

STANDARDIZED PROCEDURES

GENERAL POLICY REGARDING SCOPE OF PRACTICE FOR NURSE PRACTITIONERS/ REGISTERED NURSES/PHYSICIAN'S ASSISTANTS

I. POLICY

- A. The California Nurse Practice Act (Section 2725 of the Business and Professions Code) gives legal authority for registered nurses to provide the following services to patients:
1. Basic health care (which include the observation, assessment, and diagnosis of patient problems);
 2. Appropriate reporting of patient problems;
 3. Appropriate referral of patient problems;
 4. Initiation of emergency procedures; and
 5. The performance of overlapping functions between registered nurses and physicians under standardized procedures.
- B. Requirement for Standardized Procedures: Overlapping functions are those areas of practice, which are common to both medicine and nursing.
A standardized procedure consists of policies and protocols developed through collaboration among nurses, physicians and administrators and which provide the basis for nursing actions in these areas of overlapping practice. Specific areas of overlapping practice between medicine and nursing are identified as the ordering of diagnostic or therapeutic services, and prescribing of medications. Therefore, a standardized procedure is required in cases where registered nurses must order any of the following as part of their patient care responsibilities:
1. Laboratory or radiological procedures for diagnostic (not for disease screening) purposes;
 2. Physical, dermatological therapy services;
 3. Therapeutic diets;
 4. Medications or devices.
 5. Also, Standardized Procedures are indicated when dispensing pharmaceutical agents and signing for sample medications.

Overlapping functions have been identified in the respective protocols by placing them in a box.

The specific information required in a Standardized Procedure is also detailed in the California Administrative Code, Title 16, Section 1474 and includes the particular functions registered nurses are authorized to perform, the type of education, training and

supervision required, the methods for evaluating competence on a continuing basis and the special circumstances that require communication with a physician.

- C. Approval of Standardized Procedures: The process for Dr. Moulton-Barrett MD approval of a standardized procedure is through review and endorsement of the standardized procedure by a Committee on Interdisciplinary Practice. This committee must include the respective clinical director and representative supervising physicians and nurse practitioners.
- D. Nurse Practitioner Role: A nurse practitioner is a registered nurse with additional education and training in health history taking, physical and psycho-social assessment, and management of health/illness needs in patient care.
The role of the nurse practitioner in practice of Dr. Moulton-Barrett MD and on-site integrate the elements of health promotion, disease prevention, diagnosis and treatment in an dermatological, aesthetic patient care setting.
Some of the care that nurse practitioners provide involves areas of overlapping practice between medicine and nursing. In these areas of overlapping practice, each nurse practitioner/ Registered Nurses, utilizes standardized procedures and consults with a physician when needed or appropriate.

II. **STANDARDIZED PROCEDURE FORMAT**

The section includes standardized procedures for the nurse practitioner / Registered Nurses responsibilities in practice of Dr. Moulton-Barrett MD and on-site clinics, wherein nurse practitioners / Registered Nurses function and, as such, is a combination of a policy statement and protocols written to conform to the legislative mandates outlined above. The areas within each protocol, which are considered overlapping practice between nursing and medicine in California Business and Professions Code, Chapter 6, Article 2, Section 2725, have been designated by placing a solid line around them, that is, they are within a box [

- A. Recordkeeping: Patient contacts and visits are to be documented in accordance with community standards practice and Dr. Moulton-Barrett MD policy.
- B. Physician Consultation: Physician consultation will be available to the nurse practitioner(s)/ Registered Nurses, on the premises or by telecommunication with the designated clinic consultant.
Physician consultation is to be obtained as specified in the policy section and under the following circumstances:
 1. Emergent conditions requiring prompt medical intervention, that are outside of the scope of RN practice.
 2. Acute decompensation of the patient situation,
 3. A problem that is not resolving as anticipated,
 4. Unexplained historical, physical and/or laboratory findings,
 5. Upon request of the patient, nurse practitioner and/or physician,
 6. Prescribing medications not in the nurse practitioner formulary.
- C. Education and Certification Requirements:
 1. Education: Each nurse practitioner/ Registered Nurse, must have a current certificate of completion from a college or university-based nurse practitioner program.

2. Licensure: Each nurse practitioner/ Registered Nurse must have a current license to practice as a registered nurse in the state of California.
 3. Credentials: The credentials required for the practice of Dr. Moulton-Barrett MD Nurse Practitioners /Registered Nurse, hired are successful completion of a formal program of study, which conforms to the BRN's educational standards and results in a Nurse Practitioner Certificate.
 4. Validation of Competency:
 - a. Initially, each nurse practitioner hired by Dr. Rex Moulton-Barrett will be evaluated by the supervising physician.
 - b. Each nurse practitioner will receive an annual performance evaluation by the supervising physician.
- D. Development and Approval of Standardized Procedures:
Standardized procedures were submitted by Dr Rex Moulton-Barrett
- E. Authorized Personnel:
The nurse practitioners authorized to use the standardized procedures are named in Attachment A.

STANDARDIZED PROCEDURES

ATTACHMENT A: NURSE PRACTITIONERS / REGISTERED NURSES/PHYSICIAN'S ASSISTANTS ARE AUTHORIZED TO USE THE STANDARDIZED PROCEDURES

The nurse practitioners authorized to use the standardized procedures are as follows:

STANDARDIZED PROCEDURES

PROTOCOL FOR THE MANAGEMENT OF AESTHETIC AND DERMATOLOGY

I. **DEFINITION:** This protocol covers the management of PATIENTS IN PLASTIC SURGERY AND/OR HEALTH SPA PRACTICE.

II. **DATA BASE**

A. Subjective Data:

1. Historical information relevant to the presenting illness (past health history, family history, occupational history, personal/social history, review of systems), and
2. Status of relevant symptom(s)

B. Objective Data:

1. Physical examination appropriate to the health care process, and
2. Review of appropriate laboratory/diagnostic studies

III. **ASSESSMENT:** Consistent with the subjective and objective findings

IV. **MANAGEMENT:**

A. Diagnostic: Ordering relevant laboratory/diagnostic studies NP, only

B. Treatment:

1. Specific practice procedure as outlined in Standardized Procedure,
2. Diet and exercise prescription as indicated by the disease process and the patient condition (Note: Providing health maintenance related dietary and exercise counseling is an independent nursing function.),
3. Ordering of medications, devices and immunizations as delineated in the "Nurse Practitioner Furnishing/Ordering of Drugs and Devices Standardized Procedure", and
4. Dispensation of medications of drugs and devices as delineated in the nurse Practitioner/ Registered Nurse dispensing of pharmaceutical agents as outlined In standardized Procedures .
5. Perform Physical Examination specializing in dermatology and aesthetic medicine

C. Consultation: Physician consultation is to be obtained as specified in the policy section and under the following circumstances:

1. Emergent conditions requiring prompt medical intervention,
2. Acute decompensation of the patient situation,
3. A problem that is not resolving as anticipated,

4. Unexplained historical, physical and/or laboratory findings,
 5. Ordering expensive and/or unusual diagnostic studies, and/or
 6. Upon request of the patient, nurse practitioner and/or physician, and/or
 7. Prescribing medications not in the nurse practitioner/ RN's formulary.
- D. Patient/Family Education: In verbal and/or written format, the nurse practitioner/ Registered Nurse explains to the pertinent party(s) involved, the disease process, pertinent signs and symptoms, therapeutic modalities and appropriate follow-up.
- E. Follow-up and Referral: In accordance with the standard of practice and/or with the consulting physician's recommendation.
1. Nurse practitioners evaluates new Patients and schedule follow up appointments as indicated with MD, NP or RN.
 2. Nurse practitioners can evaluate initial patients , complete and cosign that a RN is involved in all future care, and determine the need for re-evaluation by NP or MD
 3. If the patient management is outside the scope of the NP or RN patient needs evaluated by the supervising physician to outline the treatment plan.
 4. Patient evaluation will be completed at least once every 45 days, and co-signed by the NP/ RN and the supervising physician.
 5. All surgical evaluations will be done by the supervising physician.
 6. All initial evaluations and ordering in standardized procedures will be performed by the NP or supervising physician. If done by the RN, they will be co-signed by the supervising physician.
- F. Record Keeping: As described in the general policy.

STANDARDIZED PROCEDURES

PROTOCOL FOR NURSE PRACTITIONERS/ PHYSICIANS ASSISTANTS FURNISHING / ORDERING DRUGS AND DEVICES

I. POLICY

- A. Nurse Practitioners(NP), Registered Nurses (RN), Physician’s Assiatnts (PA) may furnish/order medications and devices to patients in conjunction with the delivery Dermatology and Aesthetics on-site settings.
- B. Legal Basis
1. NP, RN, PA’s under the authority of the California Board of Registered Nursing, may furnish/order drugs or devices for the routine health care of essentially healthy individuals under the provisions of the Business and Professions Code Sections 2725.1 and 2726. Under Section 2831.1, furnishing/ordering drugs or devices by Nurse Practitioners/ Registered Nurses is defined as the act of making a pharmaceutical agent available to the patient in strict accordance with approved standardized procedure.
 2. In order to furnish/order, the nurse practitioner must have met all the requirements set forth in the Business and Professions Code, Section 2836.1, and hold a valid furnishing number from the California Board of Registered Nursing.
- C. Physician Supervision
1. The NP/RN/PA’s shall have a designated physician consultants (see Attachment A).
 2. The physician consultants will be responsible for the overall supervision of the nurse practitioner’s,/ Registered Nurse's furnishing/ordering activities, including providing consultation, and evaluating the furnishing/ordering activities (e.g., by periodic chart reviews).
 3. The designated physician consultants shall be available in person or by telecommunications for consultation when indicated by the patient’s medical condition or by the nature of the therapeutic intervention.
 4. The designated physician consultants shall delegate consulting responsibilities to an alternate physician should he/she is temporarily unavailable.
 5. A physician will not supervise more than four nurse practitioners at any given time.
- D. Drugs that can be Furnished/Ordered
Furnishing /ordering shall be limited to medications in the attached formulary (see Attachment C).
- E. Requirements for the Nurse Practitioner/ Registered Nurse
1. Certification to practice as a nurse practitioner by the State of California, including a current California registered nurse license.

2. Possession of a current furnishing number for NP's, issued by the California Board of Registered Nursing.
3. Possession of a Federal Drug Enforcement Agency (DEA) number if furnishing/ordering Schedule III-V controlled substances for NP's only.
4. Evaluation of the nurse practitioner's only furnishing practice will be done by a review of randomly selected charts by the designated physician consultant on an annual basis.

II. PROTOCOL

- A. Definition: This protocol covers the furnishing/ordering by NP/ RN/PA's Pharmaceutical agents (drugs or devices) incidental to the treatment of patients of Dr. Moulton-Barrett's practice and on site-clinics wherein nurse practitioner furnishing is needed and permitted. RN are allowed to phone transmit only, by authorization of the supervising MD
- B. Medications and devices covered are those listed in the attached formulary. (see Attachment C)
- C. Medications and devices that are Dispensed will be done in accordance with current Nurse Practitioner Standardized Procedures.
Dispensed medications and devices are initiated, altered, renewed or discontinued as necessary and appropriate for the resolution, improvement, or indicated in the the patient's condition.
 1. Initiation
 - a. For problems in which the medication is usually effective.
 - b. For patients in whom the medication is not contraindicated.
 - c. In dosages routinely prescribed by the consulting physician.
 - d. For patients and for problems routinely managed by nurse practitioners / RN in the usual scope of the nurse practitioner's /RN's practice.
 2. Alteration of dosages
 - a. Under the same conditions as initiation of medications.
 - b. As indicated by the clinical situation.
 3. Periodic Renewal of medications and devices
 - a. Nurse Practitioners /RNs may periodically dispense previously prescribed or ongoing medications until the client can fill the respective prescription at the affiliated pharmacy.
 - b. An assessment will be made regarding compliance, side effects, and efficacy of medication prior to dispensing refills.
 4. Discontinuation of medications
 - a. Any medication dispensed for any condition when the problem has resolved.
 - b. Any medications for a condition after a reasonable trial with improvement or resolution of symptoms.
 - c. Intolerance or allergy to the medication by the patient.
 4. Limitations to nurse practitioner's/ RN's dispensing medication
 - a. Emergent condition or acute decompensation of patient, see addendum D re emergency treatments

- F. Data Base
Subjective and objective data will be elicited from the patient in order to determine the need for and tolerance of the medication.
- G. Drug Selection and Furnishing/Ordering
1. Furnishing/ordering will include only those drugs and devices listed in the attached formulary (see Attachment C).
2. The furnished/ordered drugs will be written on a drug order form. Data to be included on the form are the:
a. Patient's name,
b. Trade or generic name of the drug,
c. Strength and quantity of the medication,
d. Directions for use,
e. Name and title of the furnishing nurse practitioner, and
f. Address and phone number of the Concentra Medical Center or on-site clinic.
- H. Patient Instruction
The nurse practitioner/ RN shall provide the patients with the following information:
1. Common side effects,
2. Benefits,
3. Risks,
4. Relative effectiveness of the drug,
5. Directions for taking the drug, and
6. What to do and whom to contact if intolerable side effects occur.
- I. Documentation
1. Contents of the order or a copy of the drug/device order form will be documented in the patient's medical record.
2. When physician consultation is done it will be documented in the progress notes in the patient's medical record.
- J. Physician Consultant Availability
Physician consultation is to be obtained as specified in the policy section and under the following circumstances:
1. Emergent conditions requiring prompt medical intervention,
2. Acute decompensation of the patient situation,
3. A problem that is not resolving as anticipated,
4. Unexplained historical, physical and/or laboratory findings,
5. Upon request of the patient, nurse practitioner and/or physician, and/or
6. Prescribing medications not in the nurse practitioner formulary.

STANDARDIZED PROCEDURES

ATTACHMENT A: **PROTOCOL FOR NURSE PRACTITIONERS AND REGISTERED NURSES/ PHYSICINA ASSISTANTS FURNISHING / ORDERING CONTROLLED SUBSTANCES (FROM SCHEDULE II-V)**

I. POLICY:

- A. Only NP/PA's with current furnishing licenses and DEA registration for ordering schedule II–V controlled substance may furnish these drugs and devices.
- B. The qualified nurse practitioner may initiate, alter, discontinue, and renew category II-V controlled substance included in the Dr. Moulton-Barrett MD Formulary.
- C. As described in the Policies and in the "Furnishing/Ordering Drugs and Devices by NP/PA/ RN's " Standardized Procedure.

II. PROTOCOL

- A. Definition: This protocol covers the management of Schedule II-V controlled substance for all adults in the Dr. Moulton-Barrett MD Practice(s) with the following conditions, illnesses, diseases:
 - 1. Acute traumatic injuries,
 - 2. Acute infections
 - 3. Acute and chronic neurological disorders
 - 4. Chronic psychological disorders
 - 5. Acute medical conditions and/or
 - 6. Post-surgical pain.
- B. Subjective Data: Subjective information will include but is not limited to:
 - 1. Relevant health history to warrant the use of the drug or device.
 - 2. No allergic history to the drug or device.
 - 3. No past health, family and/or personal-social history, which is an absolute and/or potential for contraindication to the use of the drug or device.
- C. Objective: Objective information will include but is not limited to:
 - 1. A physical examination to indicate/contraindicate the use of the drug and/or device.
 - 2. Diagnostics: Laboratory tests or procedures to determine the underlying etiology of condition and/or to indicate/contraindicate use of the drug and/or device, if needed.
- D. Assessment: Subjective and objective data supports the use of the drug and/or device. Contraindications, safety issues, have been adequately assessed and documented.
- E. Management:

1. Diagnostics: Ordering relevant laboratory/diagnostic studies.
2. Treatment:
 - a. The following medications may be used:
Schedule III opioid agonists should be used for moderate to severe pain.
 - b. Botox etc.....

HERE IS THE AREA FOR SPECIFICS TO YOUR PRACTICE

- c. Write an order for all medications and procedures a NP, PA or RN are allowed to use and how to use the Schedule
(Note: Telephone orders are acceptable for any medication or management not outlined in the protocol)
 1. Name, age, telephone number of the patient,
 2. Name of the medication/device,
 3. Dosage, frequency, route, duration of the use, amount; and number of refills of the drug/device
 4. Brief statement regarding the reason for using the drug/device,
 5. Printed name, furnishing number, DEA number and signature of the nurse practitioner; and
 6. Printed name of the supervising physician.
- d. Supportive/ Adjunctive Therapy:
 1. Consider using alternate treatment
 2. Recommend non-pharmacologic BUT INVASIVE therapies
Derma- brasions, ultra sound

3. Client Education:
Provide the client and/or the client's caregiver with the information and counseling in regards to the action and use of the drug/device. Caution the client and/or the client's caregiver on the pertinent side effects and complications with the chosen drug/device. Advise on how to communicate with the Clinic staff should s/he have any questions/concerns/side effects/complications.
4. Physician Consultation/Referral:
Consult or refer to physician if the client I
 - a. Unresponsive to the drug/device therapy,
 - b. Demonstrating unusual or unexpected side effects,
 - c. Known to have a history of controlled substance and/or alcohol abuse; and as in the general policy section.
5. Follow-up: In accordance with standard practice or with consulting physician's recommendation.
6. Record keeping: As described in General Policies.

ATTACHMENT C

GENERAL FURNISHING FORMULARY

FORMULARY OF DRUGS AND DEVICES THAT NURSE PRACTITIONERS /REGISTERED NURSES/PHYSICIANS ASSISTANTS FURNISH AND ORDER

MEDICATION CLASS NP's with DEA number only, for controlled substances

ANALGESICS

Non-Narcotic Acetaminophen, aspirin, tramadol, ketorolac IM
Narcotic (sched III) APAP/codeine, APAP/hydrocodone

ANESTHETICS

Biofreeze, Ethyl Chloride spray, Lidocaine. Fast - Tet

ANTIINFLAMMATORY

Corticosteroids topical or injectable corticosteroids:
Prednisone, methylprednisolone, dexamethasone,
triamcinolone, Flector Patches

ANTIINFECTIVES

Amebicides Metronidazole, Tinidazole
Antibiotics (topical, Oral, IM) Bacitracin, Silver Sulfadiazine, Mupirocin
Penicillins, cephalosporins, macrolides, sulfa drugs,
tetracyclines, quinolones
Antifungals Clotrimazole, fluconazole, and nystatin
Antihelminthics Mebendazole
Antimalarials Chloroquine, hydrochloroquine
Antiretrovirals Combivir (lamivudine/zidovudine), Truvada
Antituberculosis drugs INH
Antivirals Acyclovir, valacyclovir,
zidovudine, indinavir, and rimantadine

Chemical Peels

Jessner's
Perfect Peel

MEDICATION CLASS

TYPICAL EXAMPLES

DERMATOLOGICS

Topical corticosteroid drugs, antipruritic drugs,
antiacne drugs, topical antibacterial and antifungal drugs,
keratolytic drugs, antipsoriasis and antieczema drugs,
Miscellaneous topical dermatological preparations:
Including, but not limited to, lindane, permethrin,
crotamiton, fluorouracil, Triamcinolone

INJECTABLES

Bellafill

Belotero
 Botox
 Juvederm UltraPlus XC
 Juvederm Ultra XC
 Radiesse
 Retylane
 Sculptra
 Xeomin

HORMONES	TOPICAL OR ORAL
IMMUNIZATIONS	TDAP, varicella, if given in your practice
NUTRITIONAL SUPPLEMENTS	Ferrous sulfate, calcium carbonate, vitamins
OPHTHALMICS	Ophthalmic anti-infective drugs, topical corticosteroids, ophthalmic analgesics, topical decongestants and anti-histamines, antiglaucoma drugs Artificial tears, sulfacetamide 10% ophthalmic solution
RESALE ITEMS	Auriderm Bioconreum Cipro-HC/Clotromazole/Hc otic suspension Clindamycin/Benzoyl Peroxide-Acne Cream Desowiketo/Sulfa Roasacea therapy Embrace Advance Scar Therapy Veramyst Nasal Spray Folara Scalp Stimulant Kind Care Removal Silicone Tape Liquid Smile No Sun Sunscreen Sun Zapper Tretinoin cream 0.05% and 0.1% Arnicare Colosincee Pallete, Hydrating Mist, Powder Protection Lashes MD Latisse Oxygenics various colors, moisturizer
SKELETAL MUSCLE RELAXANTS	Tizanidine, cyclobenzaprine, metaxalone
TOPICAL	Subcutaneous Lidocaine with/ without 100,000 epinephrine Topical Fast Tet: Lidocaine, Tetracaine, Lecithin, Isopropyl Palmitate, Sodium Benzoate Qs Poloxamar in water Topical Bleach Fast: hydroquinone, Decadron cream, tretinoin cream, In salicylic acid, 0.75% pontacaine intranasal with 1:75,000 epinephrine .2ml per nares