PRACTICE PROTOCOL

[Name], A.R.N.P.
And
[Name], M.D./D.O.

I. REQUIRING AUTHORITY

Florida Department of Health as published in Rule 64B9-4.010 pertaining to Advanced Registered Nurse Practitioners and Rule 64B8-35.002 pertaining to Medical Doctors, Florida Administrative Code.

II. ADVANCED REGISTERED NURSE PRACTITIONER CERTIFICATION

[Your Name], A.R.N.P. is certified as an Advanced Registered Nurse Practitioner, Certificate Number [#], as issued by the Florida Board of Nursing (copy attached).

III. GENERAL ARNP DUTIES

[Your Name], A.R.N.P. may manage the health care for those clients (patients) for which this A.R.N.P. has been educated. At this time, the practice focuses on the primary health care needs of women, although the A.R.N.P. is educated, clinically trained and experienced in the care of all types of family practice patients.

IV. GENERAL PHYSICIAN DUTIES

Physician shall provide general supervision to ARNP, be available for consultation with the ARNP as needed, and agrees to evaluate and treat those patients referred by the ARNP.

V. SPECIFIC MANAGEMENT AREAS

A. Conditions for which therapy may be initiated include, but are not limited to:

1. Gynecological care, including but not limited to breast examinations, pelvic examinations, birth control, sexually transmitted diseases, vaginitis, premenstrual syndrome, prenatal and postnatal care, menopause and related conditions, hormonal imbalances, etc.

2. Non-gynecologic problems, including, but not limited to upper respiratory infections, anemia, urinary tract infections, hyperlipidemia, hypertension, depression, etc.

B. Treatments that may be initiated by the ARNP include, but are not limited to:

1. Obtaining a medical history;

2. Providing patient education;
3. Ordering and interpreting laboratory tests, diagnostic studies, physical or occupational therapy;

4. Performing a physical examination;

5. Initiating, implementing and evaluating treatment for the conditions identified above;

6. Prescribing medications as indicated below;

7. Consulting with other health care professionals regarding patient care as needed;

8. Performing any other treatments or procedures that she has been educated to perform;

9. Consultation with and/or referral to collaborative physician as indicated; and

10. Referral to appropriate specialist as indicated.

C. Non-controlled medications that may be prescribed, initiated or altered by the ARNP in accordance with this protocol include, but are not limited to: analgesics, antibiotics, anti-anxiety agents, anti-depressants, anti-fungals, anti-hypertensives, anti-inflammatories, anti-smoking therapy, anti-tussives, contraceptives, decongestants, diuretics, hypolipidemic agents, endocrine, gastrointestinal, respiratory, urogenital medications, hormonal therapy, laxatives, vaginal preparations, and any other medications that may be appropriate to treat the above types of patients.

VI. SUPERVISION

All of the above functions may be performed under general supervision. Patients presenting with a gynecologic condition, which, in the judgment of the A.R.N.P. may be an emergency situation, will be directly referred either to the Emergency Department or to the collaborative physician.

VIII. GENERAL

A. This protocol will be reviewed on a yearly basis by the physician and the ARNP.

B. The original of the protocol shall be filed with the Department of Health bi-annually and a copy will be maintained at each practice site.

Primary practice site:

Other practice site(s):
C. Any alteration or amendments should be signed by all parties and filed WITHIN 30 days of the alteration to:

FLORIDA BOARD OF NURSING
4052 Bald Cypress Way, Bin C02
Tallahassee, FL  32399-7017

D. The physician will provide notice as required by F.S. 458.347(1) and shall be filed with:

FLORIDA BOARD OF MEDICINE
Attention: Executive Director
4052 Bald Cypress Way, Bin CO3
Tallahassee, FL 32399-3253

E. Upon termination, protocols will be kept on file for four years.

[Name], A.R.N.P.  [Name], M.D./D.O.
License Number:  License Number:

INITIATED ON DATE:

RENEWED ON DATE:

RENEWED ON DATE: