



# Practice Standards for the Emergency Nurse Practitioner Specialty

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## INTRODUCTION

The emergency nurse practitioner (ENP) specialty has grown rapidly in the United States since its origins during the 1980's following the establishment of the emergency medicine specialty. Initially, ENPs were prepared on the job with direct mentoring by emergency medicine physicians. Since then, in response to increasing national emergency department (ED) workforce needs and the collaborative approach to emergency care, ENPs are now participating to a greater extent as part of the emergency medicine team in the delivery of emergency care. Given the relative infancy of the ENP specialty and persistent confusion regarding nurse practitioner educational preparation and scope of practice, clarification of the unique knowledge and skills of the ENP is needed to improve their integration into ED practice.

Specialized graduate academic programs to prepare emergency NPs did not exist until the 1990s. Consequently, an NP's readiness to practice within the ED may vary greatly based on their prior nursing experiences and NP educational preparation. This gap in emergency specific educational preparation led to initiatives among key emergency physician and nursing organizations to establish scientifically derived emergency care competencies for NPs that delineate the knowledge and skills needed for safe practice in emergency care settings (Emergency Nurses Association [ENA], 2008). The evolving national landscape of emergency care delivery and ED benchmarking standards have driven the need to re-examine the original 2008 ENP core competencies.

### **Development of the Competencies for Nurse Practitioners in Emergency Care**

Entry-level core competencies for nurse practitioners (NPs) refer to the core knowledge, skills and abilities acquired during educational preparation for the NP role as described within the Licensure, Accreditation, Certification and Education Regulatory Model, (also referred to as the Consensus Model) (Advanced Practice Registered Nurse [APRN] Consensus Work Group &

National Council of State Boards of Nursing [NCSBN] APRN Advisory Committee, 2008). In addition to the core NP competencies, the National Organization of Nurse Practitioner Faculties (NONPF) has further established entry-level competencies based on population specific preparation, i.e., family, adult-gerontology acute or primary care, pediatric acute or primary care, women's gender specific, neonatal, and psych/mental health (NONPF, 2017; NONPF, 2013). Development of specialty competencies, however, has been delegated to professional nursing organizations as a national standard for NP practice (APRN & NCSBN, 2008). Specialty competencies are not considered to be entry level but rather incorporate higher level skills that build upon entry level practice. The Competencies for Nurse Practitioners in Emergency Care, delineating the unique knowledge and skills of an ENP, were originally published by ENA in 2008 through the efforts of a diverse work group that included members of ACEP. These competencies were subsequently endorsed by the American Nurses Association (ANA) and NONPF (ENA, 2008) further designating the specialty practice of ENPs.

### **Competencies versus Practice Standards**

The American Academy of Emergency Nurse Practitioners (AAENP), the emergency NP specialty organization representing the nation's over 14,000 estimated ENPs (AANP, 2018), has established the ENP scope and standards of practice unique to the ENP specialty through an analysis of national emergency department census trends and ED benchmarking statistics (AAENP, 2016). ENP scope and standards of practice are rooted in team-based care whether the ENP is a sole provider collaborating remotely with physician colleagues through technology or when practicing within an interprofessional ED team. In conjunction with the development of a new ENP certification exam offered by the American Association of Nurse Practitioners Certification Board (AANPCB), AAENP participated in a 2016 practice analysis of ENPs in the

United States; specific information regarding the sample size, methodology and results are available from AANPCB (2016). The resulting data from this practice analysis provided support for updating the 2008 competencies. Given the robust data available following the practice analysis, expanded practice standards were delineated in place of updating the original 2008 ENP core competencies.

**Practice standards** define the provision of competent care and foundations of patient care management for a specialty practice and support evaluation of clinician proficiencies by providing measurable outcomes that can be used to assess evolving clinical abilities through the spectrum of novice to expert. The ENP specialty practice standards separate knowledge, tasks and procedures that are placed under the domains for which the standard is reflected. In many cases, multiple actions can be used to describe the various standards as an ENP progresses in proficiency and the ability to manage more complex patient presentations. A standard will in many cases be utilized for building upon a specific task or procedure in the clinical setting and an action or descriptor term may progress from a basic-knowledge action to a synthesis or performance action.

From the practice analysis, 5 domains of ENP Practice were identified (AANPCB, 2018):

1. Medical Screening
2. Medical Decision Making/Differential Diagnoses
3. Patient Management
4. Patient Disposition
5. Professional, Legal and Ethical Practices

The tasks reflected in the ENP practice standards fit within each of these domains as depicted in the following table. The standards within the domains can be used to improve ENP onboarding

by providing employers with a method for evaluating ENP proficiencies and to recommend areas for additional training.

## PRACTICE STANDARDS FOR THE ENP

<p style="text-align: center;"><b>Medical Screening</b></p> <ol style="list-style-type: none"> <li>1. Classify patient acuity level</li> <li>2. Stabilize critically ill patient</li> <li>3. Perform a medical screening exam</li> <li>4. Apply crisis management knowledge</li> <li>5. Apply disaster and mass casualty management knowledge</li> </ol>	<p style="text-align: center;"><b>Patient Management (con't)</b></p> <ol style="list-style-type: none"> <li>22. Perform observation and reassessment</li> <li>23. Administer pain management according to national standards</li> <li>24. Organize and administer sedation (as per facility guidelines)</li> <li>25. Facilitate team-based practice/ management</li> </ol>
<p style="text-align: center;"><b>Medical Decision Making/Differential Diagnosis</b></p> <ol style="list-style-type: none"> <li>6. Prioritize the list of differential diagnoses, considering the potential diagnoses with the greatest potential for morbidity or mortality</li> <li>7. Evaluate patient safety/harm reduction</li> <li>8. Implement medical decision making for management plan development</li> <li>9. Interpret diagnostic studies (EKG, radiology, body fluid)</li> <li>10. Utilize evidence-based practice</li> </ol>	<p style="text-align: center;"><b>Patient Disposition</b></p> <ol style="list-style-type: none"> <li>26. Determine appropriate and timely patient disposition including admission, discharge (including follow-up plan), observation, or transfer as appropriate</li> <li>27. Initiate/facilitate consultation and collaboration</li> <li>28. Integrate patient and family education and counseling</li> <li>29. Formulate appropriate disposition</li> </ol>
<p style="text-align: center;"><b>Patient Management</b></p> <ol style="list-style-type: none"> <li>11. Order and interpret diagnostic studies based on the pre-test probability of disease and the likelihood of test results altering management</li> <li>12. Perform diagnostic and therapeutic procedures/skills as indicated</li> <li>13. Select and prescribe appropriate pharmaceutical agents using current evidence-based practice</li> <li>14. Collaborate and consult with other healthcare providers to optimize patient management</li> <li>15. Evaluate effectiveness of therapies and treatments provided during observation</li> <li>16. Reassess to identify potential complications or worsening of condition</li> <li>17. Consider additional diagnoses and therapies for a patient who is under observation and change treatment plan accordingly</li> <li>18. Simultaneously manage multiple patients using situational awareness and task switching</li> <li>19. Initiate/maintain emergency stabilization</li> <li>20. Apply pharmacological therapies</li> <li>21. Initiate and/administer resuscitation</li> </ol>	<p style="text-align: center;"><b>Professional, Legal, and Ethical Practices</b></p> <ol style="list-style-type: none"> <li>30. Record essential elements of the patient care encounter to facilitate correct coding and billing</li> <li>31. Integrate cultural competence into patient care</li> <li>32. Identify needs of vulnerable populations and intervene appropriately</li> <li>33. Manage patient presentation demonstrating knowledge of EMTALA regulations</li> <li>34. Adhere to professional ethical standards in emergency care</li> <li>35. Assess staff/personal safety</li> <li>36. Support intra- and inter- disciplinary communication</li> <li>37. Assess for maltreatment/abuse/ neglect</li> <li>38. Incorporate utilization of Forensic specialists when appropriate</li> <li>39. Consider legal, professional, and ethical issues in practice</li> <li>40. Exhibit cultural competence in practice</li> <li>41. Acknowledge and intervene for vulnerable populations</li> <li>42. Utilize performance improvement to provide quality patient care</li> </ol>

## ENP PROCEDURES ACROSS THE LIFESPAN

Beyond the technical ability to perform a procedure, knowledge of the context in which procedures may be safely performed is crucial in the provision of emergency care. The practice standards for the ENP, therefore, represent the integration of knowledge, psychomotor ability and discernment of the need to perform procedures within emergency care settings in collaboration with the healthcare team. Procedures in this specialty span from simple laceration repair to life-saving procedures. Practice analysis data ultimately identified procedures frequently performed by ENPs within 15 specific procedural areas.

The following table lists the procedures identified during the practice analysis pertinent to ENP practice (AANPCB, n.d.). While this is not an exhaustive list of the skills identified during the practice analysis, those included represent procedures identified as being applicable across broad clinical settings. Many of the included procedures were not performed frequently yet represent necessary knowledge and are thus included due to the high risk of harm if there is a failure in recognizing the need for the procedure. Differences in state regulations, provider credentialing, and collaborative practice at individual facilities as well as practice settings (e.g., critical access, academic or tertiary care) will ultimately determine which skills an ENP may perform.

**ENP PROCEDURES (ADAPTED FROM AANPCB, N.D.)**

<b>Procedural Area/System</b>	<b>Exemplar Skills &amp; Procedures</b>
Airway Techniques	Intubation Airway adjuncts Mechanical ventilation Non-invasive ventilatory management Ventilatory monitoring
Resuscitation	Cardiopulmonary resuscitation (lifespan) Post-resuscitative care Blood, fluid, and component therapy Central venous access (US guided) Intraosseous infusion Defibrillation
Anesthesia & Acute Pain Management	Local anesthesia Regional nerve block Procedural sedation and analgesia
Gastrointestinal	Gastrostomy tube replacement Nasogastric tube Paracentesis
Cardiovascular and Thoracic	Cardiac pacing Cardioversion ECG interpretation Thoracentesis Needle/Tube thoracostomy
Cutaneous	Escharotomy Incision and drainage Trephination, subungual Wound closure techniques Wound management
Head, Ear, Eye, Nose, and Throat	Control of epistaxis Slit lamp examination Tonometry Tooth stabilization Corneal foreign body removal Drainage of hematoma (auricular, septal)
Systemic Infectious	Personal protection (equipment and techniques) Universal precautions and exposure management
Musculoskeletal	Arthrocentesis Compartment pressure measurement Fracture/Dislocation immobilization techniques Fracture/Dislocation reduction techniques Spine immobilization techniques
Nervous System	Lumbar puncture
Obstetrics and Gynecology	Precipitous Deliveries Sexual assault examination

	Bartholin cyst incision and drainage
Psychobehavioral	Psychiatric screening examination/medical stabilization Violent patient management/Restraint
Renal and Urogenital	Bladder catheterization Urethral catheter Testicular detorsion
Toxicological	Decontamination
Other Diagnostic & Therapeutic Procedures	Foreign body removal Collection and handling of forensic material Diagnostic ultrasound Procedural ultrasound

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