

## **INTRODUCTION TO THE STANDARDIZED PROCEDURES**

The purpose of the Standardized Procedures is to define the scope of practice of Nurse Practitioners at Covenant House California Clinic Services in order to meet the legal requirements for the provision of health care by nurse practitioners. They are established to assist all health care providers with an understanding of the role and scope of practice of the nurse practitioner and to provide a safeguard so that providers and patients alike may be assured of the best health care possible.

These Standardized Procedures are based on the Guidelines established by the Board of Registered Nursing (See Appendix II).

In order to provide the highest standard of care, these Standardized Procedures incorporate the following qualities:

- **ADAPTABILITY**, in order to allow for the unique management needs of each individual patient,
- **FLEXIBILITY**, to accommodate the rapidly changing and complex nature of the health care field and to acknowledge that medicine is not an exact science,
- **PRACTICALITY**, in order to be useful in a setting that must incorporate a variety of educational backgrounds and personal management styles, and
- **SPECIFICITY**, to address the intent of the Standardized Procedure Guidelines which are meant to protect the health care consumer.

The Standardized Procedures consist of the following:

**GENERAL POLICIES:** Define the general conditions of and give authorization to the nurse practitioner to implement the Standardized Procedures.

**HEALTH CARE MANAGEMENT STANDARDIZED PROCEDURES:** Delineate the medical functions requiring a standardized procedure and, using policies and protocols, define the circumstances and requirements for their implementation by the nurse practitioner.

# **GENERAL POLICIES**

## **GENERAL POLICIES**

It is the intent of this document to authorize nurse practitioners at Covenant House California Clinic Services 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". It is not the intent to have the nurse practitioners independently diagnosing, treating or managing all the patient conditions they might encounter, but rather to utilize their assessment and health care management skills in conjunction with the Standardized Procedures and the collegial physician-nurse practitioner relationship, to meet the health care needs of the patients.

### **DEVELOPMENT, REVISION AND REVIEW**

The Standardized Procedures have been developed collaboratively by the Associate Executive Director, Physician, and Nurse Practitioner.

Review, and if necessary, revision of the Procedures will be done annually by the Physician and Nurse Practitioner.

The completion of these tasks is ultimately the responsibility of the Director of Health Services at Covenant House California.

### **APPROVAL AND AGREEMENT**

All nurse practitioners and associate physicians will signify agreement to the Standardized Procedures 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, and the willingness to maintain a collegial and collaborative relationship with all the parties. Nurse practitioners and physicians who join the staff mid-year or who cover the practice must also signify approval of the Standardized Procedures. It is the task of Director of Health Services to see that written agreement by all the above parties is obtained.

## **GENERAL POLICIES (continued)**

### **SETTING**

The nurse practitioners will perform these Standardized Procedures at Covenant House California Clinic Services. They may also be performed by telephone or in other settings as part of the nurse practitioner's practice at the primary setting.

### **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 the Standardized Procedures.

### **EDUCATION AND TRAINING**

The nurse practitioners must have the following:

- Possession of a valid California License as a Registered Nurse.
- Certification by the State of California, Board of Registered Nursing as a Nurse Practitioner.
- Certification as a Family Nurse Practitioner or Pediatric Nurse Practitioner.

### **EVALUATION OF CLINICAL CARE**

Evaluation of the nurse practitioner will be provided in the following ways:

- For the following three months, 30 randomly selected charts written by the nurse practitioner will be reviewed and co-signed by an associate physician or supervising nurse practitioner. A written record of the review will be kept.
- Informal evaluation during consultations.
- A three-month evaluation by an associate physician or supervising nurse practitioner based on written criteria.

## **GENERAL POLICIES (continued)**

### **EVALUATION OF CLINICAL CARE (continued)**

#### **CONTINUING EVALUATION**

- Annual evaluation by an associate physician or supervising nurse practitioner based on written criteria.
- Quarterly review, between the nurse practitioner and an associate physician or supervising nurse practitioner, of 10 randomly selected charts written by the nurse practitioner. A written record of the review will be kept.
- Informal evaluation during consultations.
- Review of all referrals to specialists.
- Periodic chart audits per the Quality Assurance Committee.

### **PATIENT RECORDS**

The nurse practitioner will be responsible for the preparation of a complete medical record for each patient contact per existing office policies.

### **SUPERVISION**

The nurse practitioner is 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 managing Primary, Secondary and Tertiary care conditions as outlined in this document. In general, however, 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.

## **GENERAL POLICIES (continued)**

### **CONSULTATION (continued)**

- 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 in an appropriate time.
- Any rare or unstable patient conditions.
- Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.
- Any unexplained physical examination or historical finding.
- At a patient's, the nurse practitioner's or physician's request.
- All emergency situations after initial stabilizing care has been started.

**HEALTH CARE MANAGEMENT/ PSYCHIATRIC CARE MANAGEMENT  
STANDARDIZED PROCEDURES**

## **HEALTH CARE MANAGEMENT - PRIMARY CARE**

### **POLICY**

Primary Care conditions are common acute and episodic conditions such as, but not limited to, pharyngitis, upper respiratory infection, otitis, and vaginitis and chronic conditions such as, but not limited to asthma, atopic dermatitis, and obesity, AND health care maintenance. The nurse practitioner is authorized to diagnose and manage Primary Care conditions under the following protocols:

### **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 health care management.
- 3) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.



## **HEALTH CARE MANAGEMENT - SECONDARY CARE**

### **POLICY**

Secondary Care conditions may be unfamiliar, uncommon, unstable or complex conditions such as, but not limited to HIV, fractures, and diabetes. The nurse practitioner is authorized to evaluate and treat Secondary Care conditions under following protocols:

### **PROTOCOLS**

- 1) A physician is communicated with regarding the evaluation, diagnosis and/or 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 her/his name is used on a referral to a specialty physician or department.
- 4) The consultation or referral is noted in the patient's chart including name of physician.
- 5) All Secondary Care charts are co-signed by a physician.
- 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.

## **HEALTH CARE MANAGEMENT - TERTIARY CARE**

### **POLICY**

Tertiary Care conditions are acute, life-threatening conditions such as respiratory arrest and anaphylaxis. The nurse practitioner is authorized to evaluate Tertiary Care conditions under the following protocols:

### **PROTOCOLS**

- 1) Initial evaluation and stabilization of the patient may be performed with concomitant notification of EMS.
- 2) Initial treatment may include modalities of BCLS and O2 therapy, and/or the use of SQ epinephrine or IM Benadryl.
- 3) The referral is noted in the patient's chart including name of physician or agency, (e.g. ER), referred to.
- 4) All other applicable Standardized Procedures in this document are followed during health care management.
- 5) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **PSYCHIATRIC CARE MANAGEMENT – AXIS I DISORDERS (UNCOMPLICATED)**

### **POLICY**

The psychiatrist and nurse practitioner at Covenant House California Clinic have defined uncomplicated Axis I disorders as common psychiatric conditions frequently encountered in at-risk adolescent primary care settings such as, but not limited to unipolar mood disorders without psychotic features, anxiety disorders without psychotic features, adjustment disorders, attention-deficit disorders, and substance-related disorders.. The nurse practitioner is authorized to evaluate and manage uncomplicated Axis I disorders under the following protocols:

### **PROTOCOLS**

- 1) A treatment plan is developed based on the resources listed in this document
- 2) Consultations are noted in the patient's chart including the name of the physician.
- 3) 10% of psychiatric care charts are co-signed by the physician.
- 4) All other applicable Standardized Procedures in this document are followed during psychiatric care management.
- 5) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **PSYCHIATRIC CARE MANAGEMENT – AXIS I DISORDERS (COMPLICATED)**

### **POLICY**

The psychiatrist and nurse practitioner at Covenant House California Clinic have defined complicated Axis I disorders as complex psychiatric conditions such as, but not limited to schizophrenia and other psychotic disorders, bipolar mood disorders, unipolar mood disorders without psychotic features. The nurse practitioner is authorized to evaluate and treat complicated Axis I disorders under the following protocols:

### **PROTOCOLS**

- 1) A physician is communicated with regarding the evaluation, diagnosis and/or treatment plan.
- 2) Management of the patient is either in conjunction with a physician or by complete referral to a physician.
- 3) Consultations are noted in the patient's chart including the name of the physician.
- 4) All complicated psychiatric care charts are co-signed by the physician.
- 5) All other applicable Standardized Procedures in this document are followed during psychiatric care management.
- 6) 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:

- Chemical or electrocautery of external, non-facial, non-malignant lesions less than 1cm in size, e.g. warts.
- Epidermal cyst removal (non-facial) less than 3 cm in size.
- Incision and drainage of non-facial abscess less than 5 cm in size.
- Suture non-facial laceration less than 5 cm in size.
- Mole removal (non-facial).
- Punch or shave biopsy.
- Toe nail removal.

## **PROTOCOLS**

- 1) The nurse practitioner has been trained to perform the procedure(s) and has been observed satisfactorily performing the procedure(s) by another provider competent in that skill.
- 2) The nurse practitioner is following standard medical technique for the procedures as described in the resources listed in this document and in Appendix VII and VIII.
- 3) All moles and biopsied tissue are sent for a pathology report.
- 4) Appropriate patient consent is obtained before the procedure.
- 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.

## **ORDERING LAB WORK/DIAGNOSTIC STUDIES**

### **POLICY**

The nurse practitioner is authorized to collect, order and interpret lab work and diagnostic studies under the following protocols:

### **PROTOCOLS**

- 1) Lab work and diagnostic studies obtained, such as CBC, chem panel, vaginal smears, urinalysis, throat cultures, basic imaging studies, etc. must be appropriate to Health Care Management as outlined in this document.
- 2) All other applicable Standardized Procedures in this document are followed during health care management.
- 3) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **ORDERING THERAPIES**

### **POLICIES**

The nurse practitioner is authorized to order therapies such as occupational, speech and physical therapy, and psychological counseling, under the following protocols:

### **PROTOCOLS**

- 1) Therapies are ordered as part of a treatment plan implemented for Health Care Management as outlined in this document.
- 2) All other applicable Standardized Procedures in this document are followed during health care management.
- 3) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **DISPENSING MEDICATIONS**

### **POLICY**

The nurse practitioner may dispense prescription drugs and devices under the following protocols:

### **PROTOCOLS**

- 1) The drugs or devices are under a valid prescription from a person lawfully authorized to prescribe, including the nurse practitioner that is transmitting an order based on the Standardized Procedures in this document.
- 2) The drug or device is not a controlled substance (See Appendix I).
- 3) Appropriate patient education regarding the drug and/or device is given.
- 4) The drug or device is labeled pursuant to the Business and Professions Code (See Appendix IV), including use of auxiliary labels and childproof containers.
- 5) All appropriate record keeping practices of the dispensary are performed.
- 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.



## MEDICATION MANAGEMENT

### POLICY

The nurse practitioner may independently initiate the oral transmission of a valid prescription order in the name of an associate physician under the following protocols:

### PROTOCOLS

- 1) All the drugs and devices ordered are per the recommendations in the resources listed in this document.
- 2) The ordering of drugs or devices includes the initiation, discontinuation and/or renewal of prescriptive medications and/or their over-the-counter equivalents.
- 3) Medication history has been obtained:
  - Other medications being taken.
  - Medication allergies and contraindications.
  - Prior medications used for current condition.
- 4) The drug or device is appropriate to the condition being treated:
  - Lowest dosage effective per pharmaceutical references.
  - Not to exceed upper limit dosage per pharmaceutical references.
  - Generic medications are ordered if appropriate.
- 5) Schedule III, IV and V Controlled substances may be ordered as follows:
  - For acute anxiety OR painful, limited illness, including cough.
    - Limit number of tablets to maximum of 60 as appropriate to the condition.
    - No refills without reevaluation.
    - Drug is on the List of Scheduled Drugs in the Resources section.
  - For chronic conditions such as acute, intermittent, but recurrent pain or anxiety OR continuous chronic pain or anxiety.
    - Amount given, including all refills (maximum of 5 in 6 months) is not to exceed a 120 day supply as appropriate to the condition.
    - Treatment plan must be established in conjunction with a physician and reviewed, with documentation, every 6-12 months.
    - Drug is on the List of Scheduled Drugs in the Resources section.

### **MEDICATION MANAGEMENT (continued)**

- 6) All practice policies on pain management, Scheduled Drug contracts, DEA requirements, etc. must be adhered to.
- 7) A plan for follow-up and refills is written in the patient's chart.
- 8) Patient education regarding the medications is given and documented in the patient's chart.
- 9) Consultation with a physician, if made, is noted in the patient's chart, including the physician's name and co-signature.
- 10) The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the nurse practitioner.
- 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.

## **FURNISHING DRUGS AND DEVICES**

### **POLICY**

The nurse practitioner may order, or write a transmittal order for, drugs or devices pursuant to Sections 2725 and 2836.1-2836.3 of the Business and Professions Code (See Appendix V) and under the following protocols:

### **PROTOCOLS**

- 1) The nurse practitioner has a current furnishing number (See Appendix VI).
- 2) The drugs and devices are incidental to the provision of:
  - Family planning services,
  - Prenatal services, and/or
  - Routine health care rendered to essentially healthy persons.
- 3) All drugs and devices furnished are per the recommendations in the resources listed in this document.
- 4) The furnishing of Schedule III drugs is per the Patient Specific Protocol for Furnishing Scheduled Drugs.
- 5) The Schedule III, IV and V drugs that may be furnished are on the List of Scheduled Drugs in the Resources section.
- 6) Patient education is given regarding the drug and/or device.
- 7) The name and furnishing number of the nurse practitioner is written on the transmittal order along with the name and DEA number of a supervising physician.
- 8) Nurse practitioner who can furnish is: Theresa Broms
- 9) No single physician will supervise more than four nurse practitioners at any one time.
- 10) A physician must be available at all times in person or by telephone.

## **FURNISHING DRUGS AND DEVICES (continued)**

- 11) Ability to furnish is a part of the nurse practitioner's annual evaluation.
- 12) All other applicable Standardized Procedures in this document are followed during health care management.
- 13) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **PATIENT SPECIFIC PROTOCOL FOR FURNISHING SCHEDULED DRUGS**

### **POLICY**

The nurse practitioner may furnish Schedule III controlled substances per the following patient specific protocol.

### **PROTOCOLS**

- 1) The patient must be in one of the following categories of illness:

<b>Category</b>	<b>Examples</b>
Respiratory	Marked cough; injury
Dermatology	Shingles; dermal injuries
Musculoskeletal	Marked strain, sprain or fracture; marked arthritis, inflammatory disorders
Gynecology	Ovarian cyst, PID, severe dysmenorrhea
Neurological	Headache, marked myofascial pain or neuropathies
EENT	Severe pain from EENT infection or injury
GU	Urinary calculi
Post operative pain	
Psychiatric	Anxiety

- 2) All drugs ordered are per the recommendations in the Resources section.  
OR  
The drug is on the List of Scheduled Drugs in the Resources section.
- 3) All practice policies on pain management, Scheduled drug contracts, DEA requirements, etc. must be adhered to.
- 4) In addition to the physicians name, the physician's DEA number must be on the transmittal order.
- 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.

## LIST OF SCHEDULED DRUGS

### Schedule III Drugs (Brand name or generic equivalent)

- TyCo #3 (300 mg/30 mg)  
sig: 1-2 tabs q 4-6 hours; max 12/24 hr
- TyCo #4 (300 mg/60 mg)  
sig: 1 tab q 4-6 hours; max 6/24 hr
- Vicodin (500 mg/5 mg)  
sig: 1-2 tabs q 4-6 hours; max 8/24 hr
- Vicodin ES (750 mg/7.5 mg)  
sig: 1 tab q 4-6 hours; max 5/24hr
- Hycodan (5 mg per 5ml)  
sig: 1 tsp q 4-6 hours; max of 6 tsp/24 hr.
- Fiorinal or Fioricet  
sig: 1-2 caps or tabs q 4-6 hours; max 6/24 hr.

### Schedule IV Drugs (Brand name or generic equivalent)

- Darvocet N-50 and N-100  
sig: 1 N-100, 2 N-50 q 4 hrs; max 12 N-50/24 hr OR 6 N-100/24 hr
- Dalmane 30 mg  
sig: 1 qhs
- Restoril 15 mg  
sig: 1 or 2 qhs
- Ativan 1 or 2 mg  
sig: 1-2 mg in divided doses; max 10 mg/24 hr
- Xanax 0.25 - 1.0 mg  
sig: 0.25 to 0.5 mg tid; max 10 mg/24hr
- Valium 2 - 10 mg  
sig: 2-10 mg, 2-4 x day ; max 40 mg/24 hr
- Clonazepam  
Sig: 0.5 mg to 2 mg tid
- Ambien 10 mg  
sig: 1 qhs

### Schedule V Drugs (Brand name or generic equivalent)

- Robitussin AC  
sig: 2 tsp q 4-6 hrs prn cough
- Lomotil  
sig: 2 tabs qid prn diarrhea
- Acetaminophen w/codeine elixir  
sig: 3 tsp q 4-5 hrs

## RESOURCES

American Academy of Pediatrics, Ed. 1997 Red Book, Report of the Committee of Infectious Disease, 24<sup>th</sup> ed. American Academy of Pediatrics: Elk Grove Village, IL, 1997.

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