



**STANDARDIZED PROCEDURES FOR THE
NURSE PRACTITIONERS WITHIN**

The department of [Click or tap here to enter text.](#)

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STATEMENT OF APPROVAL AND AGREEMENT

This document was jointly developed and approved by the department of [Click or tap here to enter text.](#) and Nurse Practitioner [Click or tap here to enter text.](#) And his/her supervising physician [Click or tap here to enter text.](#) in the department of [Click or tap here to enter text.](#) in accordance with the codes regulating nursing practice, on [Click or tap to enter a date.](#)

Signature on this statement implies

- Approval of the Standardized Procedures and all the policies and protocols contained in this document.
- Agreement to maintain a collaborative and collegial relationship.
- Agreement to abide by the Standardized Procedures in theory and practice.
- Agreement of all physicians provided on the attached list who may supervise the NP within the Department/Unit.

Name/Title Date

Name/Title Date

Name/Title Date

DEPARTMENT/UNIT PHYSICIAN COLLABORATOR/SUPERVISOR LIST

All physicians listed on this document are approved to be collaborating physicians with the nurse practitioner stated in this document. The physicians listed have been provided this document through the Chair/Executive of the Department/Unit and agree to the terms within.

The full faculty list for the department may be accessed from this link to the department website [Click or tap here to enter text.](#)

GENERAL POLICIES

It is the intent of this document to authorize the nurse practitioners within the department of [Click or tap here to enter text.](#) to implement the Standardized Procedures without the immediate supervision or approval of a physician. The Standardized Procedures, including all the policies and protocols, are defined in this document and will be referred to generally as the "Standardized Procedures".

DEVELOPMENT, APPROVAL, REVISION AND REVIEW

The Standardized Procedures have been developed and approved by the nurse practitioners, physician colleagues, UC Davis Health administration, and the UC Davis Health Interdisciplinary Practice Committee. Review, and if necessary, revision, of the Procedures will be done every 2 years by the NP functioning pursuant to this document. The completion of these tasks, including notification of revisions, is the responsibility of the credentialing office at the time of renewal.

AGREEMENT

All nurse practitioners within the department of [Click or tap here to enter text.](#) will signify agreement to the Standardized Procedures on behalf of the physicians practicing within the Department/Unit following the approval process. Signature on the Statement(s) of Approval and Agreement implies the following: approval of all the policies and protocols in this document, the intent to abide by the Standardized Procedures, the willingness to maintain a collegial and collaborative relationship with all the parties, and agreement of all collaborating/supervising physicians within the department and listed in the attachment where the standardized procedures are implemented.

SETTING

The nurse practitioners will perform these Standardized Procedures at UC Davis Health and affiliated sites where care is provided on behalf of the Department of [Click or tap here to enter text.](#) and UC Davis Health. Standardized Procedures may also be performed by telephone or electronic means and in other settings as part of the nurse practitioner's UC Davis Health practice.

RECORD OF AUTHORIZED NURSE PRACTITIONERS

The Statement of Approval and Agreement signed by the nurse practitioners will act as the record of nurse practitioners authorized to implement these Standardized Procedures.

EDUCATION AND TRAINING

The nurse practitioners must have the following:

- Master's or Doctoral Degree in Nursing.
- Possession of an active and clear California License as a Registered Nurse.
- Certification by the State of California, Board of Registered Nursing as a Nurse Practitioner.
- California-issued BRN Furnishing Number.

- If hired after 1/1/2018, National Board Certification as a **Choose an item** Nurse Practitioner or National board certification as an Adult/Gerontology Acute Care Nurse Practitioner with department-specific pediatric competencies documented.
- Active DEA Registration Number.
- National Provider Identifier Number.
- CURES Registration

EVALUATION OF CLINICAL CARE

Evaluation of the nurse practitioner(s) will be provided in the same manner that all physicians and nurse practitioners are evaluated per Department/Unit policy:

INITIAL EVALUATION

- Per Department of **Click or tap here to enter text.**
- Initial privileging criteria for authorized procedures

CONTINUING EVALUATION

- Per Department of **Click or tap here to enter text.** specific standards
- Verification of Continuing Education.
- Verification of current licensure, furnishing authority, certification(s), and registrations.

PATIENT RECORDS

The nurse practitioner will be responsible for the preparation of a complete medical record for each patient contact per existing UC Davis Health policies and medical staff rules & regulations.

SUPERVISION

The nurse practitioner(s) is/are authorized to implement the Standardized Procedures in this document without the direct or immediate observation, supervision or approval of a physician, except as may be specified on individual Health Care Management Standardized Procedures. Physician consultation is available at all times, either on-site or by electronic means.

CONSULTATION

The nurse practitioner will be providing health care as outlined in this document. In general communication with a physician will be sought for all the following situations, and any others deemed appropriate. Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the chart.

- Whenever situations arise which go beyond the intent of the Standardized Procedures or the competence, scope of practice, or experience of the nurse practitioner.
- Whenever patient conditions fail to respond to the management plan as anticipated.
- Any patient with acute decompensation or rare condition.
- Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.
- At the patient's, nurse practitioner's or physician's request.
- All emergency situations after initial stabilizing care has been started.

**HEALTH CARE MANAGEMENT
STANDARDIZED PROCEDURES**

HEALTH CARE MANAGEMENT

POLICY

The nationally board certified nurse practitioner, [Click or tap here to enter text.](#) is authorized under this standardized procedure to assess, diagnose, develop treatment plans and manage acute and chronic conditions and health care maintenance in the department of [Click or tap here to enter text.](#) concurrent with the NP's population foci, education, and national board certification, such as, but are not limited to the following conditions [Click or tap here to enter text.](#) The nurse practitioner is authorized to diagnose and manage conditions under the following protocols:

PROTOCOLS

1. Assessment and treatment plan is developed based on the resources listed in this document.
2. Lab work and diagnostic studies ordered are appropriate to the condition being evaluated.
3. Durable medical goods and therapies ordered, such as but not limited to physical therapy, occupational therapy, dietary counseling and psychological services, are appropriate to the condition and consistent with internal policies.
4. Patient education and follow up is given as appropriate.
5. Patients presenting with unfamiliar, uncommon, or unstable conditions will be managed in conjunction with a physician or by complete referral to a physician.
6. The nurse practitioner may evaluate and stabilize a patient who presents with acute, life threatening conditions while immediately and simultaneously providing a safe hand off of care to tertiary and higher level of care.
 - a. Initial evaluation and stabilization of the patient may be performed with concomitant notification of and immediate management by a physician who is credentialed by medical staff administration to manage age or diagnostic population, or
 - b. Patient will be transferred to a higher level of care within a time frame and by means that provides the highest level of safety and care to the patients.
7. All other applicable Standardized Procedures in this document are followed during health care management.
8. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

PROCEDURES AND MINOR SURGERY

POLICY

The nurse practitioner may perform the listed procedures under the following protocols:

- the NP is authorized to perform procedures listed on their standardized procedures application pursuant to UC Davis privileging and demonstration of competence.

PROTOCOLS

- 1) The nurse practitioner has been granted privileges within the UC Davis Health system to perform the requested procedures.
- 2) The nurse practitioner has been trained to perform the procedure(s), has been observed satisfactorily performing the procedure(s) by another provider competent in that skill, and continued competency is assessed per UC Davis policy.
- 3) The nurse practitioner is following standard medical technique for the procedures as described in the Resources listed in this document.
- 4) Appropriate patient consent is obtained, if necessary, before the procedure.
- 5) All biopsied tissue is sent for a pathology report.
- 6) All other applicable Standardized Procedures in this document are followed during health care management.
- 7) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

FURNISHING DRUGS AND DEVICES

POLICY

The nurse practitioner is authorized to furnish or order drugs and devices under the following protocols:

PROTOCOLS

- 1) The nurse practitioner has a current Furnishing, NPI, and DEA number.
- 2) The drugs and devices ordered or furnished are consistent with the NP's educational preparation or for which clinical competency has been established and maintained and listed in the UC Davis formulary, the patient's insurance formulary, non-formulary medications for which there are no substitutes, or practice recommendations listed in the Resources in this document. Examples are listed in the "Formulary" document at the end of this Standardized Procedure.
- 3) The drug or device furnished or ordered is appropriate to the condition being treated.
- 4) APRNs may order or prescribe those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.
- 5) "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are within the current standard of care for treatment of the disease or condition.
- 6) Patient education is given regarding the drug or device.
- 7) The Statement of Approval and Agreement signed by the nurse practitioners will act as the record of nurse practitioners authorized to Furnish.
- 8) No single physician will supervise more than four nurse practitioners at any one time.
- 9) A physician must be available at all times in person or by telephonic contact.
- 11) All other applicable Standardized Procedures in this document are followed during health care management.
- 12) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

ORDERING SCHEDULED CONTROLLED SUBSTANCES

POLICY

The nurse practitioner is authorized to furnish or order scheduled controlled substances per the following protocols:

PROTOCOLS

General

- 1) The nurse practitioner follows the provisions of the Standardized Procedure for Furnishing.
- 2) The controlled substances that may be ordered are included in the formulary(s) or references listed in this document.
- 3) Relevant scheduled drug contracts, DEA requirements, and all State and Federal regulations are adhered to.
- 4) Schedule II & III controlled substances are furnished or ordered following the Patient Specific Protocol, in addition to these General Protocols for Scheduled Controlled Substances.
- 5) The nurse practitioner may furnish, prescribe or order any medications on the patient's insurance formulary or non-formulary medications for which there is no substitute, within the scope of the provider's license and within the scope of UCD ordering policies.
- 6) All other applicable Standardized Procedures in this document are followed during health care management.
- 7) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

SCHEDULE III PATIENT SPECIFIC PROTOCOL

- 1) Schedule III substances may be furnished or ordered when the patient is in one of the following categories, including but not limited to the following conditions:
 - a. Acute Illness, Injury or Infection: such as cough, fractures
 - b. Acute intermittent but recurrent pain: such as headache
 - c. Chronic continuous pain

- d. Hormone replacement
- 2) Limit order for acute illness, injury or infection to follow CDC's Guidelines & no refills without reevaluation.
- 3) For chronic conditions:
 - a. Pain management protocol or department guidelines is/are adhered to, if appropriate.
 - b. Amount given, including all refills (maximum of 5 in 6 months per DEA regulations, is not to exceed a 120 day supply as appropriate for the condition.
 - c. Treatment plan must be established in collaboration with the patient's primary care provider and reviewed, with documentation, every 6-12 months.
 - d. No further refills without reevaluation.
- 4) Education and follow up is provided.

SCHEDULE II PATIENT SPECIFIC PROTOCOL

- 1) Schedule II controlled substances may be ordered when the patient has one of the following diagnoses and under the following conditions.
 - a. Pain from cancer, post-operative pain, and trauma.
 - b. Pain unresponsive to, or inappropriately treated by CS III-V substances
 - c. Attention Deficit Hyperactivity Disorder (ADHD)
 - d. Neuropsychiatric Conditions
- 2) Limit order for acute and chronic conditions as specified above in Schedule III Protocol.
- 3) No refills for CS II medications are authorized except where authorized by the DEA.
- 4) Pain Management Protocol or Department guidelines is/are adhered to if appropriate.

MEDICATION MANAGEMENT

POLICY

The nurse practitioner is authorized to manage drugs and devices under the following protocols:

PROTOCOLS

- 1) The management of drugs or devices includes evaluating, initiating, altering, discontinuing, furnishing and ordering of prescriptive and over-the-counter medications.
- 2) Medication evaluation includes assessment of:
 - Other medications being taken.
 - Prior medications used for current condition.
 - Medication allergies and contraindications, including appropriate labs and exams.
- 4) The drug or device is appropriate to the condition being treated, and:
 - Accepted dosages per references.
 - Generic medications are ordered if appropriate.
- 5) A plan for follow-up and refills is written in the patient's chart.
- 6) The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the nurse practitioner.
- 7) All other applicable Standardized Procedures in this document are followed during health care management.
- 8) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

AUTHORIZATIONS

POLICY

The nurse practitioner is authorized, under the following protocols, to:

- Assess Worker's Compensation injuries and illnesses.
- Certify Disability.
- Manage Home Health and Personal Care Services.
- Order Restraint and Seclusion.

PROTOCOLS

- 1) Workers' Compensation. The Doctor's First Report of Occupational Injury or Illness, co-signed by the nurse practitioner, for a workers' compensation claim can be for a period of time off from work not to exceed three calendar days. The treating physician is required to sign the report and to make any determination of any temporary disability.
- 2) Certify Disability. The nurse practitioner has performed a physical exam and collaborated with a physician and surgeon.
- 3) Home Health and Personal Care Services. Approval, signing, modifying, or adding to a plan of treatment or plan of care.
- 4) Restraint and Seclusion. The nurse practitioner must be knowledgeable and competent in the Hospital Conditions of Participation for Patients' Rights including the Interpretive Guidelines. Ordering physical or chemical restraint, and/or seclusion, is in strict accordance with the protocols adopted in the Resources section of this document which include the extent of implementation and which meets the intent of the acute medical and surgical hospitals Conditions of Participation for Rights.
- 5) All other applicable Standardized Procedures in this document are followed during health care management.
- 6) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

RESOURCES

This is a sample of the resources routinely utilized by the department of [Click or tap here to enter text.](#) as available through UC Davis Grunigen Medical Library. Resources for standard clinical care are updated regularly and accessed electronically. The nurse practitioners functioning under this standardized procedure will utilize the most current published treatment recommendations.

Online Resources:

1. AccessMedicine. <http://accessmedicine.mhmedical.com/>
2. Agency for Healthcare Research. www.guideline.gov
3. American Academy of Family Physicians. aafp.org/online
4. American College of Rheumatology. www.rheumatology.org/
5. American Congress of Obstetricians and Gynecologists. <http://www.acog.org/>
6. American Heart Association. <http://www.heart.org/HEARTORG/>
7. American Society for Colposcopy and Cervical Pathology. www.asccp.org
8. American Urological Association. <https://www.auanet.org/>
9. Bates Visual Guide to Physical Examination. batesvisualguide.com
10. Cochrane Library. <http://www.cochranelibrary.com/>
11. Centers for Disease Control: www.cdc.gov
12. National Heart, Lung and Blood Institute Guidelines. nhlbi.nih.gov/guidelines
13. 5 Minute Clinical Consult, 2013. 5minuteconsult.com
14. Epocrates. epocrates.com
15. Medscape. medscape.com
16. Medline Plus. www.nlm.nih.gov/medlineplus/
17. Micromedex: <http://www.micromedexsolutions.com/micromedex2/librarian/>
18. National Guidelines Clearinghouse <https://www.guideline.gov/>
19. PsycInfo. <http://search.proquest.com/psycinfo>
20. U.S. Preventative Services Task Force. <http://www.uspreventiveservicestaskforce.org/>
21. UpToDate. (n.d.). Retrieved from UpToDate: <http://www.uptodate.com/contents/search>
22. US National Library of Medicine. (n.d.). PubMed. <http://www.ncbi.nlm.nih.gov/pubmed>

FORMULARY

Nurse practitioners may order or furnish any medications within the scope of the NP's license and within the scope of UCD ordering policies.

In addition to the medications listed in these formularies, all drugs and devices listed per the recommendations in the resources found in this document are included as approved medications for the purpose of medication management by nurse practitioners functioning under this Standardized Procedure. Manufacturer recommended dosage ranges and formulations as well as generic formulations of the medications listed in this formulary are authorized. Non-prescription and over-the-counter medications are not individually listed in the formulary and are authorized to be furnished.

Non-controlled and Schedules II – V Medications:

- UC Davis Health Formulary: <https://hub.medkeeper.com/Publisher/servlet/AuthenticatePage>
- CalOptima Formulary: <https://www.caloptima.org/en/Members/Medi-Cal/MedicationsDrugs.aspx>
- MediCal Formulary: <http://www.dhcs.ca.gov/services/Pages/ff.html>
- Medicare Formulary: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_FormularyGuidance.html
- AARP Part D Formulary: [https://q1medicare.com/PartD-BrowseMedicare-2018PlanFormulary.php?stateReg=32CA&formulary=00018043&contractId=S5921&planId=413&plan=AARP%20MedicareRx%20Walgreens%20\(PDP\)&utm_source=partd&utm_medium=pdpcompare&utm_campaign=fbtextlink](https://q1medicare.com/PartD-BrowseMedicare-2018PlanFormulary.php?stateReg=32CA&formulary=00018043&contractId=S5921&planId=413&plan=AARP%20MedicareRx%20Walgreens%20(PDP)&utm_source=partd&utm_medium=pdpcompare&utm_campaign=fbtextlink)
- Aetna Formulary: <https://www.aetna.com/individuals-families/find-a-medication.html>
- Anthem Blue Cross Formulary: <https://www11.anthem.com/ca/pharmacyinformation/>
- Blue Shield of California: <https://www.blueshieldca.com/wellness/drugs/formulary>
- HealthNet Formulary: https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html
- Kaiser Permanente Formulary: https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCsIwDICfxQcoQUSQ3oqgFw9TD7O9hTTWwtKMOAe-vZvH7wcSPCAInGvBqWrDYeFI3CY2TzqzcXbCudI_v91TTT4D2hd6SJBGwyIIsakjpBevzrgsK8T7MazYNHPNEPuu8_5yC_vzaZuuMIocdhI2PxoBywc!/
- UnitedHealthcare Formulary: <https://www.uhc.com/employer/pharmacy/total-cost-management/prescription-drug-list>
- Low-Cost Formularies
 - Walmart: <https://www.walmart.com/cp/4-dollar-prescriptions/1078664>
 - Target: https://tgtfiles.target.com/pharmacy/WCMP02-032536_RxGenericsList_NM10.pdf