

ARKANSAS REGISTER

Transmittal Sheet



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Department _____

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CHAPTER 3: REGISTERED NURSE PRACTITIONER

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CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with ~~Act 434 of 1967 As Amended.~~

Irith A. Fields

Signature

686-2700

Phone Number

EXECUTIVE DIRECTOR

Title

4-1-97

Date

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

CHAPTER THREE

REGISTERED NURSE PRACTITIONER

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SECTION I

SCOPE OF PRACTICE

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

BY _____

A. REGISTERED NURSE PRACTITIONER

A registered nurse practitioner is a licensed professional nurse prepared in the manner stated herein who provides direct care to individuals, families and other groups in a variety of settings, including homes, hospitals, offices, industry, schools and other institutions and health care settings. The service provided by the nurse practitioner is directed toward the delivery of primary, secondary and tertiary care which focuses on the achievement and maintenance of optimal functions in the population. The nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with health professionals and others in making decisions about other health care needs. The practitioner plans and institutes health care programs as a member of the health care team. The nurse practitioner is directly accountable and responsible to the recipient for the quality of care rendered.

Regulations which apply to registered nurses are hereby incorporated by reference.

B. ACTS PROPER TO BE PERFORMED BY A REGISTERED NURSE PRACTITIONER

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with a licensed physician and under direction of the physician, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
 - a. Secures, records and evaluates the health, psychosocial and developmental history of patients.
 - b. Performs physical examinations using techniques of observation, inspection, auscultation, palpation and percussion, and uses appropriate diagnostic tests.
 - c. Discriminates between normal and abnormal findings on the history and physical examination and refers the individuals who need further evaluation or supervision.
 - d. Documents the processes of nursing care delivery.
 - e. Contributes to the comprehensive care of the ill in collaboration with the health care team.
 - f. Coordinates health care plans to enhance the quality of health care and diminish both fragmentation and duplication of service.
 - g. Contributes to the health education of individuals and groups and applies methods designed to increase each person's motivation to assume responsibility for his own health care.
 - h. Facilitates entry into and through the health care system by appropriate route.
 - i. Counsels with families and/or individuals regarding family planning, pregnancy, child care, emotional stresses, long term illness and general health problems.
 - j. Performs periodic health evaluations and plans for health maintenance of clients.
 - k. Conducts community clinics for case finding and screening for health problems.
2. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with a licensed physician and under direction of the physician, to perform particular acts recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
 - a. Assumes responsibility for ongoing health maintenance and clinical management of stable chronically ill patients.

- b. Provides initial care of emergencies and initiates arrangements for continuing definitive care.
- c. Identifies, manages and initiates treatment for common medical problems by "Protocols" as described in Section I.C.
- d. Evaluates progress and manages prenatal and postpartum care.

C. PROTOCOLS

1. Any nurse practicing as a registered nurse practitioner shall practice in accordance with protocols developed in collaboration with and signed by a licensed physician.
2. Protocols shall address:
 - a. Established procedures for the management of common medical problems in the practice setting.
 - b. The degree to which collaboration, independent action and supervision are required.
 - c. Acts including, but not limited to, assessment, diagnosis, treatment and evaluation.
3. Protocols shall not include controlled substances.
4. Documentation
 - a. Orders transmitted from protocols shall be documented on the client's medical record.
 - b. Orders transmitted from protocols to inpatient medical records shall contain:
 - (1) Name of medication, therapeutic device or treatment.
 - (2) Strength
 - (3) Dose
 - (4) Length of time or amount prescribed.
 - (5) Directions for use
 - (6) RNP Signature
 - (7) Physician's name, printed, followed by notation "protocol."
5. Any deviation from written protocols shall require:
 - a. A specific written or verbal order from the collaborating physician before the order is transmitted or implemented.
 - b. Documentation in the medical record as specified in § b.(1)-(6) above, and notation that order was by consultation, to be signed by the RNP.
6. Review of Protocols
 - a. The RNP shall document annual joint review with the licensed physician, and revise when necessary.
 - b. The RNP shall, upon request, provide the Board with current protocols.
7. Nothing in this regulation shall be construed to prohibit any registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a legend drug pursuant to a lawful direction of a licensed physician, dentist, or advanced practice nurse who holds a certificate of prescriptive authority.

D. SERVICES AND RESPONSIBILITIES

The RNP shall, upon request of the Board, provide documentation outlining the extent of services, responsibilities and required supervision of nurse practitioners, and the accompanying responsibilities of collaborating physicians.

E. DELEGATED ACTS

The registered nurse practitioner shall demonstrate competence in any act or procedure delegated by the collaborating physician.

SECTION II LICENSURE

A. QUALIFICATIONS

1. Active licensure as a registered nurse in Arkansas.
2. Documentation acceptable to the Board of:
 - a. Satisfactory completion of a nurse practitioner educational program. Such program of study shall conform to the program guidelines outlined herein, and shall be approved by the Board.
3. Documentation to the Board of completion of a preceptorship under a preceptor who meets the following qualifications:
 - a. Current licensure as an RNP or ARNP, and
 - b. Three (3) years experience as an RNP or ARNP; or
 - c. A physician currently licensed.

B. APPLICATION FOR INITIAL LICENSURE

In addition to current licensure as a registered nurse, the information submitted to the Board shall include:

1. A completed application form;
2. An official transcript or document from a program which meets the qualification as set forth in § II.A above, and which contains the dates of entry and completion, and the credential conferred.
3. If not included in the official transcript, a document from the program verifying the preceptorship, including the beginning and ending dates, and the licensure status of the preceptor.

C. RENEWAL

1. The date for renewal of licensure to practice as a registered nurse practitioner shall coincide with the renewal of the applicant's registered nurse license.
2. An application for renewal of a registered nurse practitioner license shall submit to the Board:
 - a. A completed application form;
 - b. Payment of the nonrefundable renewal fee.

D. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. The renewal fee and the reinstatement fee.
4. Fees are nonrefundable.
5. Any person practicing as a registered nurse practitioner during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violation of the Nurse Practice Act.

E. INACTIVE STATUS

1. Any licensee in good standing who desired his or her registered nurse practitioner license to be placed on inactive status may submit a request in writing to the Board.
2. The current license shall be placed on inactive status from the date of expiration

3. While the license is inactive, the licensee shall not engage in registered nurse practitioner nursing nor be subject to the payment of renewal fees.
4. If the nurse desires to resume practice, he or she shall submit a written request for a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee.
5. Fees are nonrefundable.
6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

SECTION III CREDENTIALS

- A. The licensee shall immediately report a lost, stolen or destroyed license to the Board.
- B. A duplicate license shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a duplicate credential fee.
- C. The license will be marked "duplicate" and date of issuance noted.

SECTION IV NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required fee.
- B. A licensee, whose address changes from the address appearing on the current license, shall immediately notify the Board of the change. The Board shall not issue a new license; but shall make such changes in current license files.

SECTION V EDUCATIONAL PROGRAMS

~~An institution desiring to conduct an education program to prepare registered nurse practitioners shall submit evidence to the Board that the following criteria have been met. A survey of the institution and the registered nurse practitioner program shall be made by an authorized representative of the Board, who shall submit a written report of the survey to the Board.~~

~~A. PHILOSOPHY/MISSION, PURPOSE, OBJECTIVES~~

- ~~1. The program shall have in its purpose the preparation of nurse practitioners.~~
- ~~2. The philosophy/mission, purpose and objectives of the program shall be clearly defined and available in written form.~~
- ~~3. The objectives reflecting the philosophy/mission shall be stated in behavioral terms and describe the competencies of the graduate.~~

~~B. ADMINISTRATION~~

- ~~1. The program shall be conducted by an approved institution of higher education.~~
- ~~2. Admission criteria shall be clearly stated and available in written form.~~
- ~~3. Admission requirements, philosophy/mission, objectives and criteria shall be available to the student.~~
- ~~4. The student shall receive official evidence that indicates successful completion of the course.~~

~~G. FACULTY~~

- ~~1. There shall be an adequate number of qualified faculty to develop and implement the program and achieve the stated objectives.~~
- ~~2. Faculty must include master's prepared registered nurse practitioners.~~
- ~~3. Nursing faculty must hold a current license to practice nursing in Arkansas.~~
- ~~4. Medical faculty must hold a current license to practice medicine in Arkansas.~~

~~D. PRECEPTORS~~

- ~~1. Shall meet the following qualifications:~~
 - ~~a. A registered nurse practitioner, currently licensed in the state of practice, with three years nurse practitioner experience, or~~
 - ~~b. A physician currently licensed in the state of practice who supports the concept of the expanded role of the nurse.~~

~~E. CURRICULUM~~

- ~~1. The course content, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the program.~~
- ~~2. Outlines and descriptions of all learning experiences shall be available in writing.~~
- ~~3. The program shall be at least one (1) academic year in length (nine months full time) and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of registered nurse practitioner practice, including a minimum of sixteen (16) continuous weeks (640 hours) preceptorship with a qualified preceptor.~~
 - ~~a. The program shall include, but not be limited to, theory and directed clinical experience in comprehensive physical and biopsychosocial assessment; interviewing and communication skills; eliciting, recording and maintaining a health history; interpretation of laboratory findings; assessment of community resources; making referrals to appropriate professionals or agencies.~~
 - ~~b. The program shall include content relating to role realignment, legal implications of registered nurse practitioner practice, and the health care delivery system.~~
 - ~~c. The program shall provide theory and supervised clinical experiences in the "Acts Proper to be Performed by an R.N.P." as stated in Section II.B.~~

~~F. RECORDS~~

~~Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.~~

~~G. EVALUATION~~

~~Provision shall be made for periodic program evaluation by the faculty and students.~~

~~If, in the opinion of the Board, the requirements for an approved registered nurse practitioner program are met, the program shall be approved.~~

~~An authorized representative of the Board shall survey the registered nurse practitioner program on a regular basis and submit written reports of such surveys to the Board. If the Board determines that the program is not maintaining the Board's standards, notice shall immediately be given in writing specifying the defect or defects.~~

~~A program which fails within a reasonable time to correct these conditions to the satisfaction of the Board shall have approval withdrawn after a hearing.~~

Effective October 1, 1996