

## Scope of Practice for Nurse Practitioners in Emergency Care

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The role of the nurse practitioner in emergency care continues to expand and evolve. In the competitive health care arena of today, nurse practitioners are assuming more responsibility and a greater role in providing care. In 1999, the Emergency Nurses Association (ENA) released the *Scope of Practice for the Nurse Practitioner in the Emergency Care Setting* (Cole, Ramirez, & Luna-Gonzales, 1999). For the continued advancement of nurse practitioners in emergency care, the natural evolution, promoted by professional and societal forces, is to clarify the scope of practice for nurse practitioners in emergency care.

In 2008, the *Consensus Model for Advanced Practice Registered Nurse Regulation* formally acknowledged the 1) nurse anesthetist, 2) nurse midwife, 3) clinical nurse specialist, and 4) nurse practitioner as the only recognized advanced practice nursing roles (APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee, 2008). These four roles are given the title of advanced practice registered nurse (APRN). The APRN nurse practitioner role, as part of the *Consensus Model*, recognizes six specialties, which include neonatal, pediatrics, women's health/gender related, psychiatric/mental health, adult/gerontology, and family/individual across the lifespan. Nurse practitioners in emergency care fall within the population foci of family across the lifespan and provide health care services in the subspecialty of emergency care.

This document reflects the scope of practice for nurse practitioners in emergency care, including patient population, professional role, educational preparation, and philosophy of care, based on the National Organization of Nurse Practitioner Faculties (NONPF) entry-level core competencies for all nurse practitioners (NONPF, 2006) and the ENA competencies for nurse practitioners in emergency care (ENA, 2008). The ENA recognizes the NONPF core competencies as the foundation for all nurse practitioner practice.

### ***Patient Population***

Nurse practitioners in emergency care address the needs of patients— individuals, families, and populations across the lifespan. Nurse practitioners in emergency care practice in a variety of primary, acute, and tertiary settings, including emergency departments in urban, suburban, and rural hospitals; trauma centers; ambulatory and medical mobile clinics; urgent and emergent care centers; air and ground transport services; prisons; and schools.

### ***Professional Role***

Nurse practitioners in emergency care provide health care within an ethical framework, through assessment, diagnosis, and management of health/illness status, to persons of all ages who seek emergency care in an environment that is complex and unpredictable. Nurse practitioners practice autonomously based on state regulation and engage in effective interdisciplinary collaboration with health care professionals.

In addition to diagnosing and managing acute episodic and acute exacerbations of chronic illnesses, nurse practitioners in emergency care provide health promotion, disease prevention,

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and injury prevention services to their patients and families. Nurse practitioners in emergency care also teach and counsel patients and families and act as advocates, consultants, and researchers.

### ***Educational Preparation***

The educational preparation for nurse practitioners requires graduate education (e.g., emergency care concentration, post-master's degree in nursing specialty, Doctor of Nursing Practice). The nurse practitioner is educationally prepared in the essential knowledge, behaviors, and skills necessary to practice.

In addition to graduate course completion, nurse practitioners in emergency care obtain further educational preparation through various pathways including: 1) successful academic course completion, 2) continuing education course completion, and/or 3) on-the-job instruction in emergency care. The nurse practitioner in emergency care demonstrates entry-level core and emergency competencies.

### ***Philosophy of Care***

In emergency care, all patients are assumed to have a life-threatening illness or condition irrespective of the initial chief complaint or reason for seeking care. This perspective is unique to and dictates how health care is provided in emergency care. Nurse practitioners in emergency care practice from this perspective, asking themselves what condition the patient may have that will be life threatening based on the data gathered. Differential diagnoses reflect this philosophy of care and are organized from most life-threatening to least life-threatening and are eliminated as potential diagnoses in this same order.

Nurse practitioners providing emergency care are accountable for the care they provide to patients. This accountability "...requires certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development, and maintenance of clinical skills" (AANP, 2006). Nurse practitioners in emergency care embrace the Code of Ethics set forth by ENA (ENA, n.d.). Nurse practitioners in emergency care endeavor to provide quality, competent, and safe care to patients and communities.

### ***References***

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