Standardized Procedures and Protocols
For
Nurse Practitioners
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I. Introduction

These Standardized Procedures and Protocols are established for the use of the Nurse Practitioners and Physician staff of UC Davis, Student Health and Counseling Services (SHCS). They are based on the guidelines established by the Board of Registered Nursing in the California Administrative Code, and on applicable sections of the regulations of the Medical Board of California. Their purpose is to:

- Define the scope of practice of Nurse Practitioners at SHCS.
- Meet the required legal guidelines for the provision of health care by Nurse Practitioners
- Serve to define Delegation of Services and Supervision Agreement
- Promote the highest standard of care for patients at SHCS

II. General Policy

A. It is the intent of this document to authorize the Nurse Practitioners of UCD SHCS to perform the Standardized Procedures described herein without direct supervision of a physician. It is not the intent to have the Nurse Practitioners independently diagnosing, treating, or managing all diseases encountered, but rather to utilize their assessment and disease management skills in conjunction with the process oriented protocols specified by the Standardized Procedures and Protocols, and to promote collegial Physician-Nurse Practitioner relationship, in order to meet the health care needs of the patients.

B. This agreement provides guidelines for the duties and functions of Nurse Practitioners, along with a standardized formulary for their clinical practice. It provides the legal authorization for them to perform those functions and procedures, as described in the Standardized Procedures and Protocols.

III. General Protocol

A. Approval
The Supervising Physicians and the Nurse Practitioners will approve the Standardized Procedures and Protocols. Each Supervising Physician, and NP shall sign the Statement of Agreement and Approval upon initial hire and yearly thereafter, indicating their intent to follow these Standardized Procedures and Protocols, with implied approval of all the policies, protocols, and procedures in this document.

B. Review and Revision
Review and Revision of the Standardized Procedures and protocols will take place annually, or sooner if requested by the signing parties.

C. Setting
The Nurse Practitioners will perform these standardized procedures at the UCD SHCS. Supervising Staff Physicians are at all times available in person and/or by telephone/pager.
D. Education, Training, and Scope of Practice
Nurse Practitioners functioning under these procedures and protocols must have and maintain the following credentials:

1. Valid California license as a Registered Nurse.
2. Certification by the State of California, Board of Registered Nursing, as a Nurse Practitioner
3. Furnishing number from the State of California Board of Registered Nursing.
4. At all times Nurse Practitioners will practice only within their own level of formal education and staff development training.

E. Evaluation of Clinical Care
Evaluation of the care provided by the Nurse Practitioners will be provided in the following ways:

1. Initial formal review of clinical work upon hire.
2. Periodic electronic health record (EHR) reviews as a part of the peer review and EHR audit activities of the Quality Management and Improvement program.
3. Annual review of clinical care for evaluation by supervising physicians.

F. Patient Records
Nurse Practitioners will be responsible for the preparation of a complete health record for each patient contact. Records will include, but not be limited to, a chief complaint, brief history of the present illness, objective findings, assessment, and plan.

G. Supervision

1. Nurse Practitioners are authorized to perform the Standardized Procedures under the relevant protocols without the direct observation or immediate supervision of a physician. Physician supervision is available at all times on site or by telephone when consultation is needed for any reason. Telephone and pager information will be available to nurse practitioners at all times.

2. In the event the supervising physician is not available, another SHCS physician will be a consultant or supervisor as necessary.

3. Supervision Requirements of SHCS Physicians
   a. To be available in person or by electronic communication at all times when Nurse Practitioners are providing patient care.
   b. To delegate only those tasks and procedures consistent with their specialty or usual and customary practice.
   c. To consult with the NP on all unusual or serious cases, or any time the NP feels a problem is beyond the scope of the NP training and experience. Consultation may include case review, re-examination of the patient, or assumption of direct care.
d. To evaluate with the NP and determine referral plans for management of Secondary Care problems. (See Disease Management Secondary Care, IV.B)

e. To bring to the Medical Director or Peer Review Chair’s attention, cases in which quality of care is not in keeping with UCD SHCS and professional standards

H. Consultation
The Nurse Practitioners will be managing primary, secondary, and tertiary care conditions as outlined in this document including “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1). In general, however, physician consultation will be sought for all of the following situation and any other situations deemed appropriate in the course of providing care:

1. Whenever situations arise which go beyond the intent of the Standardized Procedures or the competence or scope of practice/expertise of the Nurse Practitioners.
2. Whenever patient conditions fail to respond to the management plan in appropriate time.
3. Any uncommon or unstable patient conditions.
4. Any unexplained physical examination or historical finding.
5. All emergency situations after initial stabilizing care have been accomplished.
6. Whenever a physician is consulted for a condition that is outside the scope of practice of the Nurse Practitioner, a notation of the consultation and the physician’s name are documented in the (EHR) and forwarded to the consulting physician for electronic co-signature.
7. At the request of the patient, nurse practitioner or physician.

I. Emergency Care and Transportation Procedures
In the event that the Supervising Physician is not immediately available to assume direct care of emergent cases, the Nurse Practitioners will:

1. FIRST PRIORITY- Promptly institute Basic Life Support (BLS) measures to sustain life.
2. Summon backup help at the outset of any resuscitation effort and Call 9-1-1 for patients with unstable vital signs.
3. Nurse Practitioners with current ACLS skills may institute ACLS approved emergency procedures, when indicated, per ACLS protocol and UCD SHCS Guidelines.
4. Arrange for transportation of unstable patients, via ambulance, to the nearest appropriate emergency facility. Call the Emergency Department at the first opportunity, and notify the physician on call that a patient is being transported, giving pertinent medical facts.
5. Document emergency care in the patient’s medical record, including times of observations and therapeutic interventions.

IV. Standardized Procedures and Protocols
A. Disease Management – Primary Care

1. Policy:
The Nurse Practitioner is authorized to diagnose and treat primary care problems under the following protocol.

2. Definition:
This protocol covers the management of common primary care problems seen in the outpatient setting, according to accepted criteria and management, including but not limited to: upper and lower respiratory infections, gynecological care and infections, dermatologic conditions, urinary tract infections, diagnosis of pregnancy, contraception, minor trauma such as musculoskeletal injuries, and stable chronic conditions, such as thyroid disease, diabetes, and irritable bowel syndrome.

3. Protocol:
   a. A patient specific database is developed and documented, leading to an assessment and treatment plan based upon the resources listed in this document.
      1) Database
         a) Subjective data
            (1) Chief complaint and symptoms relevant to the disease process and organ systems affected
            (2) Status of other current problems and significant history, including any ongoing treatment
            (3) Any issues or conditions affecting treatment plan (e.g., allergies, compliance issues)
         b) Objective data
            (1) Physical examination and vital signs appropriate to the disease process
            (2) Laboratory and x-ray evaluation as appropriate
      2) Assessment
         a) Diagnosis
            (1) Most consistent with subjective and objective findings. If diagnosis is not clear, assessment to level of certainty plus differential diagnosis.
            (2) Assessment of status of disease process when appropriate.
      3) Treatment
         a) Further lab or other studies as appropriate per the resources listed in the appendix.
         b) Initiation, continuation or manipulation of medication as covered in Ordering/Furnishing Medication protocols.
c) Procedures for which the Nurse Practitioner is trained and properly credentialed such as suturing lacerations.

d) Ordering of physical therapy or other treatment modalities as appropriate per the resources listed in the appendix.

e) Diet and exercise prescription as indicated.

f) Patient education and counseling as appropriate

g) Follow-up plan for further evaluation and treatment, with specific indications as appropriate.

4) Physician consultation or referral as described in General Policy and the “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1).

a) Further diagnostic studies that require referral to outside consultant services for imaging or complex testing are ordered in consultation with SHCS physician or Supervisory staff in accordance with provisions of Section IV.D.2. and the “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1).

b) All other applicable Standardized Procedures in this document are followed during management of patient care.

c) All General Protocols regarding Review, Approval, Setting, Education, Scope of Practice, Evaluation, Patient Records, Supervision, and Consultation in these Standardized Procedures are in force.

B. Disease Management – Secondary Care

1. Policy:

The Nurse Practitioner is authorized to diagnose and treat Secondary Care problems under the following protocol and the “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1).

2. Definition:

This protocol covers the management of conditions for which the diagnosis and/or treatment are usually beyond the scope of the nurse practitioner’s knowledge and/or skills, and for those conditions that do not respond as expected to treatment. Secondary care problems are unfamiliar, unstable, or commonly require a specialized level of care. Examples include asthma in distress, pneumothorax, unusual, or potentially complicated fractures, full thickness burns or complex lacerations, emergent chest pain, unexplained abnormal vital signs, new onset hyperthyroidism or insulin requiring diabetes.
3. **Protocol:**
   a. A patient specific database is developed and documented, leading to an assessment or working diagnosis
      1) Database
         a) Subjective data
            (1) Chief complaint and symptoms relevant to the disease process and organ systems affected.
            (2) Status of other current problems and significant history, including any ongoing treatment
            (3) Any issues or conditions affecting treatment plan (e.g., allergies, compliance issues)
         b) Objective data
            (1) Physical examination and vital signs appropriate to the disease process
            (2) Laboratory and x-ray evaluation as appropriate per resources listed in Attachment 1.
      2) Assessment
         a) Diagnosis
            (1) Most consistent with subjective and objective findings. If diagnosis is not clear, assessment to level of certainty plus differential diagnosis.
            (2) Assessment of status of disease process when appropriate.
   b. A SHCS physician is contacted regarding the evaluation, diagnosis, and any proposed treatment plan prior to initiating management as outlined in “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1). The NP identifies the most appropriate provider by virtue of availability or familiarity and expertise with the case.
   c. Management of the patient is in conjunction with the consulting UCD SHCS physician. Together, the NP and UCD SHCS physician will determine to co-manage, completely transfer care to the UCD SHCS physician or refer to a secondary care treatment facility.
   d. The consultation or referral is noted in the patient’s chart, including name of physician
   e. The EHR is copied to the consultant physician for review and electronic co-signature
   f. When the assessment indicates a referral for outside specialty care, complex diagnostic testing (including advanced imaging
in Section IV. D. 2.), or transfer to a secondary care treatment facility, the Nurse Practitioner identifies the consultant SHCS physician in the referral order as well as in the-EHR note.

(g) All other applicable Standardized Procedures in this document are followed during management of patient care.

(h) All General Protocols regarding Review, Approval, Setting, Education, Scope of Practice, Evaluation, Patient Records, Supervision, and Consultation in these Standardized Procedures are in force.

C. Disease Management – Tertiary Care

1. **Policy:**
   The Nurse Practitioner is authorized to perform initial evaluation and stabilization of tertiary care problems under the following protocol.

2. **Definition:**
   Tertiary care problems are acute, life threatening conditions such as anaphylactic shock, respiratory arrest, cardiac arrest, and major trauma.

3. **Protocol:**
   a. Initial evaluation and stabilization of the patient may be performed with concomitant notification of and immediate management by a physician.
   b. The name of the physician participating with the NP in caring for the patient is noted in the patient’s chart, as well as the name of any other physician or agency to whom patient is referred (e.g., ER).
   c. All other applicable Standardized Procedures in this document are followed during patient care management.
   d. The entire General Protocol regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures is in force.

D. Ordering Lab Work/Diagnostic Studies

1. **Policy:**
   The Nurse Practitioner is authorized to collect and/or order lab work and diagnostic studies under the following protocol

2. **Protocol:**
   a. Routine lab, X-ray, skin tests, EKG, spirometry, audiometry and other non-radiologic procedures may be ordered as needed for Disease Management as outlined in this document and “Guidelines for Nurse Practitioner Management of Primary and Secondary Conditions” (Attachment 1).
   b. Gynecologic ultrasound for routine screening and primary condition diagnostic evaluation may be ordered without concurrent consultation. Consult is obtained by EHR “cc” for review and electronic co-signature by supervising physician.
c. Mammography and other breast imaging modalities used for routine screening and diagnostic evaluation of primary conditions (as outlined in the most recent edition of California State Health Dept “Breast Cancer Diagnostic Algorithms”) may be ordered without concurrent consultation. Consult is obtained by EHR “cc” for review and electronic co-signature by supervising physician.  
http://qap.sdsu.edu/screening/breastcancer/bda/index.html

d. All other advanced imaging studies must be ordered in concurrent consultation with a physician.

E. Ordering Therapies
   1. Policy:
      The Nurse Practitioner is authorized to order physical therapy, ADAPT education, dietitian referral and psychological counseling under the following protocol.

      2. Protocol:
         a. Therapies are ordered as part of a treatment plan implemented for Disease Management as outlined in this document
         b. All other applicable Standardized Procedures in this document are followed during patient care management.

F. Ordering/Furnishing Medications
   1. Policy:
      The nurse practitioners may furnish drugs or devices pursuant to the Business & Professions Code, Sec 2836.1, (See Attachment) and under the following protocol.

      2. Definition:
         Use of the term “Furnishing” shall include (1) the ordering of a drug or device in accordance with the Standardized procedure and (2) transmitting an order of a supervising physician and surgeon. SHS Nurse Practitioner providers may initiate, alter, discontinue, and/or renew medication included on the UC Davis Student Health Services Formulary (for Schedule III medication, see Attachment 2).

      3. Protocol:
         a. The drug/devices are either:
            1) Incidental to family planning and/or are
            2) Incidental to the provision of routine health care rendered to essentially healthy persons.
         b. The drug or device is being furnished as part of a treatment plan implemented for Disease Management as outlined in this document and is not contradicted.
### c. The drug or device is being used in an FDA approved fashion or approved off label prescribing per supervising physician.

### d. A consultation with a physician, if made, must be noted in the patient’s EHR, including the physician’s name, copied to the consultant physician for review and electronic co-signature.

### e. Patient education is given re: drug/device, including possible side effects or adverse reactions.

### f. The prescription must be written in the patient’s EHR including name of drug, strength, instructions and quantity, with electronic signature and title.

### g. A current furnishing number is written on the transmittal order.

### h. A list of all nurse practitioners able to furnish will be maintained by the Medical Director.

### i. Ability to furnish within SHCS is reviewed as part of the nurse practitioner’s annual evaluation.

### j. All other applicable **Standardized Procedures** in this document are followed during patient care management.

### k. The entire General Protocol regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these **Standardized Procedures** is in force.

### G. Ordering/Furnishing Schedule III- V Controlled Substances

#### 1. **Policy:**
Nurse Practitioners may furnish or provide controlled substances, pursuant to the Business & Professions Code, Sec 2836.1, amended, and Title 16 sec 1399.541 of the California Code of Regulations, under the following protocol.

#### 2. **Definition:**

- **a.** Use of the term “Furnishing” shall include (1) the ordering of a drug or device in accordance with the Standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

- **b.** Controlled Substances are medications with a potential for abuse, addiction, or habituation, as defined in Section 11056 of the California Health and Safety Code.

#### 3. **Protocol:**

- **a.** All Protocol requirements in the Standardized Procedure for Ordering/Furnishing Medications are applicable and in force.

- **b.** Nurse Practitioners Ordering/Furnishing Controlled Substances will have, and maintain, a valid registration number with the DEA.

- **c.** A separate prescription for each controlled substance will be provided and may only be refilled five times in a sixth month period.

- **d.** When Schedule III controlled substances are furnished or ordered by a Nurse Practitioner the controlled substance will be furnished in accordance with patient-specific protocols.
approved by the treating or supervising physician (see Attachment 2).

e. Ordering of Schedule III controlled substances by Nurse Practitioners shall be limited to those drugs agreed upon by the Nurse Practitioner and Physician, as signified by inclusion in Attachment 2, the UCD SHCS Formulary, or upon written order of a Supervising Physician.

f. A copy of the standardized procedure relating to controlled substances will be provided upon request to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the NP furnishing or transmitting the order.

g. All other applicable Standardized Procedures in this document are followed during patient care management.

h. The entire General Protocol regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures is in force.

H. Dispensing Medication

1. Policy:
   The Nurse Practitioner may dispense prescription drugs and devices under the following protocol.

2. Protocol:
   a. The drugs or devices are under a valid prescription from a person lawfully authorized to prescribe, including the nurse practitioner that has transmitted an order based on the Standardized Procedures for Disease Management and Furnishing Medication in this document.
   b. Appropriate patient education regarding the drug is given.
   c. The drug or device is labeled pursuant to the Business & Professions Code, (see Appendix), including use of auxiliary labels and childproof containers.
   d. All appropriate record keeping practices of the dispensary are performed.
   e. All other applicable Standardized Procedures in this document are followed during patient care management.

I. Supervision of Medical Assistants to administer medications.

Policy:

The Medical Director delegates authorization to the Nurse Practitioner to provide the supervisory function for medical assistants to administer medications. “Administer medications” means to inject, handle, or provide medications to a patient after verification by a physician or nurse practitioner.
STANDARDIZED PROCEDURES and PROTOCOLS for NURSE PRACTITIONERS

as specifically described in UC Davis Student Health and Counseling Services Policy and Procedure
Attachment 2: Patient Specific Protocols for Schedule III Medications

When Schedule III controlled substances, as defined in Section 110567 of the Health and Safety Code, are furnished by a Nurse Practitioner, the controlled substances shall be furnished in accordance with a patient-specific protocol approved by the treating or supervising physician. In addition to his or her own DEA and furnishing number, the Nurse Practitioner must provide the supervising Physician’s name and DEA number on the prescription. Patients with medical conditions requiring chronic narcotic analgesics and/or benzodiazepines shall be referred to physicians for assessment and management.

The Nurse Practitioner may furnish Schedule III medications for the following specific patients:

1. Acute traumatic injury such as sprains, strains, fracture, dental injuries, lacerations, post-procedure (I&D) and severe contusions or musculoskeletal injury.
   - Appropriate short-term use of Vicodin or Tylenol #3 is approved for 3-10 day course of therapy.

2. Acute short term treatment of pain from infections, such as cellulitis, pelvic infections, mononucleosis, pyelonephritis, abscesses or severe dental pain while awaiting oral surgery intervention.
   - Short-term use of Vicodin or Tylenol #3 for up to 10 days treatment

3. Acute insomnia or anxiety not relieved with close follow up and/or while awaiting referral to specialty care.
   - Short-term use of Valium, Xanax or Ativan for three to seven days treatment

Prior to the furnishing of Schedule III medications the Nurse Practitioner will:

1. Screen all patients for history of drug abuse, conduct a review of the medical record to screen for drug use or drug seeking in the past, and consult with a physician whenever in doubt concerning the appropriateness of pain medication.

2. Use caution regarding amounts of medication required for an acute episode of pain or the need for refill. The Nurse Practitioner will be familiar with drug seeking behavior and indications of manipulative behavior.

3. Advise all patients regarding the possibility of addiction to these medications if used excessively, long term, or in doses that are not authorized on the label.

4. Advise all patients of the possible side effects of drowsiness or sedation and the need to use the medication with caution as advised.
See separate document for signature page.