

Alabama Board of Nursing and Alabama Board of Medical Examiners

**ADULT
CERTIFIED REGISTERED NURSE PRACTITIONER**

**Standard Protocol in Collaborative Practice
Core Duties and Scope of Practice**

The certified registered nurse practitioner (CRNP) may work in any setting consistent with the collaborating physician's areas of practice and function within the CRNPs specialty scope of practice. The CRNPs 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 duties/functions 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, 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, poison and allergic reactions. In emergencies, initiate mechanical ventilator support and breathing if indicated.
 - G. Interpret and analyze patient data, results of laboratory and diagnostic tests.
 - H. Provide instructions and guidance regarding health care and health care promotion to patients/family/significant others.
3. In addition to functions/procedures within the scope of an RN, the collaborating physician and CRNP determine if a procedure on the protocol is necessary to their collaborative practice site. 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 guidance, education or supervision for safe practice prior to performing a procedure. The CRNP should have on file the documented training, education and competency validation for all 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.

The skills/procedures taught in the Nurse Practitioner (NP) academic education do not require individual documentation.

The collaborating physician and CRNP may document and validate that the NP has received: the education, training, and competency to comply with the rules and regulations pertaining to CRNPs duties and physician's collaborative practice.

ABN: Adult CRNP

The collaborating physician and the CRNP may document the NPs current proficiency, also, identify skills allowed and acquired since joining the collaborative practice, plus plan for education and instruction for further skill development.

The signatures below indicate the skills/procedures previously acquired and proficiently performed in this collaborative practice.

| Standard Skill/Procedures Protocol (* Indicates RN Practice) | Physician Initials indicate Procedure is Allowed at Practice Site | | Education and Competency Validation | | |
|---|---|------------------|-------------------------------------|---------------------|-----------------------------|
| | 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 | | | | | |
| Audiometry / Audiogram, Interpretation of | | | | | |
| *Baclofen Intrathecal Pump, Refill | | | | | |
| Bartholin Gland, I & D cyst; placement of Word catheter | | | | | |
| Bimanual pelvic exam | | | | | |
| Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 5mm 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) | | | | | |
| *Cast application and removal | | | | | |
| Cervical Cap Fitting | | | | | |
| *Chest Tube/Pleural Cath removal | | | | | |
| Cryotherapy of non-pigmented superficial lesions – allowed to perform on the face, only on skin lesions not to exceed 5 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as the eyes, must be evaluated by the physician prior to treatment. | | | | | |
| Digital Nerve Block proximal and distal phalangeal | | | | | |

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|---|--|---------------------|--|------------------------|-----------------------------------|
| | Permitted (Yes) | Not Allowed (NO) | Basic NP Education | Previous Validation | Instruction to be Scheduled |
| Diaphragm Fitting | | | | | |
| Echocardiography, Technical Component | | | | | |
| *EKG 12 Lead interpretation with subsequent physician interpretation | | | | | |
| * External Cardiac Pacing | | | | | |
| Echocardiography, technical component | | | | | |
| * Femoral Venipuncture for blood sample | | | | | |
| Flexible Sigmoidoscopy | | | | | |
| Foreign Body removal | | | | | |
| *GXT-Stress Echocardiogram & Graded Exercise Testing with/without Treadmill / Dobutamine / Persantine | | | | | |
| * Hemapheresis, Stem Cell collection and Leukopheresis | | | | | |
| Initial x-ray interpretation with subsequent physician interpretation | | | | | |
| *Intrathecal Admin of Chemotherapy Via Omay Reservoir | | | | | |
| Laser Protocols for Non-Ablative Treatment | | | | | |
| Lumbar Puncture | | | | | |
| Nasal Cautery with Silver Nitrate Applicator for Epistaxis | | | | | |
| Nasal Packing, Anterior for Control of Epistaxis | | | | | |
| * Needle Decompression, Tension Pneumothorax | | | | | |
| Pelvic Floor Rehab with Electrical Stim & Biofeedback | | | | | |
| Pulmonary Spirometry, Interpretation of | | | | | |
| Removal of Toenails | | | | | |
| Removal of Skin Tags | | | | | |
| Removal of Benign Lesions after Physician Evaluation. | | | | | |

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|---|--|---------------------|--|------------------------|-----------------------------------|
| | Permitted (Yes) | Not Allowed (NO) | Basic NP Education | Previous Validation | Instruction to be Scheduled |
| Sclerotherapy of Telangiectasis with FDA Approved 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 | | | | | |
| Tympanogram With Interpretation and Treatment | | | | | |
| Total Parenteral Nutrition TPN Initiation not to include writing the formula | | | | | |
| *Vagal Nerve Stimulator, Interrogation With and Without Voltage Adjustment | | | | | |
| Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis | | | | | |

- Additional specialty skills may be requested for the CRNP (i.e., diagnostic or therapeutic procedures requiring additional training, monitoring and/or onsite physician availability) as provided in ABN Administrative Code Chapter 610-X-5-.10 (3). The protocols are determined by the practice site and specialty certification. They are available under the Advanced Practice Tab on the ABN website.
- The signatures below indicate the Standard Protocol Agreement for this collaborative practice and define the skills the collaborative physician has approved for the collaboration with this CRNP.

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

Signature of Collaborating Physician

Date

Print Name of CRNP

Signature of CRNP

Date

Note: A copy of this Agreement should be on file at the Practice site.