

**STANFORD HOSPITAL AND CLINICS
INTERDISCIPLINARY PRACTICE COMMITTEE**

JOB DESCRIPTION
NURSE PRACTITIONER

Related documents: Nurse Practitioner Process Protocol
“AHP: Authorization for Individuals to Provide Services as Allied Health Personnel” in the *SHC Administrative Manual*
Nurse Practitioner Job Description with Service Specific Modifications

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, the Credentials Committee, the Stanford Hospital and Clinics (SHC) Medical Executive Committee and the Stanford Hospital and Clinics Board Credentials, Policies and Procedures Committee.

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, electronic or phone supervision by a supervising physician. A physician cannot supervise more than four nurse practitioners at one time.
 2. Review and co-signature of written medical records within 14 days.
 3. Chart screens on random charts by the supervising physician or designee.
 4. Chart audits on random charts as an integral part of selected Quality Improvement programs.
 5. Ongoing professional practice evaluation through tracking of performance indicators.
- B. The Nurse Practitioner will receive an annual formal performance evaluation by the supervising physician or his/her delegate or the supervising administrator with input from either the supervising physician(s) or the supervising administrator depending on who is conducting the formal review.

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 service-specific template).
- E. Orders and furnishes medications according to written standardized procedures and acquires counter-signature on prescriptions from the supervising physician for medications not included in the approved formulary (see Appendix B).
- F. Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable (see service-specific template).
- 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 used for a non-FDA-approved indication (off-label use) require a patient-specific order in advance from the supervising physician.
- I. After appropriate training, assists the supervising physician in the operating room. The RN first assistant directly assists the surgeon and practices under the supervision of the surgeon during the intraoperative phase. The RN must adhere to standardized procedures and not concurrently function as a scrub nurse.
- J. Recognizes and considers age-specific needs of patients.
- K. Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.
- L. Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary.
- M. Facilitates the coordination of inpatient and outpatient care and services as needed.
- N. Facilitates collaboration between providers and coordination of community resources.
- O. Ensures compliance with legal, regulatory, and clinical policies and procedures.
- P. Participates in quality improvement initiatives.
- Q. Provides and coordinates patient teaching and counseling.
- R. Other duties as assigned.

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. A furnishing number is issued by the Board of Registered Nursing (BRN) and is required to furnish medications. A Nurse Practitioner with six months or more experience shall have a current furnishing number prior to hire.
- D. The Nurse Practitioner who will be prescribing controlled substances to outpatients must have a current DEA number from the United States Drug Enforcement for Schedule II-V controlled substances. A Nurse Practitioner with six months or more experience shall have a DEA number within six months of hire date.
- E. For New Graduate Nurse Practitioners:

1. To be eligible for a furnishing number, a new graduate, and board certified nurse practitioner must have completed a minimum of 520 hours of physician supervised experience in furnishing drug and/or devices. These hours may be accumulated during a period of time that is not less than six (6) months (minimum of twenty-four (24) weeks), from date of hire.
 2. Once a furnishing number is obtained, the new graduate must register with the United States Drug Enforcement Administration (DEA) for Schedule II-V controlled substances if prescribing controlled substance to outpatients.
- F Certification as a Nurse Practitioner by a nationally accredited nursing organization (e.g. American Academy of Nurse Practitioners - AANP, American Nurses Credentialing Center – ANCC or any successor organizations) is required.
- G. Nurse Practitioners hired prior to May 2009 will be required to obtain certification by September 1, 2011.
- H. Nurse Practitioners hired after May 2009 and before September 1, 2011 will be required to obtain certification within 12months of their hire date.
- I. For Nurse Practitioners who do not have a masters or doctorate degree as of May 2009 and are ineligible to take the certification exam, this requirement is waived. This applies to Nurse Practitioners hired prior to May 2009.
- J. Effective September 1, 2011, Nurse Practitioners must have national certification prior to hiring and new graduate Nurse Practitioner will have 6 months from graduation date to obtain certification.

V. QUALIFICATIONS

- A. Demonstrated ability to function both independently and in collaboration with other health care professionals.
- B. To function in the RN first assistant role must have completed the didactic course work in an accredited First Assistant training course or equivalency of 2 years of experience working in the operating room as both scrub and circulation nurse and completion of an accredited wound management course (which includes wound repair, potential complications, suturing).

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
Board of Registered Nursing, “The RN as First Assistant to the Surgeon”, 05/98
- B. Original Date/Author: 8/96 by Connie Taylor, Patient Care Policy and Procedure Coordinator
- C. Gatekeeper: Patient Care Services Clinical Practice Coordinator
- D. Distribution and Training Requirements
1. This policy resides in the *Interdisciplinary Practice Committee (IDPC) Manual* (copies are located in the Clinical Practice Coordinator Office).
 2. The unit, clinic or department manager will be responsible for communicating this information to the applicable staff.
- E. 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
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.
 3. Revised 11/07 to update information regarding the RN as first assistant to the surgeon and the requirement for national certification for all Nurse Practitioners.
 4. Revised 5/08 on the recommendation of Human Resources that the requirement for all Nurse Practitioners to be nationally certified be changed to preferred.
 5. Revised 11/08 to reflect the requirements for new graduate and experienced Nurse Practitioners for furnishing numbers and additional information on DEA numbers
 6. Revised 4/09 to reflect the requirement of for national certification. Reviewed by Jim Stotts, Director Practice and Education, Patient Care Services, May Sun-Young, Senior Employee Labor Relations Specialist, Alison Kerr, Clinic Manager, Neurosciences.
 7. Revised 2-10 to reflect the change to the DEA number requirement for the prescribing of controlled substances and an update to essential functions.
 8. Revised 4-11 to reflect the update to the Nurse Practitioner certification requirements.
- G. Approvals

- 9/03: Interdisciplinary Practice Committee
- 12/04: Interdisciplinary Practice Committee
- 2/08: Interdisciplinary Practice Committee
- 5/08: Interdisciplinary Practice Committee
- 11/08 Interdisciplinary Practice Committee
- 5/09 Interdisciplinary Practice Committee
- 2/10 Interdisciplinary Practice Committee
- 5/11 Interdisciplinary Practice Committee
- 5/11 Credentials Committee

H. Board Approvals

- 3/08: Stanford Hospital and Clinics Medical Board
- 3/08 Stanford Hospital and Clinics Hospital Board
- 6/08: Stanford Hospital and Clinics Medical Board
- 6/08: Stanford Hospital and Clinics Hospital Board
- 12/08 Stanford Hospital and Clinics Medical Executive Board
- 12/08 Stanford Hospital and Clinics Hospital Board
- 6/09 Stanford Hospital and Clinics Medical Executive Board
- 6/09 Stanford Hospital and Clinics Hospital Board
- 3/10 Stanford Hospital and Clinics Medical Executive Committee
- 3/10 Stanford Hospital and Clinics Board Credentials, Policies and Procedures
- 6/11 Stanford Hospital and Clinics Medical Executive Committee
- 6/11 Stanford Hospital and Clinics Board Credentials, Policies and Procedures

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Stanford Hospital and Clinics

Stanford, California 94305

STANDARDIZED PROCEDURE
FOR ASSESSMENT AND MANAGEMENT OF PATIENTS

I. ACUTE PATIENTS

- A. **Definition:** This procedure covers the management of common acute disorders related to primarily 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 SHC 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 in person 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.
 - 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 should be completed in the electronic medical record, must be legible if handwritten, or it can be 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 SHC 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.

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 should be completed in the electronic medical record, must be legible if handwritten, or it can be dictated.
3. All outreach and telephone management must be documented.

III. DISEASE MANAGEMENT - PRIMARY CARE

- A. Description:** Primary care problems are daily physical assessment and common acute conditions or chronic stable conditions including bowel regimens, etc.

- 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 regarding review, approval, education, evaluation, patient records, medications and consultation in this document 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 regarding review, approval, education, evaluation, patient records, medications and consultation in this document are followed.

V. DISEASE MANAGEMENT - TERTIARY CARE

- A. **Description:** Tertiary care problems are acute life-threatening conditions, such as respiratory arrest/failure, cardiac arrest, or pneumothorax.
- 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 regarding review, approval, education, evaluation, patient records, medications and consultation in this document 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 work such as CBC, chemistry panel, urinalysis, drug levels, serologies, liver function tests, cultures, type and screen or cross match, stool studies, etc., may be ordered as needed for Disease Management as outlined in this document.
 2. Radiologic and/or other advanced studies (e.g., CT, MRI, etc.) 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.
 3. All other applicable protocols/procedures in this document are followed during patient care management.
 4. All general protocols regarding, review, approval, education, evaluation, patient records, medication and consultation in this document are followed.

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 in this document are followed during patient care management.
 3. All general protocols regarding review, approval, education, evaluation, patient records, medications and consultation in this document are followed.

**STANDARDIZED PROCEDURE FOR FURNISHING, ORDERING OR PRESCRIBING
OF DRUGS**

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 prescribe controlled substances to outpatients (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 can only furnish, order, or prescribe the drugs included in the attached department-specific formulary. Generic equivalents are covered. Drugs not included in the formulary must have a patient-specific order from the physician.
3. Medication prescriptions must be written in accordance with the current standards of medical practice. The prescription must be documented 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.
4. Controlled substances:
 - a. The Nurse Practitioner may furnish or order controlled substances (Schedule II-V) in the inpatient setting.
 - b. The Nurse Practitioner must have a valid DEA number to furnish and prescribe to outpatients.
 - c. The nurse practitioner may furnish order or prescribe Schedule II or III controlled substances only in accordance with a patient-specific protocol approved in advance by the treating or supervising physician.
 - d. The nurse practitioner may furnish order or prescribe 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.
6. When the nurse practitioner furnishes, orders or prescribes drugs, a supervising or treating physician must be readily available by telephone contact.
7. Any consultation with a physician must be noted in the patient's chart, including the physician's name.
8. All other applicable protocols/procedures in this document must be followed during patient care management.
9. All general protocols regarding review, approval, education, evaluation, patient records, medications and consultation in this document are followed.
10. The supervising physician may supervise no more than four nurse practitioners at any one time.
11. Ability to furnish, order or prescribe will be part of the nurse practitioner's annual evaluation.