DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6550.10
BUMED-OONC
4 Jun 93

BUMED INSTRUCTION 6550.10

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Personnel

Subj: UTILIZATION GUIDELINES FOR NURSE PRACTITIONERS

Ref: (a) American Academy of Nurse Practitioners, Scope of Practice for Nurse Practitioners, 1992
(b) SECNAVINST 6401.2A
(c) SECNAVINST 6320.23
(d) BUMEDINST 6320.66A
(e) Manual of Navy Officer Manpower and Personnel Classifications, NAVPERS 15839G (NOTAL)
(f) Qualification Standards for Positions under the General Schedule, Nurse Series, GS-610, Handbook X-118 (NOTAL)
(g) MANMED, chapter 21
(h) BUMEDINST 6010.13

1. Purpose. To establish guidelines for the utilization of nurse practitioners in the naval health care delivery system.

2. Cancellation. NAVMEDCOMINST 6550.4.

3. Background. A nurse practitioner (NP) is a registered professional nurse who has successfully completed an educational program as a primary health care provider in advanced nursing practice approved by the Council on Accreditation of Nurse Educational Programs/Schools and has passed the certification examination of the specialty professional organization or the Boards on Certification of the American Nurses Credentialing Center (ANCC). A graduate nurse practitioner (GNP) is a graduate of such a program having the education to sit for that certification examination. NPs function in an expanded and specialized area of nursing and possess the knowledge and clinical skills required to accept and provide services to patients in advanced practice roles as described in reference (a). Military NPs working in Navy Medicine include obstetric and gynecologic or women's health, pediatric, family, and adult health. Each type of NP is designated by a subspecialty code. Additional practitioner roles may be used through civil service positions or use of contracts.

4. Licensure and Certification. The NP must possess a current license to practice professional nursing per reference (b). Effective 1 January 1995, initial NP certification and recertification, as prescribed by the specialty professional organization or the ANCC, is required.

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a. The GNP is required to possess an NP specialty certification within 18 months following successful completion of NP training, to continue providing health care independently.

b. Circumstances that may be given favorable consideration for waiver of certification requirements include the following:

(1) NPs stationed overseas or deployed during the period 1 June 1993 to 30 December 1994, may be considered as eligible for a temporary waiver of the certification requirements for 1 year following return to the United States.

(2) NPs not eligible to take the certification examination of their specialty professional organization or the ANCC. This includes family nurse practitioners (FNP) and pediatric nurse practitioners (PNP):

(a) Without a master's degree in nursing.

(b) Prepared in a post-graduate FNP or PNP certificate program in other than a school of nursing (e.g., school of medicine).

(c) Who completed a post-graduate NP certificate program after completing a master's degree in nursing.

(3) Requests for a temporary or permanent waiver of certification requirements must be sent to the Director, Navy Nurse Corps, Bureau of Medicine and Surgery, 2300 E Street, NW, Washington, DC 20372-5300.

5. Scope of Practice. NPs and GNPs are authorized to function within the scope of their assigned privileges as delineated in references (c) and (d). GNPs who are also eligible to hold a medical staff appointment with clinical privileges, per reference (d), may request and be granted an appointment with appropriate privileges. Reference (a) and additional guidelines for practitioners in specific clinical roles may be used to further delineate scope of practice. These guidelines may include the American Nurses Association Scope of Practice for Primary Health Care NPs, Scope of Practice for PNPs, and the Role Definition, Competencies and Educational Guidelines of the Association of Women's Health, Obstetric and Neonatal Nursing.

6. Utilization. Certain utilization policies have been established regarding NPs.

a. The NP is assigned to the commanding officer in a specialty coded billet (reference (e)) or civilian position (reference (f)), and performs such other collateral duties as

assigned by the commanding officer. The NP works in a collaborative role with a physician consultant credentialed in their same specialty. Administratively, the NP may work as or under the head of the department.

b. The director of nursing services (DNS) and NP must maintain open and direct lines of communication to facilitate sharing of current nurse corps issues. A senior NP will serve as an advisor for junior NP career development and other professional issues.

c. If a need exists for specialty watches, the NP must stand watches which are equitable among other providers in their specialty. NP watches are stood in their clinical area of expertise with the specialty physician available for immediate consultation. Per reference (d), NPs are not required to be privileged to provide "emergency care;" however, they are authorized to render care to save a life in an emergency situation. The watch bill must be approved by the commanding officer.

d. A position description detailing the areas of responsibilities and performance expectations must be developed in coordination with the head of the department and DNS.

7. Medical Records. Legibility and accuracy of entries on medical records are the responsibility of the NP. Orders written on patient medical records by NPs do not require cosigning by physicians per reference (g).

8. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by NPs must be in compliance with the facility quality assurance instruction and in conformance to guidelines in reference (h). Input from these activities must be incorporated into the privileging process as directed in reference (d) which prescribes the performance appraisal report (PAR) for NPs.

9. Prescribing Medication. Medications must be prescribed as directed in reference (g).

10. Continuing Education. The NP must comply with the continuing education requirements necessary to maintain State licensure and specialty recertification. NPs will be afforded the opportunity to attend at least one funded professional meeting each year.

11. Action. Commanding officers and officers in charge must ensure compliance with the guidelines of this instruction.

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