

*****PLEASE NOTE THAT A JOINT PROTOCOL IS ONLY REQUIRED WHEN AN ADVANCED PRACTICE NURSE (“APN”) ORDERS OR PRESCRIBES MEDICATIONS. BY LAW ALL APNS MAY DIAGNOSE AND TREAT PATIENTS.**

WHAT A JOINT PROTOCOL IS:

All APNs, including APNs/anesthesia, must adhere to a written “Joint Protocol” when ordering (in patient settings) or prescribing (outpatient settings) medications, including all anesthetic agents. A “Joint Protocol” is an agreement regarding your ordering of medications or anesthetic agents in a hospital (or other in patient setting) which you negotiate with your particular “Collaborating Anesthesiologist.” You then put into writing the terms you have agreed to with your Collaborating Anesthesiologist. Your Joint Protocol should be reviewed by each of you annually.

NOTE: If you are practicing in a hospital, prior to your decision to “Order” a particular medication or an anesthetic agent you and your “Collaborating Anesthesiologist” must first have addressed in a written document the eleven items listed in the Joint Protocol regulations as well as the two new items in the Department of Health and Senior Services’ (“DHSS”) regulations. The thirteen items you must negotiate are listed in the Template below. The **items are bolded**. We have also provided you with examples (*) after the items to assist you in your negotiations with your Collaborating Anesthesiologist so that your Joint Protocol complies with the APN law and the Joint Protocol and the DHSS regulations.

REMEMBER: Every Joint Protocol is unique to your individual practice in the hospital.

TEMPLATE FOR A JOINT PROTOCOL BETWEEN AN APN/ANESTHESIA AND YOUR COLLABORATING ANESTHESIOLOGIST:

1. Nature of practice/patient population/setting:

2. Any particular circumstance for which, prior to ordering, dispensing or prescribing a medication or anesthetic agent, a specific examination is to be performed or a definitive diagnosis made:

*(For example, APNs/anesthesia at (this practice site) will . . . These duties are based upon the individual needs of patients in accordance with rights and privileges granted through Registered Nurse licensure and APN/anesthesia certification by the Board of Nursing. The nature and extent of assessments performed and resultant diagnoses made by an APN/anesthesia follows accepted standards of APN/anesthesia practice.)

3. Recordkeeping methodology used at the practice:

*(At (this practice site) every patient encounter requires a dated entry in the patient's record or on the patient's anesthesia record of every medication or anesthetic agent ordered, dispensed or prescribed. Using the format utilized in the practice.)

4. A list of categories of medications or anesthetic agents appropriate to the practice:

*(APNs/anesthesia may order, dispense or prescribe medications and anesthetic agents as appropriate for the patient within the scope of practice for APNs/anesthesia.)

5. A delineation of specific medications or anesthetic agents to be prescribed:

*(APNs/anesthesia may prescribe medications or anesthetic agents pursuant to the direction of your Collaborating Anesthesiologist.)

6. Specific requirements with respect to the recordation in the patient record or anesthesia record of medications or anesthetic agents ordered, dispensed or prescribed:

*(Medications and anesthetic agents ordered, dispensed or prescribed by APNs/anesthesia will be recorded in the patient's record or anesthesia record noting the date, name of the drug, medication or anesthetic agent, frequency, duration and instructions for the use of any drugs, medications or anesthetic agents.)

7. Any medical conditions or findings within the nature of the practice which should require direct consultation prior to the ordering, dispensing or prescribing of medications or anesthetic agents:

*(APNs/anesthesia will communicate with their Collaborating Anesthesiologist prior to ordering, dispensing or prescribing medications or anesthetic agents when, in the APN/anesthesia's professional opinion, the patient's condition requires the Collaborating Anesthesiologist's consultation or intervention.)

8. The frequency and methodology to be employed to ensure periodic review of patient records:

*(Joint review of number of patient records shall occur on at least an annual basis (include a brief statement of the procedures utilized at this site).)

9. Identification of the means by which the APN/anesthesia and your Collaborating Anesthesiologist can be in direct communication as well as arrangements which will assure that peer coverage is accessible and available:

*(For example, the Collaborating Anesthesiologist is physically available to consult with the APN/anesthesia or via electronic means. The Joint Protocol must also state how the Collaborating Anesthesiologist will arrange for peer coverage in his or her absence from the practice.)

10. Procedures for the ordering, dispensing or prescribing of medications or anesthetic agents in emergency situations:

*(Procedures for the use of medications or anesthetic agents in emergency situations will be based upon accepted standards of APN/anesthesia practice in accordance with rights and privileges granted through Registered Nurse licensure and APN/anesthesia certification.)

11. Identification of reference materials containing practice guidelines or accepted standards of practice:

*(Clinical references used by the APN/anesthesia and your Collaborating Anesthesiologist are guidelines as to ordering or prescriptive practice and include, but are not limited to the following: (list references).)

12. Identification of the means by which the APN/anesthesia and your Collaborating Anesthesiologist address the availability of your Collaborating Anesthesiologist to consult with you on-site, on-call or by electronic means:

*(This is one of the two new Department of Health and Senior Services' requirements and it is similar to item 9 above.)

13. Identification of the means by which the APN/anesthesia and your Collaborating Anesthesiologist address when the APN/anesthesia's ordering or prescribing of medications or anesthetic agents requires the presence of an anesthesiologist during induction, emergence and [a]critical change in status:

*(This is the other new Department of Health and Senior Services' requirement. Please note that the physical presence of your Collaborating Anesthesiologist is not required as the law states that a collaborating physician may be either "present" OR "available via electronic means." Also, this item must not be in conflict with items 7, 9 and 12.)