

DISCUSSION PAPER:

STANDARDS OF PRACTICE FOR NURSE PRACTITIONERS

AANP

American Association of
NURSE PRACTITIONERS®

I. Qualifications

Nurse practitioners (NPs) are licensed, independent practitioners who practice autonomously and in coordination with health care professionals and other individuals. They provide primary and specialty care in a variety of ambulatory, acute and long-term care settings. NPs are registered nurses with specialized, advanced education and clinical practice competency to provide health care for diverse populations. Master's, post-master's or doctoral preparation and national board certification are required for entry-level practice.

The NP role is consistent with the APRN Consensus Model, practicing in the population foci of Family/Individual Across Lifespan, Pediatrics, Women's Health/Gender Related, Adult-Gerontology, Neonatal and Psychiatric Mental Health. NP scope of practice is not setting-specific and is based on the needs of the patient. The education, certification and licensure of an individual must be congruent in terms of role and population foci. Advanced practice registered nurses (APRNs), including NPs, may specialize, but they cannot be licensed solely within a specialty area. In addition, specialties can provide depth in one's practice within the established population foci. Education and assessment strategies for specialty areas will be developed by the nursing profession, i.e., nursing organizations and special interest groups. Education for a specialty can occur concurrently with the APRN education required for licensure or through post-graduate education. Competence at the specialty level will not be assessed or regulated by boards of nursing, but rather, by professional organizations.

In addition to their clinical role, NPs may serve as health care researchers, interdisciplinary consultants and patient advocates. NPs provide a wide range of health care services, including the diagnosis and management of acute, chronic and complex health problems; health promotion; disease prevention; health education; and counseling to individuals, families, groups and communities.

II. Process of Care

NPs blend the scientific process, current evidence and national standards of care with a holistic approach to manage patient care and foster professional practice. This process includes the following components.

A. Assessment of health status.

The NP assesses health status by:

- Obtaining a comprehensive relevant health, social and medical history.
- Performing a thorough physical examination based on age and history.
- Performing or ordering preventive and diagnostic procedures based on the patient's age and history.
- Identifying health risk factors.
- Evaluating social determinants of health that may influence the patient's health and wellness.

B. Diagnosis.

The NP makes a diagnosis by:

- Utilizing diagnostic reasoning.
- Synthesizing and analyzing the collected data from health history and any diagnostic information.
- Formulating a differential diagnosis based on the history, physical examination and diagnostic test results and information.

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C. Development of a comprehensive plan of care.

The NP, together with the patient and family, establishes an evidence-based, mutually acceptable, cost-conscious, effective plan of care that maximizes health potential or end-of-life decisions. Formulation of the plan of care includes:

- Ordering and interpreting additional necessary diagnostic tests.
- Establishing priorities to meet the health care needs of the individual, family and community.
- Prescribing or ordering appropriate necessary pharmacologic and non-pharmacologic interventions.
- Developing a patient education plan that considers the patient's health literacy, competencies and learning needs.
- Ordering consultations or referrals based on evidence and standards of professional care and shared decisions with the patient and family.

D. Implementation of the plan.

Interventions are based upon established priorities and consistent with the NP's specialized education and clinical practice. Actions by NPs are:

- Individualized, recognizing the patient's preferences and abilities.
- Consistent with the appropriate plan for care.
- Based on scientific, evidenced-based principles, theoretical knowledge and clinical expertise.
- Inclusive of teaching and learning opportunities.

E. Follow-up and evaluation of the patient status.

The NP maintains a process for systematic follow-up by:

- Determining the effectiveness of the plan of care with documentation of patient care outcomes.
- Reassessing and modifying the plan with the patient and family as necessary to achieve health outcomes and patient goals.

III. Care Priorities

The NP's practice model emphasizes patient-centered, holistic health care:

A. Patient and family education.

The NP provides health and wellness education and utilizes community resource opportunities for the individual and family.

B. Facilitation of shared decision making and participation of the patient and family in health care decisions.

The NP facilitates patient participation in health care by providing the evidenced-based, culturally sensitive information needed to make decisions and choices regarding:

- Promotion, maintenance and restoration of health.
- Appropriate utilization of health care resources.
- Potential for consultation with other appropriate health care personnel.

C. Promotion of optimal health.

D. Provision of continually competent care.

E. Facilitation of entry into the health care system.

F. The promotion of a safe environment.

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IV. Interprofessional and Collaborative Responsibilities

As a licensed, autonomous practitioner, the NP contributes to patient care as a team leader and member in the provision of health care, interacting with professional colleagues to provide patient-centered, comprehensive, quality care.

V. Accurate Documentation of Patient Status and Care

The NP maintains accurate, legible and confidential records.

VI. Responsibility as Patient Advocate

The NP is a responsible advocate for patient welfare and upholds ethical and legal standards. As an advocate, the NP influences health policy at the local, state, national and international levels.

VII. Quality Assurance and Continued Competence

NPs recognize the importance of continued education through:

- A. Participation in quality assurance review, including the systematic, periodic review of records and plans of care that may result in a quality improvement plan.
- B. Maintenance of current evidence-based knowledge by completing continuing education activities related to the NP's specialty and clinical practice.
- C. Maintenance of certification and compliance with current state and federal laws.
- D. Application of current evidence-based practice and utilization of best practice standards.

VIII. Integral Roles of NPs

NPs combine the roles of provider, mentor, preceptor, educator, researcher, advocate and interdisciplinary consultant. The NP interprets and emulates the role of the NP to individuals, families, professional colleagues and legislators.

IX. Research as Basis for Practice

NPs support research and dissemination of evidence-based practice by developing clinical research questions, conducting or participating in studies, implementing quality improvement, and incorporating system changes into practice.