

# Louisiana State Board of Nursing Guidelines for Interpreting Scope of Practice for Advanced Practice Registered Nurses in Louisiana

- I. Describe the act to be performed.
- II. Review the scope of advanced practice registered nursing in the Nurse Practice Act, R.S. 37:913 (3), and in the Administrative Code, LAC 46:XLVII.4513 and 4515. (See attached documents.)
- III. Answer the following questions and follow the guidelines:

1. Do you hold a current Louisiana registered nurse license and a Louisiana advanced practice registered nurse license?

**YES**



**Go to #2**

**NO**



**STOP**

**Until you hold both licenses**

2. Is the act expressly permitted or prohibited by the Louisiana Nurse Practice Act?

**UNSURE**



**Go to #3**

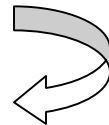
**WITHIN SCOPE FOR APRN**



**Go to # 4**

**PROHIBITED**

**STOP**



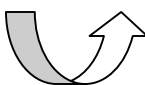
3. Is the act consistent with the Louisiana Administrative Code?

**YES**



**Go to #4**

**NO or Prohibited**



**STOP -- NOT WITHIN  
THE SCOPE OF PRACTICE**

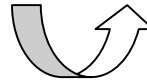
4. Do you personally possess the depth and breadth of knowledge, skills and abilities to perform the act safely and effectively, as acquired in a master's degree program or a continuing education program for your category and area of specialization? (See note below.)

YES



Go to #5

NO -- **STOP** -- UNTIL ADDITIONAL  
KNOWLEDGE, SKILLS &  
ABILITIES GAINED



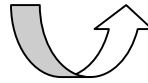
5. Is the performance of the act within the appropriately established facility/agency policies and procedures? Is it consistent with your collaborative practice agreement and clinical practice guidelines?

YES



Go to #6

NO -- **STOP** -- PERFORMANCE OF ACT  
MAY PLACE BOTH  
PATIENT/CLIENT AND  
NURSE AT RISK!



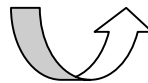
6. Are you prepared to accept the consequences of your action?

YES



PERFORM THE ACT

NO -- **STOP** -- THE ACCOUNTABILITY  
IS NOT ASSUMED!  
NOTIFY APPROPRIATE  
PERSON(S)



**Statutory Definition of Advanced Practice Registered Nursing  
R.S. 37:913**

**§913. Definitions**

(3) (a) "Advanced practice registered nursing" means nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a master's degree with a concentration in the respective advanced practice nursing specialty which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care. Advanced practice registered nursing includes:

- (i) Assessing patients, analyzing and synthesizing data, and knowledge of and applying nursing principles at an advanced level.
- (ii) Providing guidance and teaching.
- (iii) Working with patients and families in meeting health care needs.
- (iv) Collaborating with other health care providers.
- (v) Managing patients' physical and psychosocial health-illness status with regard to nursing care.
- (vi) Utilizing research skills.
- (vii) Analyzing multiple sources of data and identifying and performing certain acts of medical diagnosis in accordance with the collaborative practice agreement.
- (viii) Making decisions in solving patient care problems and selecting treatment regimens in collaboration with a licensed physician, dentist, or other health care provider as indicated.
- (ix) Consulting with or referring patients to licensed physicians, dentists, and other health care providers in accordance with a collaborative practice agreement.

(b) Advanced practice registered nursing may include certain acts of medical diagnosis, in accordance with R.S. 37:913 (8) and (9), or medical prescriptions of therapeutic or corrective nature, prescribing assessment studies, legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board and in accordance with this Paragraph.

Acts 1976, No. 351, §1; Acts 1995, No. 633, §1, eff. Jan. 1, 1996; Acts 1995, No. 1209, §1; Acts 1997, No. 720, §1, eff. July 9, 1997; Acts 1999, No. 315, §1, eff. June 16, 1999; Acts 2001, No. 480, §1; Acts 2003, No. 1094, §1, eff. July 2, 2003.

**Administrative Rules Defining Advanced Nursing Practice  
LAC 46:XLVII**

**§4513. Authorized Practice**

A. Collaboration is a process in which an APRN has a relationship with one or more physicians or dentists to deliver health care services. Such collaboration is to be evidenced by the APRN scope of practice and indicates the relationships that they have with physicians or dentists to deal with issues outside their scope of practice.

B. Scope of Practice. An advanced practice registered nurse shall practice as set forth in R.S. 37:913(3)(a) and the standards set forth in these administrative rules. The patient services provided by an APRN shall be in accord with the educational preparation of that APRN. APRNs practicing in accord with R.S.37:913(3)(a) are not required to have a collaborative practice agreement. The APRN who engages in medical diagnosis and management shall have a collaborative practice agreement that includes, but is not limited to, the following provisions: [R.S. 37:913(8) and (9)]

1. availability of the collaborating physician or dentist for consultation or referral, or both;
2. methods of management of the collaborative practice which shall include clinical practice guidelines; and
3. coverage of the health care needs of a patient during any absence of the APRN, physician, or both parties.

C. Standards of Nursing Practice for the Advanced Practice Registered Nurse. Standards of practice are essential for safe practice by the APRN and shall be in accordance with the published professional standards for each recognized specialty and functional role. The core standards for all categories of advanced practice registered nurses include, but are not limited to:

1. an APRN shall meet the standards of practice for registered nurses as defined in LAC 46:XLVII.3901-3915;
2. an APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes;
3. the APRN shall use advanced knowledge and skills in providing patients and health team members with guidance and teaching;
4. an APRN shall use critical thinking and independent decision-making at an advanced level, commensurate with the autonomy, authority, and responsibility of the specialty and functional role while working with patients and their families in meeting health care needs;
5. an APRN shall demonstrate knowledge of the statutes and rules governing advanced registered nursing practice and function within the legal boundaries of the appropriate advanced registered nursing practice role;
6. an APRN shall demonstrate knowledge of and apply current nursing research findings relevant to the advanced nursing specialty and functional role;
7. an APRN shall make decisions to solve patient care problems and select medical treatment regimens in collaboration with a licensed physician or dentist; and
8. an APRN shall retain professional accountability for his/her actions and/or interventions.

D. Prescriptive and Distributing Authority. An Advanced Practice Registered Nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S.

37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

1. The applicant shall:

- a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;
- b. hold a current, unencumbered, unrestricted and valid APRN license;
- c. submit a notarized application on a form provided by the Board with a non-refundable fee as set forth in LAC 46:XLVII.3341;
- d. provide evidence of:
  - i. 500 hours of clinical practice as a licensed APRN or APRN applicant within one year in the clinical specialty for which the applicant was educationally prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed APRN may be accepted to meet this requirement;
  - ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;
  - iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;
- iv. any deviation from Clause 1.d.i, ii or iii shall be submitted to the Board for review and approval; and
- v. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:
  - (a) a plan of accountability among the parties that:
    - (i) defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;
    - (ii) delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;
    - (iii) delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and
    - (iv) delineates a plan for documentation of medical records;
  - (b) clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:
    - (i) mutually agreed upon by the APRN and collaborating physician;

- (ii) specific to the practice setting;
  - (iii) maintained on site; and
  - (iv) reviewed and signed at least annually by the APRN and physician to reflect current practice;
- (c) documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:
- (i) physician shall be available by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and
  - (ii) the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;
  - (iii) in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe.
- (d) documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and
- (e) an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

## 2. Prescriptive Authority

### a. Prescribing Controlled Substances and Legend Drugs

- i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.
- ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians shall be approved by the Louisiana State Board of Medical Examiners.
- iii. Prescription Guidelines All Medications
  - (a) The following guidelines apply to all prescriptions, whether or not said prescriptions are for legend drugs, controlled substances or any other medication. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.
- iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:
  - (a) perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;
  - (b) formulate a therapeutic plan that is discussed with the patient;

- (c) state the availability of the APRN or coverage for the patient for follow-up care;
        - (d) all of the above must be included in the collaborative practice agreement.
  - v. Each order for a prescription, whether written or oral shall include the following information.
    - (a) The prescription form shall not be less than 4 inches by 5 inches, and shall bear a single printed signature line.
    - (b) The prescription form shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if applicable Drug Enforcement Administration (DEA) registration number. In the event multiple practitioners are identified on the prescription form, the authorizing prescriber's specific identity shall be clear and unambiguous. This identification may be indicated by any means, including but not limited to a marked check box next to, or circling the authorizing prescriber's printed name.
    - (c) The prescription form shall clearly indicate the authorized prescriber's practice affiliation, and the collaborating physician's name, address, and telephone number shall appear on the prescription form.
    - (d) No prescription form shall contain more than four prescription drug orders.
    - (e) Each prescription drug order on the form shall provide the following:
      - (i) a check box labeled "dispense as written" or DAW or both; and
      - (ii) the number of refills, if any; and
      - (iii) for prescriptions reimbursable by Medicare and Medicaid, the APRN may only inhibit equivalent drug product interchange by handwriting the words "brand necessary" or "brand medically necessary" on the face of the prescription order or on a separate sheet attached to the prescription order as specified in LAC 46:LIII.2511.
- b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 C.F.R.1308.11-15., R.S 40:964, on an individual practice basis An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:
  - i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:
    - (a) chronic or intractable pain, as defined in LAC 46 XLV.6515-6923;
    - (b) obesity, as defined in LAC 46 XLV.6901-6913; or
    - (c) oneself, a spouse, child or any other family member;
  - ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her Louisiana Controlled Dangerous Substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;
  - iii. controlled substances which may be prescribed by an APRN shall include Schedule III, IV and V. Schedule II shall be approved by the board on an individual basis. Controlled substances shall be limited to, consistent with,

and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed category and area of specialization. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

- iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;
- v. the APRN must submit evidence of 500 hours of practice with a collaborating physician immediately preceding the initial request for controlled substances;
- vi. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;
- vii. the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRNs practice;
- viii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;
- ix. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;
- x. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;
- xi. the APRN may utilize telefaxes as original prescriptions for Schedule III-V as long as it has a true electronic signature;
- xii. no more than one controlled substance shall be issued on a single prescription blank; and
- xiii. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

### 3. Maintenance of Patient Records (controlled substances)

- a. Patient Record. An APRN who prescribes a controlled substance shall maintain a complete record of the examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances. The name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed must be documented in the record.
- b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing controlled substances.

### 4. Drug Maintenance, Labeling and Distribution Requirements

- a. APRNs shall not receive samples of controlled substances. An APRN may receive and distribute pre-packaged medications or samples of non-controlled substances for which the APRN has prescriptive authority.
  - b. An APRN must distribute the medication. For the purpose of this regulation "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.
  - c. All drug products which are maintained/stored at the site of practice of an APRN, shall be maintained/stored in the manufacturer's or re-packager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date.
  - d. All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.
5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their category and area of specialization. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:
- a. be provided by a board approved national certifying organization or provider approved by the board;
  - b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;
6. APRN prescriptive authority may be renewed after review and approval by the board;
7. changes in prescriptive authority. Prior to changes with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such changes and submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action;
8. the board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state;
9. the board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health and Hospitals of the State of Louisiana;
10. an APRN shall demonstrate compliance with the board's rules relating to authorized practice, section LAC 46:XLVII.4513.C.
11. Limitation
- a. An APRN's prescriptive and distributing authority is personal to that individual APRN and is not delegable. An APRN shall not enter into any agreement, arrangement or contract with another health care provider, practitioner, person or individual which in any manner transfers any of the prescribing or distributing authority that the APRN derives as a result of approval by the board.

- b. Only registered practitioners of medicine, dentistry, or veterinary medicine are authorized to compound and dispense drugs in accord with R.S.37:1201.
- c. Exclusion. Nothing herein shall require a CRNA to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicine necessary for anesthesia care.
- d. Continuance. Those APRNs who have previously been granted prescriptive and distributing authority by the Joint Administrative Committee or the LSBN shall continue under these rules.
- e. Reinstatement. An APRN who has been granted approval by the board for prescriptive and distributive authority and who has ceased practicing with prescriptive authority for more than 12 months may apply for reinstatement of such authority.
- f. In the event that the time period is greater than 12 months but less than four years the APRN shall:
  - i. meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b., and c; and
  - ii. provide evidence of six contact hours of continuing education in pharmacotherapeutics for each 12 month period of non-prescribing in their category and area of specialization. The APRN may obtain the required advanced pharmacotherapeutic hours through continuing education offerings. The required advanced pharmacotherapeutic hours may be non-lecture offerings or Continuing Medical Education Units (CMEs) provided that the offering documents the number of advanced pharmacotherapeutic hours in the educational offering. Pharmacotherapeutics hours must be delineated on the certificate. In order for the continuing education program to be approved by the board, the program shall:
    - (a) be provided by a board approved national certifying organization or provider approved by the board; and
    - (b) include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health.
- g. In the event that the time period is greater than four years the APRN shall meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b, c, and d.

## 12. Termination of Prescriptive Privileges

- a. Prescriptive privileges may be terminated for violation of any rules and regulations of the board.
- b. Prescriptive authority will be designated as "Inactive" when an APRN has no current collaborative practice agreement with a collaborating physician.
- c. Prescriptive authority will be designated as "Inactive" in the event the RN and/or APRN license is revoked, suspended, made inactive or becomes delinquent.

## 13. Financial Disclosure

- a. The APRN is subject to the rules LAC 46:XLVII.3605, "Disclosure of Financial Interest".

## 14. Freedom of Choice

- a. An APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier or other health care related business.

- b. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:981 (October 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 25:1245 (July 1999), amended by the Department of Health and Hospitals, Board of Nursing, LR 27: 727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 28:487 (March 2002), repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005).