ADVANCED PRACTICE REGISTERED NURSES (APRNs) are increasing in number and in value to the healthcare delivery system. As more people have access to health care, expanded opportunities for APRNs bring up questions about scope of practice. “Should I do this?” is the question we hear most often from APRNs.

For two categories of APRNs—certified registered nurse anesthetists (CRNAs) and certified nurse midwives (CNMs)—there is little confusion about scope of practice regarding care settings and patient age limits. CRNAs administer anesthesia and provide pain-care management to patients of all ages in hospitals, surgical centers, and outpatient settings. CNMs provide health care services to women from adolescence to beyond menopause. CNMs also care for normal newborns during the first 28 days of life and treat male partners for sexually transmitted infections.

But for certified nurse practitioners (CNPs) and clinical nurse specialists (CNSs), questions arise. The recommended approach is to think through scope-of-practice questions to make informed decisions, using the models for decision making and professional nursing practice regulation as guides. (See Scope-of-practice decision-making model for CNPs and CNSs.)

Questions about patient ages
Your first resource for APRN practice questions is your state nurse practice act. Some nurse practice acts or regulations specify age ranges for NP or CNS practice, but many states do not.

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008) (APRN Consensus Model) does not rigidly define age limits, but advocates for APRN services to be defined by patient needs. For example, a patient with cystic fibrosis may be best served by the pediatric NP who has been his or her primary care provider since childhood.

NPs and CNSs certified by the American Nurses Credentialing Center (ANCC) may recall that earlier versions of test content outlines included age ranges. ANCC removed age ranges to be consistent with the APRN Consensus Model.

Settings of care
The APRN Consensus Model states that scope of practice is not setting specific but based on patient care needs. Recall that CNS education typically includes the full spectrum of wellness and illness; there are no primary or acute care CNS categories. However, healthcare employers who credential APRNs often have questions about settings of care for acute and primary care NPs.

Primary care and acute care NPs
There is considerable overlap along the primary care–acute care continuum. Specialty clinics and long-term care settings may predominantly serve acutely ill patients, or their patients may be chronically ill but clinically stable. Patient acuity can vary greatly within settings. Acute care and primary care CNPs should question prospective employers about the typical acuity of the population they will serve.

Questions about scope of practice
You need to be able to articulate your role and function. Ask yourself, “If something went wrong, could I convince a jury that I was competent to care for that patient?”

Does experience count?
Prospective APRN students need to think through their future career goals when considering types of programs. For instance, an experienced intensive care unit nurse who enrolls in a family NP program would not be equipped after graduation to work as a hospitalist. Prior RN experience in an acute care setting does not enable a primary care NP to practice as an acute care CNP.

On-the-job experience as a CNS or CNP does not prepare an APRN to change specialties. For example, a family NP who is currently practicing in acute care does not qualify to take the acute care NP certification exam. On-the-job training coupled with continuing education or APRN fellowship can prepare a CNS or CNP to practice in a subspecialty.

Experience with technical skills is important for safe practice, credentialing, and privileging. CNSs and CNPs should keep track of the special procedures they practiced in their APRN program and perform in their work experience.

Visit www.AmericanNurseToday.com/Archives.com for a model of professional nursing practice regulation, links to online resources, and a list of selected references.

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Scope-of-practice decision-making model for CNPs and CNSs

Use the process flow below to think through your scope-of-practice decision.

1. Define the activity or task; clarify the problem.
   a. I am being asked to _______________.
   b. Should I do _______________?

2. Is the activity or task expressly prohibited by nurse practice act or other board of nursing rules, regulations, declarations, or law (state, federal, and local)?

3. Is the activity or task expressly permitted by nurse practice act or other board of nursing rules, regulations, declarations, or law? Or you are unsure?

4. Is the activity or task consistent with your graduate NP or CNS education, national standards of practice, current NP or CNS education standards, current nursing literature and research, institution policies and procedures, institution accreditation standards, third-party payer requirements, information on certification test content outline, or role delineation study?

5. Do you have the required knowledge, skill and experience to do the activity or task?
   a. Have I done this activity or task?
   b. If I do this activity or task, can I defend myself if an adverse event occurs?
   c. Can I produce documentation/evidence that I have the APRN knowledge, skill, education, and experience to do the activity or task? (Note: RN experience does not apply.)
   d. Am I confident that I can safely do the activity or task?

6. Are you prepared to manage the consequences and results and accept accountability for your actions and decisions?

7. Will the patient be safe and have no harm if I do this task?

8. You now must make a decision to perform or decline to perform the activity or task according to the currently accepted standards of care and in accordance with your institution’s policies and procedures.

Acknowledgement for the development of the APRN decision tree:
Oklahoma Board of Nursing, “Decision Making Model for Scope of Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and License Practical Nurse Scope of Practice,” September 2013


Georgia Board of Nursing, “RN Scope of Practice Decision Tree”
North Carolina Board of Nursing, “Scope of Practice Decision Tree for the RN and LPN”
Selected references

Resources
LACE Clarifying Statement on Age Parameters for APRNs
http://login.icohere.com/connect/d_connect_itemframer.cfm?vsDTTitle=Clarifying%20Statement%20on%20Age%20Parameters%20for%20APRNsandseq=11071&dseq=63052&emdisc=2&mkey=public935&vDTA=0&viNA=0&vSDTA=&PAN=1&bDTC=0&blog=0&vsSH=A
NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice
www.pncb.org/ptistore/resource/content/forms/napnap_age_parameters.pdf
NONPF Statement on Acute Care and Primary Care Certified Nurse Practitioner Practice
Model of professional nursing practice regulation

The ANA Committee on Nursing Practice Standards and Guidelines has formulated a model to clarify the roles and relationships associated with regulation of all nursing practice. The model confirms the individual nurse’s ultimate responsibility and accountability for defining nursing practice.