

Neonatal ICU Eff. December 2019

NEONATAL ICU SCOPE OF PRACTICE GUIDELINE

Area of Practice/Specialty/Population:

Manage the health care for those patients for which the practitioner has been educated and has clinical expertise per the scope of practice in critical care medicine.

Consultation with supervising physicians:

The PA will maintain communication with the supervising physicians in person, by pager, email, or form of telecommunication on a daily basis as needed.

Delegated medical acts:

Medical conditions for which treatment may be initiated, continued, or modified:
This list includes but is not limited to the following (see scope of practice pages)

Treatments/interventions:

Under the general supervision of a supervising physician/alternate supervising physician, the PA may initiate, continue and /or modify the following measures based on the ongoing assessment, diagnosis, plan, intervention, & evaluation of patient status:

1. Performance and documentation of patient history (maternal medical, antepartum, intrapartum, and newborn) and physical exam, consults, and discharge summaries
2. Assessment of the patient using subjective and objective data with documentation in the patient record
3. Ordering diagnostic tests including, but not limited to, lab tests, radiology studies, EKG, endoscopy, and echocardiogram
4. Administer vaccines and injectable medications when appropriate. The PA may delegate medication administration to other licensed members of the healthcare team when an Advanced Practice Provider is within the area and readily available to assess, plan and evaluate outcomes after the delivery of medications.
5. Ordering medical consultations, therapies and interventions, & documentation in the patient record
6. Performing diagnostic, therapeutic, and palliative procedures as defined in the protocols
7. Evaluating patient's responses to disease processes and treatments to determine the effectiveness of care and modifying the treatment plan as required
8. Providing education and support to the patients and their families regarding disease process, treatments, & health maintenance
9. Consultation with other physicians and health care professionals as required by the treatment plan.

A. Pharmacological Therapy:

The PA may prescribe, alter and/or discontinue medications in accordance with the above protocols, within the realm of the PA's prescriptive authority according to the State of South Carolina, and those drugs that apply under the PA's scope of practice.

D. Situations Requiring Physician Referral/Direct Evaluation:

Any condition, which exceeds the education and training of, or raises question or concern by the judgment of the Advanced Practice provider, shall require referral and direct evaluation by a physician. These conditions may include, but are not limited to the following:

1. Failure of the patient to respond to therapies initiated by the Advanced Practice provider.
2. Deterioration of the patient or circumstances that require more invasive intervention than can be provided by the Advanced Practice provider.
3. Conditions unveiled by diagnostic procedures, which are beyond the scope of the Advanced Practice provider.
4. Any emergent situation or procedure for which the PA provider has not been trained or educated.

E. Scope of practice guideline to include "tasks that all PAs" can perform (attachment)

F. Assessment

General Assessment

- Perinatal History
- Neonatal/Newborn history
- Antepartum History and Conditions
- Prenatal diagnostic testing
- Influence of altered environment on the newborn and infant
- Gestational age assessment
- Neonatal physical exam
- Behavior assessment
- Developmental assessment
- Pain assessment
- Assessment of family adaptation, coping skills, and resources

Sociocultural Assessment

- Family function and crisis
 - Roles, interactions, effect of childbearing, social, cultural and spiritual variations, grief counseling

Clinical and Diagnostic Laboratory Assessments

- Lab tests

- Microbiologic, biochemical, hematologic, serologic, metabolic and endocrine, immunologic, routine newborn screen, etc.
- Diagnostic tests
 - Ultrasound, CT, MRI, MRA, MRS, X-ray, EKG, EEG, Echo, cardiac cath

G. General Management but not limited to:

- Thermoregulation
- Airway management, resuscitation and stabilization
- Pain Management
- Palliative and end of life care

H. Clinical Management but not limited to:

- Cardiovascular System: Embryology, physiology, circulation, congenital anomalies, rhythm disturbances/EKG interpretation, myocardial dysfunction, shock, hypotension, hypertension, congenital heart disease, cardiovascular radiology and echo interpretation
- Pulmonary System: Embryology, physiology, asphyxia, pulmonary disease, pulmonary radiology, pulmonary hypertension, congenital anomalies, respiratory therapy
- Gastrointestinal GI System: Embryology, Anatomy and physiology of the GI tract, Digestive and absorptive disorders, anomalies and obstruction, necrotizing enterocolitis
- Nutrition: management of nutritional requirements and feeding
- Renal and genitourinary: Evaluation of physiology and renal function; UTI, congenital anomalies, functional abnormalities of the renal system; renal failure
- Fluid and Electrolyte
- Endocrine and metabolic system: Adrenal and thyroid disorders; newborn screening, ambiguous genitalia, intersex disorders, hypoglycemia
- Hematologic system and malignancies: Anemia, Polycythemia and hyperviscosity, bilirubin abnormalities, hepatic disorders, coagulation and platelet disorders, blood transfusions and blood products, neoplasms
- Immunologic system: Allo and auto immune disorders, infection
- Musculoskeletal system: congenital abnormalities, birth injuries, metabolic bone disease
- Neurobehavioral system: Seizures, ICH, ischemic brain injury, birth injuries, CNS defects
- Eyes, ears, nose, and throat: congenital and acquired abnormalities, auditory system, vision
- Integumentary system: common variations and skin disorders
- Intrauterine drug exposure
- Discharge planning
- Primary care up to 2 years: physical assessment, immunization, hearing screening, eye exams, neurologic follow-up, developmental screening, safety issues

I. Procedures

- Venipuncture
- Blood draw
- Insertion of NG tubes
- Peripheral arterial line placement
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Umbilical artery/venous line placement
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Removal of lines and drains
- Endotracheal intubation
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Peripherally Inserted Central Catheter (insertion)
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Lumbar Puncture
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Paracentesis
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Thoracentesis
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- I and D of abscess
- Local anesthesia

- Chest tube insertion
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)
- Defib and CPR (must complete Pediatric Advanced Life Support Course)
- Intraosseous infusion (must complete Pediatric Advanced Life Support Course)
 - * Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)