

University of California, Santa Cruz

Student Health Services

**Standardized Procedures and Protocols
for Midlevel Providers**

September 2011

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Statement of Approval

By signing this *Statement of Approval* we, the below named Nurse Practitioners, Physician Assistants, 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 and Supervising Physician

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Executive Director

Elise Hughes, M.D. date

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I Introduction

These *Standardized Procedures and Protocols* are established for the use of the Midlevel Provider and Physician staff of UCSC Student Health Services. 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 and Physician Assistants at UCSC Student Health Services
- Meet the required legal guidelines for the provision of health care by Nurse Practitioners
- Serve as a Delegation of Services and Supervision Agreement for Physician Assistants
- 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.

II General Policy

- A. 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.
- B. This agreement provides guidelines for the duties and functions of Physician Assistants, as well as Nurse Practitioners, along with a standardized formulary for their clinical practice. It provides the legal authorization for them to perform those functions and procedures delegated to them by the Supervising Physician staff of UCSC SHS, as described in the Standardized Procedures and Protocols.

III General Protocol

A. Approval

The Standardized Procedures and Protocols will be approved by the Physicians, the Nurse Practitioners, and the Physician Assistants. Each physician, NP and PA 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 and Physician Assistants will perform these standardized procedures at UCSC and the UCSC Student Health Center. Standardized Procedures may also be performed by telephone or electronic means and in other settings 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:

- Valid California license as a Registered Nurse.
- Certification by the State of California, Board of Registered Nursing, as a Nurse Practitioner
- Furnishing number from the State of California Board of Registered Nursing.

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

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

Physician Assistants functioning under these procedures and protocols must have and maintain the following credentials:

- Graduation from an approved PA Training Program
- Current valid licensure by the Physician Assistant Committee of the Medical Board of the State of California

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

- National certification by NCCPA
- DEA number

E. Evaluation of Clinical Care

Evaluation of the care provided by the Nurse Practitioner or Physician Assistant 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 nurse practitioners or physicians

F. Patient Records

Nurse Practitioners and Physician Assistants 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 means.

- 2) Physician Assistants will be supervised in accordance with the requirements of Section 1399.545 of the Physician Assistant Regulations. Designated Supervising Physicians shall review, countersign and date within seven (7) days all required medical records written by the Physician Assistant under their supervision. In the event the supervising physician is not available when needed another of the supervising physicians of UCSC SHS will be a consultant or supervise as necessary.
- 3) Supervision Requirements of Supervising Physicians
 - a. To be available in person or by electronic communication at all times when Nurse Practitioners and Physician Assistants being supervised are caring for their patients
 - b. To consult with the NP or PA on all unusual or serious cases, or any time the NP or PA feels a problem is beyond the scope of the NP or Physician Assistants training and experience. Consultation may include case review, re-examination of the patient, or assumption of direct care.
 - c. Bring to the Medical Director's attention, cases in which quality of care is not in keeping with UCSC SHS and professional standards.

H. Consultation

The Nurse Practitioner or Physician Assistant 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 or Physician Assistant
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, physician assistants 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 or Physician Assistant will:

- a. FIRST PRIORITY- Promptly institute Basic Life Support (BLS) measures to sustain life.
- b. Summon backup help at the outset of any resuscitation effort and Call 9-1-1 (campus EMTs and ambulance).
- c. Nurse Practitioner and Physician Assistants with current ACLS skills may institute ACLS approved emergency procedures, when indicated, per ACLS protocol and UCSC SHS Guidelines.

- d. 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.
- e. Document emergency care in the patient's medical record, including times of observations and therapeutic interventions.

IV Standardized Procedures and Protocols

Health Care Management – Primary Care

I Policy: The Nurse Practitioner or Physician Assistant is authorized to diagnose and treat primary care problems under the following protocol.

Definition: This protocol covers the management of common primary care problems seen in the outpatient setting, such as upper and lower respiratory infections, gynecological 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.

II 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 physical therapy, occupational therapy, dietary counseling 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.

Health Care Management –Secondary Care

I Policy: The Nurse Practitioner or Physician Assistant is authorized to diagnose and treat Secondary Care problems under the following protocol.

Definition: This protocol covers the management of conditions for which the diagnosis and/or treatment are 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 complex conditions requiring a specialized level of care. Examples include acute respiratory distress, pneumothorax, unusual, or potentially complicated fractures, full thickness burns or lacerations, emergent chest pain or unexplained abnormal vital signs.

II Protocol:

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 consultation or referral is noted in the patient's record including name of physician.
4. Lab work and diagnostic studies can be ordered, collected and interpreted.
5. Therapies such as physical therapy, occupational therapy, dietary counseling and psychological services can be ordered.
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

I Policy: The Nurse Practitioner or Physician Assistant is authorized to perform initial evaluation and stabilization of tertiary care problems under the following protocol

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

II Protocol:

1. Initial evaluation and stabilization of the patient may be performed with concomitant notification of and immediate management by a physician.
2. 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).
3. All other applicable *Standardized Procedures* in this document are followed during health care management.
4. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

Procedures

I. Policy

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

- Repair of laceration under local anesthesia
- Incision and drainage of lesion under local anesthesia
- Removal biopsy of skin lesions-excisional, shave or punch

- IUD insertion or removal.
- Colposcopy with ECC, cervical biopsy and cryotherapy.
- Diaphragm fitting
- Joint aspiration or injection
- Nail plate avulsion
- Accutane
- Endometrial biopsy
- Cryotherapy of external lesions.
- Removal of cervical polyps.
- Foreign body removal except eye
- Nail removal
- Intralesional injections
- Application of TCA or Podophyllin
- Needle aspiration
- Cautery and desiccation

II. PROTOCOLS

- 1) The nurse practitioner or physician assistant 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 or physician assistant is following standard medical technique for the procedures as described in the resources listed in this document.
- 3) Physician consultation is obtained before casting is performed.
- 4) All moles and biopsied tissue are sent for a pathology report.
- 5) Appropriate patient consent is obtained before the procedure.
- 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

I. Policy

The nurse practitioner is authorized to verbally order, or write a transmittal order for, drugs or devices under the following protocols.

The Physician Assistant may transmit a written prescription based on patient specific order from the supervising physician or on the treatment guidelines in these *Standardized Procedures*. As specified in this document under the General Protocol, the Supervising Physician will countersign within 7 days the required medical records of patients cared for by the Physician Assistant for whom the physician's prescription has been transmitted or carried out.

SHS Midlevel Providers may initiate, alter, discontinue, and/or renew medications.

II. Protocol

- 1) The nurse practitioner or physician assistant has a current Furnishing number.
- 2) The drugs and devices ordered are consistent with the providers educational preparation
- 3) The drug or device ordered is appropriate to the condition being treated.
- 4) 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.
- 5) Patient education is given regarding the drug or device.
- 6) The name and Furnishing number of the provider is written on the transmittal order.
- 7) The Statement of Approval and Agreement signed by the nurse practitioners and physician assistants will act as the record of nurse practitioners and physician assistants authorized to Furnish.
- 8) No single physician will supervise more than four nurse practitioners at any one time or two physician assistants at one time.
- 9) A physician must be available at all times in person or by telephonic or electronic contact.
- 10) All other applicable Standardized Procedures in this document are followed during health care management.
- 11) All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force

Furnishing Schedule Drugs

Patient Specific Protocol

I. Policy

The nurse practitioner or physician assistant is authorized to Furnish Scheduled controlled substances per the following protocols:

II. PROTOCOLS

- 1) The nurse practitioner or physician assistant follows the provisions of the Standardized Procedure for Furnishing.
- 2) The nurse practitioner or physician assistant has registered with the DEA for authority to order Schedule III–V OR Schedule II–V controlled substances.
- 3) The Scheduled substances that may be ordered are on the List of Scheduled Drugs in this document.
- 4) The nurse practitioner’s or physician assistant Furnishing and DEA numbers are on a secure transmittal order.
- 5) All practice policies on pain management, Scheduled drug contracts, DEA requirements, etc. are adhered to.
- 6) Schedule III substances may be ordered when the patient is in one of the following categories and under the following conditions:

CATEGORIES

<u>System</u>	<u>Examples</u>
Respiratory	Injury; cough;
Dermatology	Shingles; marked dermal injuries;
Musculoskeletal	Severe strain or sprain; fracture; arthritis; inflammatory disorders;
Gynecology	Ovarian cyst; severe dysmenorrhea; cancer
Neurology	Headache; marked myofascial pain or neuropathies; cancer
EENT	Marked pain from EENT infection or injury;
GU/GI	Urinary calculi; pyelonephritis; cancer
Post operative pain	
Other trauma	

CONDITIONS

- A. Acute: Cough, or painful, limited illness.
 - Limit order for acute conditions to a maximum of 30 days.
 - No refills without reevaluation.
- B. Chronic conditions: Acute, intermittent, but recurrent pain (e.g. headache) OR continuous chronic pain.

- 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.
- 7) Schedule II substances may be ordered when the patient has one of the following diagnoses and under the following conditions.
- A. Pain from cancer, post-op pain, trauma.
- Pain unresponsive to, or inappropriately treated by, Schedule III–V substances.
 - Limit order for acute conditions to a maximum of 30 days.
 - Long-term use of these drugs must be established in conjunction with a physician and reviewed, with documentation, every 6-12 months.
 - No refills without reevaluation.
- B. *Attention Deficit Hyperactivity Disorder***
- ADHD diagnosis per criteria and supporting assessment per In-House Protocols.
 - Treatment plan is per established protocol as defined in Resources.
 - No refills without reevaluation.
- 8) All other applicable Standardized Procedures in this document are followed during health care management.
- 9) 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 V DRUGS

Cough

- codeine cough syrup (Robitussin AC, others)

Diarrhea

- diphenoxylate/atropine sulfate (Lomotil)

Pain

- acetaminophen w/codeine elixir

SCHEDULE IV DRUGS

Pain

- propoxphene w acetaminophen (Darvocet)
- Midrin

Anxiety

- lorazepam (Ativan)
- diazepam (Valium)
- alprazolam (Xanax)

Insomnia

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

Obstructive Sleep Apnea

- modafinil (Provigil)

SCHEDULE III DRUGS

Pain/Cough

- codeine w/ acetaminophen (TyCo #3, #4)
- hydrocodone w/ acetaminophen (Vicodin, others)
- hydrocodone w/ibuprofen (Vicoprofen)
- hydrocodone cough syrup (Hycodan)

Headache

- butalbital w/aspirin (Fiorinal)
- butalbital w/acetaminophen (Fioricet)

MEDICATION MANAGEMENT

I. POLICY

The nurse practitioner and physicians assistant is authorized to transmit an order for drugs and devices under the following protocols:

II. PROTOCOLS

- 1) The drugs and devices ordered are per the recommendations in the Resources section of this document.
- 2) The ordering of drugs or devices may include initiating, altering, discontinuing and/or renewing of prescriptive medications and/or their over-the-counter equivalents.
- 3) 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.
- 4) The drug or device is appropriate to the condition being treated:
 - Appropriate dosage.
 - Not to exceed upper limit dosage per pharmaceutical references.
 - Generic medications are ordered if appropriate.
- 5) A plan for follow-up and refills may be written in the patient's chart.
- 6) The prescription will be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the nurse practitioner.
- 7) Consultation with a physician, if made, is noted in the patient's chart.
- 8) 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.

DISPENSING MEDICATIONS

I. POLICY

The nurse practitioner or physician assistant may dispense pre-packaged prescription drugs and devices under the following protocols:

II. PROTOCOLS

- 1) The nurse practitioner or physician assistant is functioning under a standardized procedure for Furnishing.
- 2) Appropriate patient education regarding the drug and/or device is given.
- 3) A written prescription is offered to the patient.
- 4) The drug or device is labeled pursuant to the container labeling requirements, 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.

SUPERVISION OF MEDICAL ASSISTANTS

I. POLICY

The nurse practitioner or physician assistant is authorized to supervise medical assistants under the following protocols:

II. PROTOCOLS

- 1) The medical assistants are functioning in a health care facility or clinic.
- 2) The tasks performed by the medical assistants are within their scope of practice as defined by the B&P Codes regulating medical assistants, and the clinic policies and procedures.
- 3) The nurse practitioner or physician assistant is on site.
- 4) All other applicable Standardized Procedures in this document are followed during health care management.

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 Midlevel Providers and informing their clinical judgment and decision making. This list is not inclusive.

GENERAL

CDC web site
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
Internet resources
MD consult and resources on line
Pizzorni, Textbook of Natural Medicine
Silen, Copes Early Diagnosis of the Acute Abdomen
Stein, Internal Medicine
Taylor, Family Medicine
Trott, Wounds and Lacerations
Up to date

DERMATOLOGY

Barnhill, Color Atlas of Pigmented Lesions
Habif, Clinical Dermatology
Fitzpatrick, Thomas, Color Atlas and Synopsis of Clinical Dermatology

LABORATORY

Fischbauch, Laboratory Diagnostic Tests
Speicher, The Right Test

OBSTETRICS/GYNECOLOGY

Bauer, Color Atlas of Colposcopy
CDC, STD Treatment Guidelines
Dickey, Managing Contraceptive Pill Patients
Holmes, Sexually Transmitted Diseases
Hatcher, Contraceptive Technology

Kaufman, Benign Diseases of the Vulva and Vagina
Lichtman, Gynecology, Well Woman Care
Pernoll, Current Therapy in Obstetrics and Gynecology
Speroff, Clinical Gynecology and Reproductive Endocrinology

ORTHOPEDICS

Birnbaum, The Musculoskeletal Manual
Birrner, Sports Medicine for the Primary Care Physician
Mercier, Practical Orthopedics
Steinberg, Orthopedics in Primary Care

PHARMACOLOGY

Briggs, Drug Therapy in Pregnancy and Lactation
DiGregorio, Handbook of Commonly Prescribed Drugs
Levine, Pocket Guide Commonly Prescribed Drugs
Medical Letter of Drugs and Therapeutics
Nurse Practitioner Prescribing Reference
PDR
Sanford, Guide to Antimicrobial Therapy
Tarascon, Pocket Pharmacopoeia

Formulary