



AG Acute Care Nurse Practitioner Scope of Practice

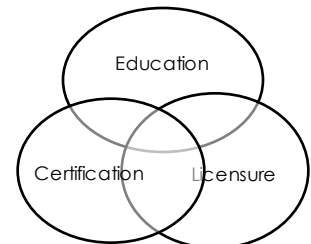

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Why is Scope of Practice Important?




Three Pillars of Scope of Practice

Scope of Practice Case Scenario


- An RN with 15 years of experience in critical care has recently graduated from a Family Nurse Practitioner program. She has accepted a job working as an intensivist. Because of her RN experience in the ICU setting she feels qualified to do this position.
 - Is this job within this Nurse Practitioner's scope of practice?
 - Does her RN experience qualify her for an intensivist role as a FNP?
- How can an APRN expand their scope of practice? What does it take to expand the APRN's scope of practice?



Scope of Practice Definitions

- American Nurses Association
- American Academy of Nurse Practitioners
 - Nurse Practitioners are licensed, independent practitioners who practice in ambulatory, acute and long-term care as primary and/or specialty care providers. Nurse practitioners assess, diagnose, treat and manage acute, episodic and chronic illnesses. NPs are experts in health promotion and disease prevention. They order, conduct, supervise and interpret diagnostic and laboratory tests, prescribe pharmacological agents and nonpharmacologic therapies, as well as teach and counsel patients, among other services.
 - As licensed, independent clinicians, NPs practice autonomously and in coordination with health care professionals and other individuals. They may serve as health care researchers, interdisciplinary consultants, and patient advocates. NPs provide a wide range of health care services to individuals, families, groups and communities.

<https://www.aanp.org/images/documents/publications/scopeofpractice.pdf>



Scope of Practice Definitions

- Texas Board of Nursing
 - Definition
 - SCPs define as the activities that an individual health care provider performs in the delivery of patient care. Scope of practice reflects the types of patients for whom the advanced practice registered nurse can care, what procedure/activities the advanced practice registered nurse can perform, and influences the ability of the advanced practice registered nurse to seek reimbursement for services provided.
 - Two Types of Scope of Practice
 - Professional Scope
 - Defined by the national APRN organization
 - Individual Scope
 - Defined by the education, licensure and certification. Evolves over time based on work experience. There are finite limits to the expansion without going back to school.
 - APRN scope is in addition to the RN Scope of Practice

http://www.bne.state.tx.us/practice_scope_of_practice_aanp.asp

Scope of Practice Case Scenario

- Whose Responsibility is it to ensure that the APRN is working within their scope of practice?
- A Certified Nurse Midwife interviews for a job with a hospital service at a local teaching hospital. One week after the interview she received a job offer and after negotiating a salary she accepted the position to be a hospitalist.
 - Whose responsibility is it to ensure that the APRN is working within their scope of practice?
 - Is this job within the CNM's scope of practice?
 - Will the employer know what the APRN's scope of practice is?
 - Will a collaborating physician know what the APRN's scope of practice is?
 - Who will be liable?

How do I know if "it" is within my scope of practice?

- Texas Board of Nursing Recommends Answering the following questions:
 - Is it consistent with one's professional scope of practice?
 - Is it consistent with statutory or regulatory laws?
 - Is it consistent with one's education in the role and specialty?
 - Is it consistent with the scope of one's recognized title or does it evolve into another advanced practice title recognized by the board requiring additional formal education and legal recognition?
 - Is it consistent with the standards of nursing practice outline in board rule 217.11?
 - Is it consistent with evidence-based care?
 - Is it consistent with reasonable and prudent practice?
 - Are you willing to accept accountability and liability for the activity and outcomes?

http://www.bne.state.tx.us/practice_scope_of_practice_aprn.asp

AG Acute Care Nurse Practitioner Scope of Practice

- American Association of Critical Care Nurses
- American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculty
- Both provide guidance/definition on the scope of practice for the AGACNP

AG Acute Care Nurse Practitioner Scope of Practice

- American Association of Critical Care Nurses
 - Published: AACN Scope and Standards for Acute Care Nurse Practitioner Practice 2012
- Definition of Scope of Practice
- Role of the ACNP
- Practice Population
- Practice Environment
- Clinical and Professional Standards

AG Acute Care Nurse Practitioner Scope of Practice

- American Association of Colleges of Nursing & National Organization of Nurse Practitioner Faculty
 - Adult/Gerontology Acute Care Nurse Practitioner Competencies, February 2012
 - New one to be release Summer of 2016
 - Defines Entry Level Competencies
 - Definition of the AGACNP is taken from American Association of Critical Care Nurses

Scope of Practice Scenario

- Case Scenario
 - An AG ACNP colleague tells you he will be taking a full time position with United HealthCare performing H&P's on stable, elderly, Medicare patients in the home. He will not be performing any medical management.
 - Is this an appropriate position for an AG ACNP?
 - Is it within scope of Practice?
 - Will this maintain certification?

Scope of Practice Scenario

- Case Scenario
 - Two things to consider when accepting a position.
 - Scope of practice
 - Does this qualify to maintain my licensure & certification
 - It is within scope of practice but may not qualify as acute care hours.

Scope of Practice Scenario

- Case Scenario
 - An AGACNP colleague tells you she is considering taking a position with a psychiatrist. The psychiatrist wants the NP to help with behavioral management of patients with dementia in nursing homes. This is a psychiatric only practice.
 - Is this an appropriate position for an AGACNP?
 - Is it within scope of practice?

Scope of Practice Scenario

- Case Scenario
 - An AGACNP colleague tells you that he is considering taking a job with an outpatient internal medicine practice which provides total care to HIV patients. The position requires that he take care of some HIV infected patients and do their primary care, and do primary care for Non-HIV infected patients. The position will also include rounding on their patients when they are hospitalized.
 - Is this an appropriate position for an AGACNP?
 - Is it within scope of practice?
 - Does it qualify to maintain certification?

Organizations Which Shape AGACNP Scope of Practice

- Hospital Medical Staff Office
- Hospital Policies
- National Certifying Bodies
 - ANCC (American Association of Critical Care Nurses)
- Professional Organizations
 - ANA
 - ANP
 - NONPF
 - ACN (American Association of Colleges of Nursing)
- Professional Organizations which Develop Evidenced Based Guidelines (AHA) or Governmental Organizations such as the CDC
- Board of Nursing
- Board of Medicine
- Board of Pharmacy
- Medicare and other 3rd Party Payers
- FDA
- DEA
- Physicians with whom NPs Practice
- Texas - other laws not in the health and safety code

Federal Agencies (Laws and Regulations) Which Affect Scope of Practice

- Food and Drug Administration (FDA)
- Drug Enforcement Agency
- Centers for Medicare and Medicaid

FDA Regulations

- Prescribe only FDA Approved Drugs
- FDA Risk Evaluation and Mitigation Strategies (REMS)
 - Require a plan for risk reduction
 - Developed by the Drug Sponsor and Approved by the FDA
 - Healthcare Professionals are obligated to follow REMS
 - Can require provider education prior to prescribing, can require patient education, can require specific monitoring, and require that a provider be certified prior to prescribing a particular medication
- FDA Indications
 - Not indicated you cannot prescribe it
 - Ketoconazole oral tablets lost an indication in 2013

Drug Enforcement Agency

- Role is to enforce the Controlled Substance Act
 - Prevent the diversion and abuse of controlled substances
 - Define the schedule of medications
- Mandates anyone prescribing or handling controlled substances must have a DEA number
- DEA number must be kept at the place of employment
- DEA number is renewed every 3 years
- State License Revoked, suspended or denied one must surrender their DEA or it will be taken away.
- In certain circumstances they allow for practitioners to use a Hospital's DEA registration number.

Drug Enforcement Agency

- Prescriber Safe guards
 - Keep Rx in a safe place
 - Write out the actual amount to be dispensed
 - Use Rx only for writing prescriptions not notes
 - Never pre-sign blank prescriptions
 - Contact the DEA to report suspicious prescription activities
 - Use tamper resistant prescription pads
- Prescription Requirements
 - Date and signature
 - Patient name, address
 - Practitioner name, address and DEA number
 - Drug information
 - Use ink only
 - Cannot prescribe unless your state allows it. If the state allows only schedule III through V then that is all your DEA number will allow you to prescribe.

Drug Enforcement Agency

- Federal law does not place a time limit upon which a schedule II prescription must be filled. Can the state?
- Do not allow refills for schedule II medications
- Schedule II prescriptions may be fax per federal law but state law can be different. Also the original must be to the pharmacy prior to dispensing the medication.
- Schedule III through IV may be prescribed orally, in writing or by face.
- Regulations exist for Opioid addiction treatment programs
- Handbooks for physicians and midlevel providers are available

<http://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract-manual012-50>

Centers for Medicare and Medicaid Services

- Code of Federal Regulations Title 42 Public Health Volume 2, Chapter IV CMS
 - Required qualification to be a Medicare Provider
 - RN with NP licensure in your state
 - NPI number
 - Nationally certified as an NP
 - Have a MSN or DNP
- In order to Bill Medicare
 - Services must be lawful in the state where you provide care, within your scope of practice and must be services that are the type considered physician services if furnished by an MD or DO.
 - Must be medically necessary

<https://www.cms.gov/OutreachandEducation/MedicareLearningNetwork/MLN/0286067/lowcostmedicaidinformationforARNPsANPs.aspx#014916251871>

Centers for Medicare and Medicaid Services

- What does Medicare Prohibit the NP from Doing?
 - Ordering Home Health
 - Ordering Hospice Services
 - Admitting to SNF and performing the H&P
- It will allow the NP to serve as the "attending physician" for home health and hospice patients.

<http://www.aanp.org/legislation/federal-legislation/medicare/68-articles/326-medicare-update>

Centers for Medicare and Medicaid Services

- Physician Self Referral Law (Stark law)
 - A CMS regulation which prohibits physicians from ordering health services for Medicare and Medicaid patients from an entity in which the physician or an immediate family member of the physician has a financial arrangement.
 - What is considered health services?
 - A violation is a violation whether or not it was intentional, accidental etc.
 - Safe Harbor does Exist. New 2015 regulations allow health care entity's to provide money to physicians to help employ NPs, PA, MSW. There are limits to this.
 - Law is complicated and convoluted.
 - Implications: Be aware it exists and if you have questions consult with an attorney. Do not allow yourself to accidentally violate this law.

<http://www.nalawreview.com/article/amendments-to-stark-law-regulations>

Texas Specific Laws

- Texas Board of Medicine
- Texas State Board of Pharmacy
- Texas Board of Nursing
- Other Texas Laws

Case Scenario

- You are an AGACNP working for an intensivist group who provides telemedicine consultation services to a rural hospital without an intensivist program.
 - What Texas Law/Rule governs Telemedicine Practice?
 - Is this within scope of practice?

Texas Medical Board

- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
 - This rule places regulations on the use of telemedicine in Texas and specifically includes APRNs.
 - Defines a distant site provider as a physician or a PA or APRN who is supervised by and has delegated authority from a TX physician who uses telemedicine to provide health services.
 - Providers must be licensed in Texas
 - Rule requires written protocols to be developed to prevent fraud and abuse
 - Protocols must address security, verification of patient profile
 - Notice to patient about risk and benefits of telemedicine
 - In-person requirements

Texas Medical Board

- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
 - Defines regulations for telemedicine delivered at an Established Medical Site versus non-established medical site
 - Established medical sites
 - Rules are more flexible
 - Patient presents to a site for care. The site has a patient presenter who will present the patient and discuss the case with the telemedicine provider. This site allows for adequate physical examination
 - All visits can be done via telemedicine (including initial visits)
 - Sites other than Established Medical Site
 - Initial visit must be face-to-face
 - Patient site presenters are not needed for previously diagnosed conditions via face-to-face visit
 - Cannot be used to treat chronic pain
 - New symptoms may be treated but requires face-to-face follow up within 72 hours
 - All patients must have a face-to-face with a **physician** once a year

Texas Medical Board

- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
 - Other requirements of this rule
 - Technology and security requirements
 - Medical Records
 - Maintained by both the provider and patient presenter, unless EMRs used
 - Adequate and complete medical history for the patient prior to providing treatment must be obtained and documented
 - **Physicians** of the same specialty can provide on-call services for each other's active patients.

Case Scenario

- Your AGACNP colleague calls you to discuss scope of practice. He is working for an intensivist group and just recently started the position. He is expected to make rounds on ICU patients during the day. The physicians and the NPs split the patients and provide care to only their team of patients. The physicians are available for consultation but do not routinely see the patients the NP sees.
 - What Texas Law/Rule gives you direction for this scenario?
 - What other agency policies must be considered?
 - Is this appropriate?
 - Is this within scope of practice?

Texas Medical Board

- Standing Delegation Orders (Texas Administrative Code Title 22, Part 9, Chapter 193)
 - Physician is not liable for the acts of a PA or APRN solely on the basis of having signed an order, a standing medical order or a standing delegation order, a prescriptive authority agreement or other protocol.
- Delegation of Prescriptive Authority at a Facility Based Practice
 - Max 1 hospital or 2 long term care facilities
 - "Physician supervision of the prescribing and ordering of a drug or device shall confirm to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the APRN or PA. A physician shall provide continuous supervision, but the constant physical presence of the physician is not required."
- Registration of Delegation and Prescriptive Authority Agreements
 - Texas Medical Board's website.
- http://www.texasmedicalboard.com/public/readDocTextPage?i=T&app=9&o_dir=P&p_floc=172458&p_floc=&p_ploc=1&pg=3&p_fac=&f=22&p1=9&ch=174&j=1

Case Scenario

- Your AGACNP colleague calls you to discuss scope of practice. He is working for an intensivist group and just recently started the position. He is expected to make rounds on ICU patients during the day. The physicians and the NPs split the patients and provide care to only their team of patients. The physicians are available for consultation but do not routinely see the patients the NPs.
 - What Texas Law/Rule gives you direction for this scenario?
 - What other agency policies must be considered?
 - Is this appropriate?
 - Is this within scope of practice?

Question

How does the Texas State Board of Pharmacy regulate APRN practice in Texas?

Texas State Board of Pharmacy

- Prescriptions (Texas Occupation Code, Title 3 Health Professions, Subtitle J Pharmacists, Chapter 563)
 - Mandates that prescription of dangerous drugs be in compliance with all state and federal regulations
- Texas Administrative Code Title 22 Part 15, Chapter 35 Controlled Substances—Effective September 1, 2016
 - Requires the use of "Official Prescription forms" to prescribe scheduled II medications
 - Forms are to be ordered from the TSBP.
 - APRN/PA may order the forms, but the order form must be co-signed by the delegating physician
 - Upon termination of physical delegation the forms are void and must be returned to the TSBP
 - Requires DEA registration
 - Use of the official form is not required for hospitalized patients or patients in the ED
 - Required for hospice settings that are outpatient

Texas State Board of Pharmacy

- Texas Administrative Code Title 22 Part 15, Chapter 35 Controlled Substances—Effective September 1, 2016
 - Do and Don'ts
 - Do not pre-sign forms
 - Keep in a safe place
 - Do not allow use by another practitioner
 - All voided forms must be accounted for
 - Lost and stolen forms must be reported by the end of the business to the TSBP and local police.
 - Recovered prescription forms can not be used until the TSBP and local police are notified that they have been recovered
 - In the event that a patient has lost their prescription, the prescriber must report the patient's name, address, DOB, age, all drug information and official prescription form control number to the TSBP
 - http://www.texasmedicalboard.com/public/readDocTextPage?i=T&app=9&o_dir=P&p_floc=172458&p_floc=&p_ploc=1&pg=3&p_fac=&f=22&p1=15
 - TSBP has a prescription monitoring program. Will have to be registered with the program to prescribe controlled substances

Texas Board of Nursing

- APRNs are governed by all areas of the nurse practice act, rules and regulations

Question

- Which of the following is the most appropriate way to sign your name and credentials after you have received recognition as an AGACNP in Texas?
 - John Smith AGACNP-BC, MSN
 - John Smith AGACNP-BC
 - John Smith RN, AGACNP-BC
 - John Smith RN, NP

Texas Board of Nursing

- Answer
- Texas Occupations Code Chapter 301 Nurses, Subchapter 8 Practice by a License Holder, Section 301.351 Designations
- Requires that while acting with the public in a nursing role, each nurse shall wear a clearly legible insignia identifying the nurse as a registered nurse
- Must hold yourself out as an RN and use correct APRN title. Both must be displayed while you are working.

<http://www.tdnhs.legis.state.tx.us/Docs/OC/htm/OC301.htm#301.351>
http://www.bne.state.tx.us/rr_cure/nr/22-1-11.asp

Texas Board of Nursing

- RN's Performing Radiologic Procedures
 - RN performing radiologic procedures outside of a hospital which participates in Medicare or is accredited by Joint Commission must register with the BON.
- Must follow the following laws:
 - Medical Radiologic Technologist Certification Act and the Texas Department of State Health Rules, 21AC §§140.517 - 140.522.
 - Texas Medical Practices Act
 - Texas Pharmacy Act

http://www.bne.state.tx.us/rr_cure/nr/21-7-14.asp

Texas Board of Nursing

- Core Standards of Practice (For an APRN)
 - BON requires the following
 - APRNs shall conform to the Texas NFA, current board rules, regulations, and standards of professional nursing, all federal, state and local laws, rules and regulations affecting the APRN role.
 - APRNs must practice within their scope of practice.
 - When providing medical aspects of care APRNs must work under a protocol or written authorization.
 - Must be developed by the APRN and Physician
 - Signed by both APRN and Physician
 - Signed and executed annually
 - Must be maintained in the practice setting of the APRN
 - Must be available to access and verify authority to provide medical aspects of care.
 - APRNs retain professional accountability for advanced practice care.

http://www.bne.state.tx.us/rr_cure/nr/22-1-13.asp

Texas Board of Nursing

- Prescriptive Authority
 - May be an APRN and not have prescriptive privileges.
 - Outlines standard for prescribing
 - Need a Prescriptive Authority Agreement or facility Based Practice Agreement to prescribe medications
 - Must prescribe within your scope of practice
 - Must comply with the chart review requirements in the PAA or facility based practice agreement
 - Prescription Requirements
 - Patient information, Drug information, brand and generic drug, prescriber information, dated source, number refills, APRN registration authorization number, DEA number if applicable, substance, number of doses, dosing instructions, etc.
 - May prescribe only those medications which are FDA approved
 - Exception
 - FDA Indications

http://www.bne.state.tx.us/rr_cure/nr/22-2.asp

Texas Board of Nursing

- Prescriptive Authority Agreement
 - This is the mechanism by which an APRN is delegated the authority to order or prescribe drugs or devices by a physician.
 - When should this be used?
 - Required Elements
 - Be in writing
 - Name and address of practice
 - All providers license numbers and names
 - Identify drugs which may or may not be prescribed
 - Provide a plan for consultations and referrals and for addressing emergencies
 - State the general process of communication between the APRN and Physician
 - Describe a prescriptive quality assurance and improvement plan
 - APRN may undergo quality review with another physician if it is so designated in the PAA
 - Must retain a copy for 2 years
 - Must notify the physician if you become the subject of an investigation by the BON. Likewise the physician is required to do the same

http://www.bne.state.tx.us/rr_cure/nr/22-2.asp

Texas Board of Nursing

- Prescribing at a Facility Based Practice
 - APRN may use a PAA or other written protocol to prescribe drugs and devices at a facility
 - When should this be used?
 - If using a PAA must follow all the quality plan
 - If using a protocol (Facility Based Protocol)
 - Reviewed and signed annually
 - Keep for 2 years
 - APRN may only order/prescribe in facility in which the delegating physician is the medical director

Texas Board of Nursing

- Prescribing at a Facility Based Practice – Case Scenario
 - The AGACNP is working for a hospitalist group and the medical director has delegated authority for the AGACNP to see the practice patients in the hospital. Upon meeting a newly hired physician, Dr. Smith, he tells the AGACNP, I do not believe in using nurse practitioners to care for my patients.
 - How should you handle this?
 - Is there a Texas law which should guide your response?

Texas Board of Nursing

- Prescribing at a Facility Based Practice
 - If using a protocol (Facility Based Protocol)
 - The APRN can only order or prescribe drugs and devices for the care or treatment of only those patients for whom physicians have given the prior consent.

<http://www.bne.state.tx.us/r/cure/n/22-2.asp>

Texas Board of Nursing

- Authority to Prescribe Controlled Substance
 - Must be delegated by a physician
 - May prescribe Schedules II thru V
 - Prescriptions including refills may only be up to 90 days.
 - After 90 days of medication the APRN must consult with the physician and note it in the patient's chart before refilling the prescription.
 - Do not prescribe for children under 2 without prior consultation with a delegating physician and note this in the chart.
 - Prescription of scheduled II medications
 - Inpatient hospital ED attached to the hospital
 - Can not write a DC prescription for schedule II medications
 - Person who is receiving has place care from a qualified health care provider.

<http://www.bne.state.tx.us/r/cure/n/22-2.asp>

Texas Board of Nursing

- Conditions for Obtaining and Distributing Drug samples
 - Must be authorized in the PAA or facility based agreement.
 - A record of the sample is maintained and samples are labeled as specified in the Dangerous Drug Act (Chapter 483, Health and Safety Code) or the Texas Controlled Substances Act (Chapter 481, Health and Safety Code) and 37 Texas Administrative Code Chapter 13.

<http://www.bne.state.tx.us/r/cure/n/22-2.asp>

TX BON Enforcement Rule Case Scenario

- An AGACNP colleague tells you she has an ear infection and has written a prescription for herself to treat the infection. Is this legally allowed?
- Can an AGACNP write an inpatient order for a patient to receive Vancomycin and have pharmacy to dose the medication?
 - What Texas Law gives us direction to answer these questions?

Texas Board of Nursing

- Enforcement (Prescriptive Authority)
 - Any APRN who violates the sections of this rule or orders or prescribes in a manner that is not consistent with the standard of care shall be subject to removal of the authority to order or prescribe under this section and disciplinary action by the Board. This section of the law prohibits you from:
 - Order/prescribing medications or devices for anything other than evidence based regimens or prophylactic purposes
 - Prescribing, ordering or dispensing medications for yourself
 - Prescribing without properly assessing and documenting the assessment prior to ordering/prescribing treatment
 - Selling, trading, offering to sell sample medications
 - Delegating authority to another person to order, prescribe or dispense an order or prescription for a drug or device.

<http://www.bne.state.tx.us/r/cure/n/22-2.asp>

TX BON Enforcement Rule Case Scenario

- An AGACNP colleague tells you she has an ear infection and has written a prescription for herself to treat the infection. Is this legally allowed?
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 - What Texas Law gives us direction to answer these questions?

Texas Board of Nursing

- Pain Management Standards of Practice (Texas Administrative Code, Title 22, Part II Texas BON, Chapter 228, Rule 228.1)
 - Sets the minimum standards of care for APRNs managing pain
 - Goal of therapy
 - Prescribe medication in a therapeutic manner only
 - Treatment based on complete assessment
 - Evaluation of pain
 - Complete history, focus on exam, nature and intensity of pain
 - All current and past treatment
 - Underlying conditions and co-existing mental health issues
 - Effects of pain on physical and psychological function
 - History and potential for substance misuse, abuse, dependence, addiction

Texas Board of Nursing

- Pain Management Standards of Practice (Texas Administrative Code, Title 22, Part II Texas BON, Chapter 228, Rule 228.1)
 - Treatment plan
 - Written explanation
 - Drug information
 - Labs and diagnostics ordered
 - All treatment options that are planned or considered
 - Plans for ongoing monitoring
 - Measures to determine treatment outcomes
 - Consultations and referrals made
 - Documentation of informed consent

Texas Board of Nursing

- Pain Management Standards of Practice (Texas Administrative Code, Title 22, Part II Texas BON, Chapter 228, Rule 228.1)
 - Treatment plan Continued
 - Written pain management agreement must be used if drug therapy goes beyond 90 days.
 - Ongoing Monitoring of Treatment
 - Referrals and consultations
 - Pain management clinics
 - AGACNP Implications for inpatient practice?
 - http://www.bon.state.tx.us/tr_current/228-1.asp

Other Texas Laws

Case Scenario

- You are an AGACNP working as an intensivist. You have been coding a patient for 30 minutes without any response.
 - What two Texas laws give us direction for this scenario?
 - Based on Texas law how do you want to handle this situation?

Other Texas Laws

Case Scenario

- You are an AGACNP working as an intensivist. You have been coding a patient for 30 minutes without any response.
 - What two Texas laws give us direction for this scenario?
 - Advanced Directives (Texas Health and Safety Code Title 2, Subtitle H Chapter 166)
 - Before withholding or withdrawing life-sustaining treatment from a patient, the attending physician must determine if the steps proposed are lawful and are consistent with the patient's existing desires.
 - Death and Disposition of the Body (Health and Safety Code Title 8, Subtitle A, Chapter 671 Determination of Death)
 - If artificial means of support preclude a determination that a person's spontaneous respiratory and circulatory functions have ceased, the person is dead when, in the announced opinion of a physician, according to ordinary standards of medical practice, there is irreversible cessation of all spontaneous brain function. Death occurs when these relevant functions cease.

Other Texas Laws

Case Scenario

- You are an AGACNP working for a hospitalist group. One of the physicians asks you write a DNR order on a patient. He also asks you to complete an out of hospital DNR order in preparation for discharge. Based on Texas law how do you want to handle this situation?
 - What Texas laws give us guidance for this situation?
 - How should you handle this situation?

Other Texas Laws

- Case Scenario
- You will have to explain that Texas State law prohibits you from completing and signing an Out of Hospital DNR.
 - Health and Safety Code Chapter 166- Advanced Directives Section 166.082 Out of Hospital DNR
 - Requires this to be signed by a physician

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm#166.082>

You should not write a DNR order.

- A DNR or out of hospital do not resuscitate order is a medical order that must be given by a physician.

https://www.bon.texas.gov/faq_practice_op_m.asp#16

Other Texas Laws

- Case Scenario

You are the AGACNP working for a cardiologist practice. The office manager comes to you and says that Mr. XYZ passed away last night from cardiomyopathy. His family needs the death certificate signed as soon as possible for insurance reasons. The office manager asks you to sign because the cardiologist is out of the office on vacation for the next 3 weeks.

What Texas Law Applies here?
How should you handle the situation?

Other Texas Laws

- Case Scenario

You are the AGACNP working for a cardiologist practice. The office manager comes to you and says that Mr. XYZ has passed away last night from cardiomyopathy. His family needs the death certificate signed as soon as possible for insurance reasons. The office manager asks you to sign because the cardiologist is out of the office on vacation for the next 3 weeks.

- What Texas Law Applies here?
Death Records (Health and Safety Code Title 3, Chapter 193)
Requires that the attending physician complete the death certificate and sign it.
- How should you handle the situation?
You can not sign the death certificate. NPs can not sign death certifications in Texas.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.193.htm>

Other Texas Laws

- Case Scenario
- You are the AGACNP working the night shift for a hospitalist service at a community hospital. You provide cross coverage to the hospitalized patients and do admissions at night. You receive a call from the RN stating that Mr. ABC who was a DNR passed away and she would like you to come and pronounce the death.
 - What Texas Law Applies?
 - How should you handle this situation?

Other Texas Laws

- Case Scenario
- You are the AGACNP working the night shift for a hospitalist service at a community hospital. You provide cross coverage to the hospitalized patients and do admissions at night. You receive a call from the RN stating that Mr. ABC who was a DNR passed away and she would like you to come and pronounce the death.
 - What Texas Law Applies?
Death and Disposition of the Body (Health and Safety Code Title 8, Subtitle A, Chapter 671 Determination of Death)
 - How should you handle this situation?
 - Ensure there was no artificial life support used
 - Check the facility's policy. You can only pronounce if the facility has a policy allowing RNs to pronounce death.
 - Per Texas law are two RNs required to pronounce death?

Other Texas Laws

- Case Scenario
- You are the AGACNP working for a hospitalist service. You are preparing to discharge a patient who is wheelchair bound. The patient asks you to sign a renewal application for his handicap parking placard.
 - What Texas Law Applies?
 - How should you handle this situation?

Other Texas Laws

- Case Scenario
- You are the AGACNP working for a hospitalist service. You are preparing to discharge a patient who is wheelchair bound. The patient asks you to sign a renewal application for his handicap parking placard.
 - What Texas Law Applies?
 - Transportation Code Title 7, Subtitle H, Chapter 681
 - How should you handle this situation?
 - NPs can only sign the initial certification/application for a disability placard. Renewals must be signed by a physician.

http://www.statutes.legis.state.tx.us/Docs/TN/htm/TN_681.htm

Miscellaneous Scope of Practice

- Case Scenario
- You are an AGACNP working with a hospitalist group. Upon reviewing your patient load in the morning you notice that a 14 year old male has been admitted to your service for an asthma exacerbation. Does your scope of practice include taking care of adolescents?

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 - Yes quite possibly.
 - Consider Scope of practice
 - ANCC certification will cover ages 13 to over 85.
 - Texas Board of Nursing - offers to your educational preparation and certification.

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 - What Texas law governs the use of the term Doctor?
 - Can she do this?

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 - Occupations Code Title 2 (Health Professions) Subtitle A: Provisions applying to health professions generally, Chapter 104, Healing Art Practitioners.
 - Can she do this?
 - Yes, but has to identify herself as a RN, and her Advanced Practice Specialty, and which university granted the academic doctorate degree.