



**Collaborative Practice and Prescriptive Authority Agreement for
Advanced Practice Registered Nurses**

A. PURPOSE:

The purpose of this Collaborative Practice and Prescriptive Authority Agreement is to describe the scope of practice of the Advanced Practice Nurse (“APRN”) and to authorize the APRN who signs this Collaborative Practice and Prescriptive Authority Agreement to initiate certain medical aspects of patient care including the carrying out or signing of prescription drug orders pursuant to the Texas Medical Practice Act, the Texas Medical Board (“TMB”) rules and the Texas Nursing Practice Act and the Texas Board of Nursing (“TBON”) rules.

Name of Advanced Practice Registered Nurse _____
Address: _____
Nurse License Number: _____ DEA Number: _____

Name of Supervising Physician _____
Address: _____
Medical License Number: _____ DEA Number: _____

B. SETTING:

The APRN will provide care under this Collaborative Practice and Prescriptive Authority Agreement to patients treated in the facility or facilities in which the APRN legally practices listed below:

Site 1: _____

Site 2: _____

Site 3: _____

Site 4: _____

C. SCOPE OF PRACTICE/RESPONSIBILITIES:

The advanced practice nurse provides a broad range of health services to a variety of patients, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area and shall know and conform to the Texas Nursing Practice Act, current TBON rules, regulations, and standards of professional nursing, and all federal, state, and local laws, rules, and regulations affecting the advanced role and specialty area. In addition, (1) the scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. (2) the advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse, (3) the advanced practice nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, documentation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured or infirm or experiencing changes in normal health processes; and in the promotion and maintenance of health or prevention of illness, and (4) when providing medical aspects of care, advanced practice nurses shall comply with this Collaborative Practice and Prescriptive Authority Agreement and all applicable laws, ruled and regulations including those promulgated by the TMB and the TBON.

D. CARRYING OUT OR SIGNING PRESCRIPTION DRUG ORDERS:

The APRN must have valid prescription authorization numbers and must comply with all federal, state and local laws and regulations relating to the prescribing of dangerous drugs and controlled substances, including but not limited to requirements set forth by the TBON, the Texas Department of Public Safety and the Drug Enforcement Administration. The APRN may only prescribe those medications that are FDA approved except at otherwise permitted by the TBON. After filing an application for prescriptive authority with the TBON by the APRN and after delegated prescriptive authority has been registered with the TMB by the APRN and the supervising physician, and in accordance with all applicable laws, the APRN may prescribe medications in the categories as checked below:

- 1.) Dangerous drugs, defined as all drugs, excluding controlled substances, that can only be dispensed with a prescription from a licensed practitioner, such as antibiotic, antiviral, antiphlastic, topical and other agents, and that are consistent with the APRN's scope of practice and experience.

Describe any limitations, such as restricting the prescribing of certain drugs, as applicable:

- 2.) Controlled Substances, limited to those controlled substances listed under Schedules III-V and consistent with the APRN's scope of practice and experience. In addition, the APRN cannot issue prescriptions, including refills, for a period to exceed 90 days and cannot authorize a refill beyond the initial 90 days prior to consulting with the delegating physician and noting the consultation in the patient's medical record. The APRN cannot authorize the prescription of a controlled substance for a child less than 2 years of age prior to consulting with the delegating physician and noting the consultation in the patient's medical record.

Describe any limitations, such as restricting the prescribing of certain drugs, as applicable:

- 3.) The APRN may direct the hospital pharmacy to dispense Controlled Substances, Schedule II for administration to in-patients or for patients being treated in the emergency room within the following parameters: Pain, sedation, seizures, anesthesia/analgesic for emergency procedures unless restricted or limited here.

Describe any limitations, such as restricting the prescribing of certain drugs, as applicable:

If prescribing at the physician's primary practice site, the APRN may only prescribe to patients with whom the delegating physician has established or will establish a physician-patient relationship.

The APRN may obtain and distribute drug samples in compliance with the TBON rules and regulations. The APRN must maintain a record of distribution that includes the date of distribution, the patient's name, the name and strength of the drug and directions for use.

The APRN may authorize a generic substitution. Except for Schedule III-V drugs, as specified under TMB rules, there are no limitations the number of dosage units and refills permitted beyond that which would be considered appropriate and reasonable for the drug and the patient's medical condition.

The APRN shall provide appropriate instructions to the patient on the use of any medication prescribed, including appropriate warnings, and will monitor applicable lab values or other medical tests.

The supervising physician is responsible for complying with all other physician requirements related to delegation of prescriptive authority. The supervising physician will not delegate prescriptive authority to a combined number of more than four (7) FTEs of PAs and/or APRNs practicing at the physician's primary and alternate practice sites, including the practice location identified above, unless a waiver is granted by the TMB.

E. PHYSICIAN'S ADDITIONAL RESPONSIBILITIES

For all delegated medical aspects of care, the supervising physician will provide continuous supervision (constant physical presence of the physician is not required) of the APRN under this Collaborative Practice and Prescriptive Authority Agreement and in accordance with state law including, but not limited to, the Texas Medical Practice Act and the TMB rules. The supervising physician will be available for consultation in person or by phone on a daily basis on an as needed basis in order to collaborate with the APRN to establish a diagnosis, plan of care or referral. The physician will be available for and accept referrals from the APRN or make alternate arrangements for such referrals. Telecommunication is acceptable.

An APRN may be supervised by an alternate supervising physician in the absence of the supervising physician consistent with the Texas Medical Practice Act and the TMB rules.

The supervising physician retains the professional and legal responsibility for the delegated medical care rendered by the APRN. The APRN shall retain the professional and legal responsibility for care rendered under the scope of advanced nursing practice.

F. CALL COVERAGE

APRN must have call coverage for admitting patients into a health facility. Their supervising physician or alternate physician will admit their patients unless they have no admitting privileges. The APRN must make other arrangements with another physician who can admit patients. Please list physician (s) below:

Supervising Physician Name:	Supervising Physician Name:
_____	_____
Alternate Physician:	Alternate Physician:
_____	_____

G. QUALITY OF CARE

It is the professional responsibility of the supervising physician and APRN that dialogue be continuous and ongoing as required. The collaborative relationship is also built on trust and a mutual acknowledgment of the abilities of the APRN and the supervising physician. The APRN and the supervising physician should be reasonable and prudent when formulating the Collaborative Practice and Prescriptive Authority Agreement. The Collaborative Practice and Prescriptive Authority Agreement must be jointly developed, reviewed and signed on an annual basis, maintained in the practice setting and made available as necessary to verify authority to provide medical aspects of care.

The APRN must be monitored and evaluated on an ongoing basis. The following evaluation of clinical care will be adhered to:

QA Activity for Site #1	Frequency:	Person Conducting Activity:
Ex: Chart review	1x monthly	Delegating physician or attending

H. SIGNATURES

The following signatures denote the APRN's and the supervising physician's understanding of the above Collaborative Practice and Prescriptive Authority. In each instance this document is amended, both parties must re-acknowledge by signature their concurrence and understanding of the change. This document will be maintained in the Credentialing file of the APRN.

Advanced Practice Nurse Name: _____ Date: _____

Signature: _____

Supervising Physician Name: _____ Date: _____

Signature: _____

Alternate Physician: _____

Alternate Physician: _____