Standardized Procedures and Protocols for Nurse Practitioners in Psychiatry

August 2013
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Statement of Approval

By signing this Statement of Approval we, the below named Nurse Practitioners, and Physicians agree to maintain a collaborative and collegial professional relationship and abide by the provisions of these Standardized Procedures and Protocols.

E. Drew Malloy, M.D.  date
Medical Director

Mary Knudtson, NP  date
Executive Director

Mark Kutcher, M.D.  date
Assoc. Director for Psychiatry

Gary Dunn, Ph.D.  date
CAPS Director

Sara Bassler, M.D.  date

Paul Schwartz, NP  date

Lidia Zylowska, M.D.  date

Erin Rowley, NP  date
Introduction

These *Standardized Procedures and Protocols* are established for the use of the Nurse Practitioner and Physician staff of UCSC Student Health Services (SHS) in Psychiatry. They are based on the guidelines established by the Board of Registered Nursing in the California Administrative Code. Their purpose is to:

- Define the scope of practice of Nurse Practitioners at UCSC SHS in psychiatry
- Meet the required legal guidelines for the provision of health care by Nurse Practitioners
- Promote the highest standard of care for patients at UCSC Student Health Services

These Standardized Procedures are to be considered guidelines, not standards of care; they are not intended to replace clinical judgment.

General Policy

It is the intent of this document to authorize the Nurse Practitioners of UCSC SHS to implement the Standardized Procedures without the immediate supervision or approval of a physician. 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.

General Protocol

A. Approval

The Standardized Procedures and Protocols will be approved by the Physicians, the Nurse Practitioners, and the administrator. Each physician and NP shall sign the Statement of Agreement and Approval upon initial hire and when revised 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 when necessary or if requested by the signing parties.

C. Setting

The Nurse Practitioners will perform these standardized procedures at UCSC and the UCSC Student Health Center. Standardized Procedures may also be performed by telephone or electronic means as part of nurse practitioner practice.
D. **Education, Training, and Scope of Practice**

Nurse Practitioners functioning under these procedures and protocols must have and maintain the following credentials:

- Active licensure as a registered nurse in California in good standing.
- Active certification by the California Board of Registered Nursing as a Nurse Practitioner in good standing.
- Active furnishing number from the California Board of Registered Nursing.

Further, Nurse Practitioners functioning under these procedures and protocols must have:

- Formal education and training in psychology i.e. license as a psychiatric nurse practitioner

All new hires after 7/1/2009 must also have and maintain the following credentials:

- National certification in their specialty as a nurse practitioner
- A DEA number

Further, new hires after 7/1/2009 must also have:

- A Masters degree

E. **Evaluation of Clinical Care**

Evaluation of the care provided by the Nurse Practitioner will be provided in the following ways:

- Initial formal review of clinical work upon hire
- Periodic chart reviews as a part of the peer review and chart audit activities of the Quality Management and Improvement program.
- Periodic informal evaluations by the physicians

F. **Patient Records**

Nurse practitioners will be responsible for documentation in the patient record as appropriate.

G. **Supervision**

1. Nurse practitioners are authorized to perform 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/telephonic means.

2. **Supervision Requirements of Physicians**
   
   a. To be available in person or by electronic/telephonic communication at all times when Nurse Practitioners are caring for the patients.
   
   b. 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’s training and experience. Consultation may include case review, re-examination of the patient, or assumption of direct care.
c. Bring to the Lead Psychiatrist and/or the Medical Director’s attention, cases in which quality of care is not in keeping with UCSC SHS, Counseling and Psychological Services, and/or professional standards.

H. Consultation

The Nurse Practitioner will be managing primary, secondary, and tertiary care conditions as outlined in this document. In general, however, physician consultation will be sought for all of the following situations and any others 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 Practitioner
2. Whenever patient conditions fail to respond to the management plan in appropriate time.
3. Any patient with acute decompensation
4. At the patients, nurse practitioners or physicians request
5. All emergency situations after initial stabilizing care has been provided.

Whenever a physician is consulted a notation with the physician’s name must be made in the record.

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 Practitioner will:

1. 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 (campus EMTs and ambulance).
3. Nurse Practitioner with current ACLS skills may institute ACLS approved emergency procedures, when indicated, per ACLS protocol and UCSC SHS Guidelines
4. Arrange for transportation of unstable patients, via ambulance, to Dominican Hospital Emergency Department. 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. Initiate involuntary hold (5150) procedure by calling (911 or panic alarm) and having UCSC campus police transport unstable patients (danger to self, others or gravely disabled) to Dominican Hospital Santa Cruz Behavioral Health Unit. Call the Behavioral Health Unit at the first opportunity, and notify the physician on call or the admission staff that a patient is being transported, giving pertinent medical facts.
6. Document emergency care in the patient’s medical record, including times of observations and therapeutic interventions.

IV Standardized Procedures and Protocols

A. Health Care 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 psychiatry outpatient setting, including, but not limited to acculturation problems, adjustment disorders, anxiety disorders, obsessive compulsive disorders, trauma & stress related disorders, bereavement, bipolar disorder, depressive disorders, eating disorders, impulse control disorders, personality disorders, sexual and gender identity disorders, sleep disorders, substance use and abuse disorders, relational problems, and attention-deficit/hyperactivity disorder.

3. **Protocol**:
   a. A treatment plan is developed based on the resources listed in this document.
   b. Lab work and diagnostic studies can be ordered, collected and interpreted.
   c. Therapies such as counseling, medication and psychological services can be ordered.
   d. All other applicable Standardized Procedures in this document are followed during health care management.
   e. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

B. **Health Care Management – Secondary Care**

1. **Policy**: The Nurse Practitioner is authorized to diagnose and treat Secondary Care problems under the following protocol.

2. **Definition**: This protocol covers the management of conditions for which the diagnosis and/or treatment are beyond the experience or 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 complex conditions requiring a specialized level of care. Examples include: dementia and amnesic and other cognitive disorders, dissociative disorders, psychotic disorders, somatoform and related disorders, substance dependence.

3. **Protocol**:
   a. A physician is communicated with regarding the evaluation, diagnosis and/or treatment plan.
   b. Management of the patient is either in conjunction with a physician or by complete referral to a physician or secondary care treatment facility.
   c. The consultation or referral is noted in the patient’s record including name of physician.
   d. Lab work and diagnostic studies can be ordered, collected and interpreted.
   e. Therapies such as counseling, medication and psychological services can be ordered.
   f. All other applicable Standardized Procedures in this document are followed during health care management.
   g. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.
C. **Health Care 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, major trauma, imminent suicidal/homicidal ideation.

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 is noted in the patient’s record, as well as the name of any other physician or agency to whom patient is referred (eg, ER).
   
   c. All other applicable *Standardized Procedures* in this document are followed during health care management.
   
   d. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

D. **Furnishing Drugs and Devices**

1. **Policy:** The nurse practitioner is authorized to verbally order, or write a transmittal order for, drugs or devices under the following protocols. SHS nurse practitioners may initiate, alter, discontinue, and/or renew medications.

2. **Protocol:**
   
   a. The nurse practitioner has a current Furnishing number.
   
   b. The drugs and devices ordered are consistent with the providers educational preparation
   
   c. The drug or device ordered is appropriate to the condition being treated.
   
   d. All drugs and devices ordered are listed on the Formulary or are per the recommendations in the resources listed in this document, and are as specified in the Standardized Procedure for Furnishing Scheduled Drugs.
   
   e. Patient education is given regarding the drug or device.
   
   f. The name and Furnishing number of the provider is written on the transmittal order.
   
   g. The Statement of Approval and Agreement signed by the nurse practitioners will act as the record of nurse practitioners authorized to Furnish.
   
   h. No single physician will supervise more than four nurse practitioners at any one time.
   
   i. A physician must be available at all times in person or by electronic/telephonic contact.
   
   j. All other applicable Standardized Procedures in this document are followed during health care management.
   
   k. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.
E. **Furnishing Schedule Drugs**

**Patient Specific Protocol**

1. **Policy:** The nurse practitioner is authorized to Furnish Scheduled controlled substances per the following protocol.

2. **Protocol:**
   - a. The nurse practitioner follows the provisions of the Standardized Procedure for Furnishing.
   - b. The nurse practitioner has registered with the DEA for authority to order Schedule III–V OR Schedule II–V controlled substances.
   - c. The Scheduled substances that may be ordered are on the List of Scheduled Drugs in this document.
   - d. The nurse practitioner’s Furnishing and DEA numbers are on a secure transmittal order.
   - e. All practice policies on scheduled drug policies, DEA requirements, etc. are adhered to.
   - f. Schedule III-V substances may be ordered when the patient is in one of the following categories and under the following conditions:

   **CATEGORIES**
   
<table>
<thead>
<tr>
<th>System</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>Anxiety, insomnia</td>
</tr>
</tbody>
</table>

   **CONDITIONS**
   
   Acute: Acute *anxiety*, *insomnia*.
   - Limit order for acute conditions to a maximum of 30 days.
   - No refills without reevaluation.

   Chronic: Acute, intermittent, but recurrent (e.g. chronic *insomnia*, chronic *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.

   g. Schedule II substances may be ordered when the patient has one of the following diagnoses and under the following conditions.

   **CATEGORIES**
   
<table>
<thead>
<tr>
<th>System</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
</tbody>
</table>

   **CONDITIONS**
   
   Chronic: *Attention Deficit Hyperactivity Disorder*
   - ADHD diagnosis per criteria and supporting assessment.
   - Treatment plan is per established protocol as defined in Resources.
   - No refills without reevaluation.
h. All other applicable Standardized Procedures in this document are followed during health care management.

i. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

F. List of Scheduled Drugs

**SCHEDULE V DRUGS**
none

**SCHEDULE IV DRUGS**

*Anxiety*
- lorazepam (Ativan)
- clonazepam (Klonopin)
- diazepam (Valium)
- alprazolam (Xanax)

*Insomnia*
- zolpidem (Ambien)
- flurazepam (Dalmane)
- Eszopiclone (Lunesta)
- temazepam (Restoril)
- Ramelteon (Rozerem)
- Zaleplon (Sonata)

**SCHEDULE III DRUGS**
none

**SCHEDULE II DRUGS**

*ADHD*
- dextroamphetamine (Dexedrine)
- dextroamphetamine/amphetamine (Adderall)
- methylphenidate (Ritalin, others)
- dexamphetamine (Focalin) lisdexamfetamine (Vyvanse)

G. MEDICATION MANAGEMENT

1. **Policy:** The nurse practitioner is authorized to transmit an order for drugs and devices under the following protocols:

2. **Protocol:**
   a. The drugs and devices ordered are per the recommendations in the Resources section of this document.
   
   b. The ordering of drugs or devices may include initiating, altering, discontinuing and/or renewing of prescriptive medications and/or their over-the-counter equivalents.
c. Medication evaluation can include the assessment of:
   - Other medications being taken.
   - Prior medications used for current condition.
   - Medication allergies and contraindications, including appropriate labs and exams.

d. The drug or device is appropriate to the condition being treated:
   - Appropriate dosage.
   - Not to exceed upper limit dosage per pharmaceutical references, except in consultation with physician.
   - Generic medications are ordered if appropriate.

e. A plan for follow-up and refills may be written in the patient's record.

f. The prescription will be documented in patient's record including name of drug, strength, instructions and quantity, and electronic signature of the nurse practitioner.

g. Consultation with a physician, if made, is noted in the patient's record.

h. All other applicable Standardized Procedures in this document are followed during health care management.

i. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.
Attachment 1: Resources

Along with original clinical guidelines adopted by the clinical staff and standard references such as the Physician’s Desk Reference and Stedman’s Medical Dictionary, these resources are intended to be used in guiding the clinical practice of nurse practitioners and informing their clinical judgment and decision making.

GENERAL
Dambro, Griffith’s 5-minute Clinical Consult
Dombrand, Manual of Clinical Problems in Adult Ambulatory Care
Goroll, Primary Care Medicine
Harvey, Principles and Practices of Medicine
Harrisons. Principles of Internal Medicine
Hoole, Patient Care Guidelines for Nurse Practitioners
Pizzorni, Textbook of Natural Medicine
Stein, Internal Medicine
APA, DSM
Up to date
CDC web site
MD consult and similar resources on line

LABORATORY
Fischbauch, Laboratory Diagnostic Tests
Speicher, The Right Test

OBSTETRICS/GYNECOLOGY
Pernoll, Current Therapy in Obstetrics and Gynecology
Speroff, Clinical Gynecology and Reproductive Endocrinology

PHarmacology
Briggs, Drug Therapy in Pregnancy and Lactation
Medical Letter of Drugs and Therapeutics
Nurse Practitioner Prescribing Reference
Tarascon, Pocket Pharmacopoeia
Virani et al. Clinical Handbook of Psychotropic Drugs
Micromedex
ePocrates