

Written Practice Agreement¹

Practice Location (s)²

Names, contact information, and professional license number of APRNs (NP, CNM, CNS)³

Names, contact information, and professional license number of Physician (s)⁴

The following evidenced based protocols, texts, and guidelines are agreed to for medical acts of patient care. The APRN determines the best management plan based on the patient's profile. The physician (s) who enters into a practice agreement must be able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the NP, CNM, or CNS.⁵

The process for admitting a patient to a hospital is to send the patient directly to the ER. The patient goes directly to the hospital emergency room and the APRN speaks with emergency room physician or NP. The patient is admitted under the hospitalist on call or under the APRN per hospital policy.⁶

Unless prohibited by the written practice agreement, the APRN can refer a patient or order physical therapy, pronounce death and sign death certificates, issue an order for hospice, and certify a patient for homebound and handicapped certificate.⁷

All authorized prescriptions by a nurse practitioner, certified nurse-midwife, or clinical nurse specialist with prescriptive authority must comply with all applicable state and federal laws and executive orders.⁸ Per the SC Nurse Practice Act (2018), APRNs with prescriptive authority can prescribe or write orders for controlled medications in Schedule II-V if authorized by the written practice agreement. C-II narcotics may be prescribed for five days only and another prescription must not be written without the written agreement of the physician with whom the nurse practitioner, certified nurse-midwife, or clinical nurse specialist has entered into a practice agreement, unless the prescription is written for patients in hospice or palliative care. C-II controlled non-narcotics medications can be prescribed for 30 days and for each renewal.

Per the SC Nurse Practice Act, APRNs with prescriptive authority may request, receive, sign, and distribute samples and/or medications at the practice if authorized by the written practice agreement. Samples may be provided to determine efficacy of medication or to allow patients a reasonable time to access their own pharmacy for filling of the prescription.⁹

¹ The South Carolina Board of Nursing offers this document as a sample guidance document for advance practice registered nurses to comply with the revisions to the South Carolina Nurse Practice Act enacted in 2018. This document does not constitute legal advice and is not intended to serve as a comprehensive practice agreement tailored for any particular clinical setting. The practice agreement is intended to be a flexible document that fully and accurately reflects the clinical relationship between the physician(s) and APRN entering into it.

² SC Code Ann. 40-33-34 (D)(1)

³ SC Code Ann. 40-33-34 (D)(1)

⁴ SC Code Ann. 40-33-34 (D)(1)

⁵ SC Code Ann. 40-33-34 (D)(1)

⁶ See Advisory Opinion 63.

⁷ SC Code Ann. 40-33-34 (D)(2)

⁸ SC Code Ann. 40-33-34 (F)(1)

⁹ SC Code Ann. 40-33-34 (F)(2)

Unless prohibited by the written practice agreement, APRNs may request, receive, sign, and distribute samples and/or medications (non-controlled) at an entity that provides free medical care for indigent patients.¹⁰

If the practice engages in telemedicine,

An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall adhere to the same standard of care as a licensee employing more traditional in-person medical care.^{11, 15}

An APRN may not establish a nurse-patient relationship by means of telemedicine for the purpose of prescribing medication when an in-person physical examination is necessary for diagnosis.^{12, 165}

An APRN who establishes a nurse-patient relationship solely by means of telemedicine only may prescribe within a practice setting fully in compliance with this chapter and during an encounter in which threshold information necessary to make an accurate diagnosis is obtained in a medical history interview conducted by the prescribing licensee; provided, however, that Schedule II-V prescriptions are only permitted pursuant to a practice agreement.

An APRN who establishes a nurse-patient relationship solely by means of telemedicine may not prescribe Schedule II or Schedule III except for those Schedule II and Schedule III medications specifically authorized jointly by the South Carolina Board of Medical Examiners and State Board of Nursing, which may include, but not be limited to, Schedule II-nonnarcotic and Schedule III-nonnarcotic medications; further, provided, that licensees prescribing controlled substances by means of telemedicine must comply with all relevant federal and state laws including, but not limited to, participation in the South Carolina Prescription Monitoring Program set forth in Article 15, Chapter 53, Title 44; further, provided, that prescribing of lifestyle medications including, but not limited to, erectile dysfunction drugs is not permitted unless approved by the board; further, provided, that prescribing abortion-inducing drugs is not permitted; as used in this article 'abortion-inducing drug' means a medicine, drug, or any other substance prescribed or dispensed with the intent of terminating the clinically diagnosable pregnancy of a woman, with knowledge that the termination will with reasonable likelihood cause the death of the unborn child. This includes off-label use of drugs known to have abortion-inducing properties, which are prescribed specifically with the intent of causing an abortion, such as misoprostol (Cytotec), and methotrexate. This definition does not apply to drugs that may be known to cause an abortion, but which are prescribed for other medical indications including, but not limited to, chemotherapeutic agents or diagnostic drugs. Use of such drugs to induce abortion is also known as 'medical', 'drug-induced', and/or 'chemical abortion.'^{13, 17}

An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall generate and maintain medical records for each patient using those telemedicine services in compliance with any applicable state and federal laws, rules, and regulations, the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). These records must be accessible to other practitioners and to the patient in a timely fashion when lawfully requested by the patient or his lawfully designated representative.^{14, 18}

**The following may be used as references or others if available. Examples are below:
Guidelines or Evidence based guides that are most recent edition**

¹⁰ SC Code Ann. 40-33-34(D)(2)

¹¹ SC Code Ann. 40-33-34 (I)(3)

¹² SC Code Ann. 40-33-34 (I)(4)

¹³ SC Code Ann. 40-47-37 (C)(6), 40-33-34(I)(5)

¹⁴ SC Code Ann. 40-33-34 (I)(6)

¹⁵ SC Code Ann. 40-33-34 (I)(3)

¹⁶ SC Code Ann. 40-33-34 (I)(4)

¹⁷ SC Code Ann. 40-47-37 (C)(6), 40-33-34(I)(5)

¹⁸ SC Code Ann. 40-33-34 (I)(6)

(**Alcoholism and Abuse**) The National Institute on Alcohol and Alcohol Abuse: www.niaah.nih.gov
 (**Anxiety Disorders**) www.adaa.org
 (**Antimicrobial Therapy**) www.sanfordguide.com
 (**Cardiology**) The American Academy of Cardiology/American Heart Association www.heart.org & www.nhlbi.nih.gov & www.americanheart.org
 (**Diabetes**) www.ndei.org/treatmentguidelines.aspx
 (**Endocrine**) www.aace.com
 (**Ethics**) www.nursingworld.org/.../CodeofEthicsforNurses.aspx
 (**Evidence-Based Practice Guidelines**) www.aaos.org/research/guidelines/guide.asp
 (**Gastroenterology**) www.gi.org/clinical-guidelines
 (**Hepatitis & Liver Disorders**) www.aasld.org & www.liverfoundation.org
 (**HIV**) www.hivguidelines.org
 (**Hypertension**) www.nhlbi.nih.gov/guidelines/hypertension
 (**Immunizations**) www.cdc.gov/vaccines
 (**Kidney Disease**) www2.niddk.nih.gov
 (**Medication Therapy**) www.drugs.com/pdr
 (**Nutrition**) <http://www.mypyramid.gov>
 (**Orthopedics**) www.apta.org/.../Resources/OrthopaedicClinicalGuidelines
 (**Pain Management**) American Pain Society Guidelines www.ampainsoc.org
 (**Physical Examination & History Taking**) Bickley, L.S. (2013). *Bates' guide to physical examination and history taking* (11th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1-60913-762-5
 (**Pulmonology Disorders**) www.rampasthma.org & www.gold.copd.org
 (**Psychiatric Disorders**) The American Psychiatric Association.
 (**Preventative Services**) U.S. Department of Health & Human Services www.ahrq.gov/clinic/uspstfix.htm
 (**Sexually Transmitted Diseases & Treatment**) www.cdc.gov/std/treatment
 (**Urology**) www.auanet.org
 (**Women's Health**) www.acog.org & www.womenshealth.gov
All evidence based guidelines: www.guidelines.gov
 Harrisons Internal Medicine or Tierney, L., McPhee, L., & Papadakis, M. Current Medical Diagnosis and Treatment. New York: lange Publishing.
 JNC #8 Guidelines for Hypertension Management.
 Laws Governing Nursing
 Tierney, L., McPhee, S., & Papadakis, M. 2007 Current Medical Diagnosis and Treatment. New York: McGraw Hill Publishing.
 Manuals for interpretative laboratory data.
 Siberry, G. & Iannone, K. The Harriet lane handbook: A manual for house officers. St. Louis: Mosby.
 Speicher, C.. The right test: A physician's guide to laboratory medicine. Philadelphia: W. B. Saunders.

Dates first developed:
 Dates of annual review:

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