programs.

B. The Nurse Practitioner will receive an annual formal performance evaluation by Director of Professional Practice with input from the supervising physician(s) and a NP colleague.

III. ESSENTIAL FUNCTIONS

A. Evaluates and treats patients with acute and chronic complaints related to specialty, according to written standardized procedures (see Appendix A).
B. Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new patients according to written standardized procedures (see Appendix A).
C. Obtains interval histories and performs pertinent examinations on return patients.
D. Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient according to written standardized procedures (see Appendix A and C and service-specific template).
E. Orders and furnishes medications according to written standardized procedures.
F. Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable.
G. Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork.
H. As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications (see Appendix B). Medications that are not FDA-approved or are

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used for a non-FDA-approved indication (off-label use) require a patient-specific order in advance from the supervising physician or a specific procedure.

I. Recognizes and considers age-specific needs of patients.
J. Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.

A. Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary. Refer to Cardiopulmonary Resuscitation Protocol (Code Blue) in the online LPCH Administrative Manual and Rapid Response team protocol.

IV. LICENSURE/CERTIFICATION

A. Current RN licensure and current Nurse Practitioner Certification in the State of California required.
B. Certification in Basic Cardiac Life Support (BCLS) required.
C. Furnishing number issued by the Board of Registered Nursing (BRN) required in order to furnish medications.
D. If The Nurse Practitioner will be furnishing or ordering Schedule II-V controlled substances, he or she must have a current DEA number from the United States Drug Enforcement Administration.
E. Certification as a Nurse Practitioner by a nationally accredited nursing organization is preferred.

V. QUALIFICATIONS

Demonstrated ability to function both independently and in collaboration with other health care professionals.

VI. JOB CLASSIFICATION STANDARDS

A. Exposure Risk to Blood-Borne Pathogens
   Category 1: Tasks regularly involve exposure to blood, body fluids or tissues. The potential for spills or splashes of blood, body fluids or tissues exists in job-related tasks.
B. Physical Demands and Work Environment
   The work involves considerable physical exertion such as frequent lifting of patients and equipment, bending and stooping, and walking. The work environment involves moderate risks or discomforts which require special safety precautions, e.g., working with risk of exposure to contagious disease, radiation or infection, or working with emotionally disturbed patients. Precautions are routine for nearly all situations. The employee may be required to use protective clothing or gear.

VII. DOCUMENT INFORMATION

A. Legal Authority/References: California Nursing Practice Act, Business and Professions Code, Division 2, Chapter 6, Article 8 and the California Code of Regulations Title 16, Division 14, Articles 7 and 8.
B. Original Date/Author: 8/96 by Connie Taylor, Patient Care Policy and Procedure Coordinator
C. Distribution and Training Requirements
   1. This policy resides in the Interdisciplinary Practice Committee (IDPC) Manual Copies are available to the division or department and each unit where the nurse practitioner cares for patients.
D. Review and Renewal Requirements
   This document will be reviewed every three years and as required by change of law or practice. The Interdisciplinary Practice Committee must approve any change in the role.
F. Review/Revision History

Last reviewed October, 2008
1. This job description was developed from the Nurse Practitioner Job Description template that was last approved by the Legal Office (Ropes & Gray) in August 2001.

2. Revised 11/04 to update Formulary information based on Assembly Bill 1196, effective January 1, 2004, that amended the Business and Professions Code Section 2836.1 (Furnishing Drugs and Devices) expanding the certified nurse practitioner furnishing authority to include pharmacological drugs that are classified as Schedule II controlled substances under the California Uniform Controlled Substance Act.


G. Approvals

April 2005: Interdisciplinary Practice Committee
July 2008: Interdisciplinary Practice Committee

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Appendices:

A. Standardized Procedures for Assessment & Management of Patients

B. Standardized Procedures for Furnishing or Ordering
   i. Formulary for Service Specific Standardized Procedures

C. Service Specific Standardized Procedures
I. ACUTE PATIENTS

A. **Definition:** This procedure covers the management of common acute disorders related to area of specialty in essentially healthy or stable patients.

B. **Data Base** (may include but not limited to):
   1. **Subjective Data:**
      a. Relevant historical information including current medications.
      b. Symptoms related to the specific disease organ systems affected.
      c. Present status of symptoms (present, increased, decreased, absent).
      d. Current treatment and effects.
      e. Past medical history including illnesses, hospitalizations, surgeries, traumas, family, and nutrition history.
   2. **Objective Data:**
      a. Physical examination ranging from focused to comprehensive as indicated by the subjective data.
      b. Diagnostic evaluation as appropriate. This may include but is not limited to ordering of radiographic and/or laboratory studies.

C. **Plan:**
   1. **Diagnosis:**
      a. Consistent with subjective and objective findings.
      b. Assessment of the status of the disease process.
   2. **Treatment** (may include one or more of the following):
      a. Initiation or adjustment of medication as allowed by the California Nurse Practice Act and approved LPCH policy/procedure as described in Appendix B.
      b. Performance of the standardized treatment procedures as described in Appendix C.
      c. Ordering of diet, exercise, rehab services and/or durable medical equipment (DME).
      d. Referral for surgery and/or specialty services as necessary.
   3. **Education and Counseling:**
      a. Assesses patient/family for readiness to learn.
      b. Provides written and/or verbal instructions at level and in language appropriate for patient/family understanding.
      c. Reviews the following topics:
         1) Pathophysiology of diagnosis
         2) Management plan
         3) Medication, device, or equipment instruction
         4) Medication side effects
         5) Signs and symptoms to be monitored at home
         6) Parameters for when patient/family should seek medical assistance.
   4. **Consultation required with the supervising physician for:**
      a. Increase in severity of symptoms after initial treatment.
      b. Acute decompensation or deterioration of patient status, including respiratory distress, change in level of consciousness, or evidence of
cardiovascular compromise.
c. Failure of symptoms to improve within a reasonable time frame.
d. Review of specific management guidelines and possible complications related to treatment of disease process less familiar to the nurse practitioner.
e. At the request of the patient, nurse practitioner or supervising physician.

5. Follow-up:
a. Telephone contact or provider visit as indicated.
b. When a new diagnosis is made or there is a change in the medical management, a notation made in the medical record indicating the physician’s approval of the diagnosis or change in management. Appropriate documentation is completed with supervising physician’s notification.

D. Documentation:
1. All patient visits must include documentation in the medical record of data base collection and plan as outlined in this protocol.
2. Documentation must be legible if handwritten, or dictated.
3. All outreach and telephone management must be documented.

II. CHRONIC PATIENTS

A. Definition: This procedure covers the assessment and management of patients with chronic disorders related primarily to area of specialty. Management by the nurse practitioner is provided for patients who are currently stable but whose chronic condition may cause impairment in function. Treatment by the nurse practitioner of routine anticipated problems for specific chronic disorders will be within the standards of practice established collaboratively with the supervising physician.

B. Data Base (may include but not limited to):
1. Subjective Data:
   a. Relevant historical information including current medications.
   b. Symptoms related to the specific disease organ systems affected.
   c. Present status of symptoms (present, increased, decreased, absent).
   d. Current management program.
   e. Past medical history, including illnesses, hospitalizations, surgeries, traumatic injuries, medication, family and environmental history.

2. Objective Data:
   a. Limited physical examination appropriate to the disease process.
   b. Comprehensive examination, depending upon specific disorder:
      (1) Chest/Cardiovascular
      (2) Abdomen/Gastrointestinal (GI)
      (3) Genitourinary (GU)
      (4) Neurological
   c. Diagnostic evaluation as appropriate. This may include but is not limited to ordering of radiographic and/or laboratory studies.

C. Plan:
1. Diagnosis:
   a. Consistent with subjective and objective findings.
   b. Assessment of the status of the disease process.

2. Treatment (may include one or more of the following):
   a. Initiation or adjustment of medication as allowed by the California Nurse Practice Act and approved LPCH policy/procedure as described in Appendix B.
   b. Performance of the standardized treatment procedures described in Appendix C.
   c. Ordering of diet, exercise, rehab services and/or durable medical equipment (DME).
d. Referral to specialty services as necessary. These include but are not limited to nutrition, social services, physical therapy, and respiratory therapy.

3. Education and Counseling:
   a. **Assesses patient/family for readiness to learn.**
   b. Provides written and/or verbal instructions at level and in language appropriate for patient/family understanding.
   c. Reviews the following topics:
      1) Pathophysiology of diagnosis
      2) Management plan
      3) Medication, device, or equipment instruction
      4) Medication side effects
      5) Signs and symptoms to be monitored at home
      6) Parameters for when patient/family should seek medical assistance.

4. Consultation required in person with the supervising physician for:
   a. Increase in severity of symptoms after initial treatment.
   b. Deterioration with acute episode of respiratory distress, loss of consciousness, or evidence of cardiovascular compromise.
   c. Failure of symptoms to improve within a reasonable time frame.
   d. Review of specific management guidelines and possible complications related to treatment of a disease process less familiar to the nurse practitioner.
   e. At the request of the patient, nurse practitioner or supervising physician.

5. Follow-up:
   a. Telephone contact or provider visit as indicated.
   b. When a new diagnosis is made or there is a change in the medical management, appropriate documentation is completed with supervising physician notification.

D. **Documentation:**
   1. All patient visits must include documentation in the medical record of data base collection and plan as outlined in this protocol.
   2. Documentation must be legible if handwritten, or dictated.
   3. All outreach and telephone management must be documented.

III. **DISEASE MANAGEMENT - PRIMARY CARE**

A. **Description:** Primary care problems include but are not limited to physical assessment and common acute conditions or chronic stable conditions.

B. The nurse practitioner is authorized to diagnose and treat primary care problems in accordance with the following protocols:
   1. A treatment plan is developed based on the resources listed in this document.
   2. All other applicable standardized procedures in this document are followed during patient care management.
   3. All general protocols are followed.

IV. **DISEASE MANAGEMENT - SECONDARY CARE**

A. **Description:** Secondary care problems are unfamiliar, uncommon or unstable conditions, such as sepsis, nutritional management requiring parenteral or enteral nutrition, acid/base abnormalities, fluid and electrolyte imbalances, respiratory distress, renal, endocrine, hematologic, or cardiac disorders.

B. The nurse practitioner is authorized to evaluate and treat secondary care problems in accordance with the following protocols:
   1. A physician is contacted regarding the evaluation and diagnosis before implementing the treatment plan.
2. Management of the patient is either in conjunction with a physician or by complete referral to a physician or secondary care treatment facility.
3. The physician is notified if his/her name is used on a referral to an outside physician or agency.
4. The consultation or referral is noted in the patient's chart, including name of the physician.
5. All other applicable protocols/procedures in this document are followed during patient care management.
6. All general protocols are followed.

V. DISEASE MANAGEMENT - TERTIARY CARE

A. **Description:** Tertiary care problems are acute life-threatening conditions.

B. The nurse practitioner is authorized to evaluate tertiary care problems in accordance with the following protocols:
   1. Initial evaluation and stabilization of the patient may be performed with concomitant notification of and immediate management by a physician.
   2. The referral is noted in the patient's chart, including the name of the physician to whom referred.
   3. All other applicable protocols/procedures in this document are followed during patient care management.
   4. All general protocols are followed.

VI. ORDERING LABORATORY AND RADIOLOGIC DIAGNOSTIC STUDIES

A. The nurse practitioner is authorized to order laboratory or other diagnostic studies in accordance with the following protocols:
   1. Lab may be ordered as needed for Disease Management as outlined in this document.
   2. Radiologic and/or other advanced studies may be ordered as necessary for assessment and management of the patient. The Nurse Practitioner shall incorporate the results of the radiologist's interpretation of the studies into the treatment plan, which is reviewed and cosigned by the physician. The interpretation is noted in the medical record. If a result is abnormal, the Nurse Practitioner shall consult immediately with the supervising physician.

VII. ORDERING THERAPIES

A. The nurse practitioner is authorized to order therapies such as respiratory, occupational, and physical therapy or psychological counseling under the following protocols:
   1. Therapies are ordered as part of a treatment plan implemented for Disease Management as outlined in this document.
   2. All other applicable protocols/procedures are followed during patient care management.
   3. All general protocols are followed.
GENERAL FORMULARY FOR FURNISHING OR ORDERING OF DRUGS- APPENDIX B

The nurse practitioner may independently initiate the oral and written transmission of a valid prescription once issued a furnishing number by the California Board of Registered Nurses to furnish or order drugs or devices, under the protocols listed below. To furnish or order controlled substances (Schedule II-V) the nurse practitioner must also have a DEA number from the United States Drug Enforcement Administration.

1. The drug or device must be ordered in accordance with the Standardized Procedures for Disease Management in this document.

2. The nurse practitioner may furnish or order the drugs included in the Current Edition, LPCH Housestaff Manual. Generic equivalents are covered. Drugs not included in the formulary must have a patient-specific order from the physician or the addition of a specialty medication formulary.

3. Medication prescriptions must be written in accordance with the current standards of medical practice. The prescription must be written in the patient’s chart and include name of drug, strength, instructions and quantity, as well as the nurse practitioner’s signature and drug furnishing number. The name and medical license number of the supervising or treating physician must be recorded on the prescription if the NP does not have a furnishing license or DEA number.

4. When the nurse practitioner furnishes or orders drugs, a supervising or treating physician must be readily available by telephone contact.

5. Any consultation with a physician must be noted in the patient's chart, including the physician's name.

6. Ability to furnish or order will be part of the nurse practitioner's annual evaluation.

GENERAL FORMULARY FOR FURNISHING OR ORDERING OF CONTROLLED SUBSTANCES- APPENDIX C

a. To furnish or order controlled substances (Schedule II-V) the nurse practitioner must have a DEA number.
b. The nurse practitioner may not furnish or order Schedule I controlled substances.
c. The nurse practitioner may furnish or order Schedule II or II controlled substances in the LPCH Housestaff Manual
d. The nurse practitioner may furnish or order Schedules IV and V controlled substances only in accordance with standard protocol when incidental to the provision of routine health care, or to essentially healthy persons.

Medication-Related References
References may be used to identify criteria and contraindications for use of the drugs listed in the formulary protocol.
2. Epocrates Online or Current PDA Version
3. Lane Library resources

Last reviewed October, 2008