

COLLABORATIVE PRACTICE AGREEMENT

I. Definitions and terms:

Collaborative Practice Agreement (CPA) refers to the formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse (APRN) and one or more licensed physician(s) or dentist(s). An APRN is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions. Advanced practice registered nursing includes certain acts of medical diagnosis and prescription, and per LAC 46:XLVII.4513B, these acts must be in accordance with the collaborative practice agreement.

Collaborating Professionals for this CPA refers to the APRN and collaborating physician(s) or dentist(s) named below (please type/print clearly the information requested below):

Name of APRN

Licensed APRN Role and Population Focus
(i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)

AP License Number

List the names of all collaborating physicians/dentists for this CPA: _____

Responsibilities of the APRN are to maintain competency, practice within established standards and clinical practice guidelines, consult collaborating physician(s) or dentist(s) as needed, and ensure that all acts of prescriptive authority of the APRN are documented and utilized in a manner that is consistent with any rule or regulation imposed upon the APRN's practice. In the event the collaborating physician(s) or dentist(s) are not available physically, by telephone, or direct telecommunications, the APRN will not prescribe. The APRN must notify the Louisiana State Board of Nursing (LSBN) in writing within 30 days of all changes regarding prescriptive authority including requesting the addition or deletion of collaborating physician(s) or dentist(s) and sites.

Responsibilities of the collaborating physician(s) or dentist(s) are to ensure all acts of the prescriptive authority of the APRN are documented and utilized in a manner that is consistent with any rule or regulation imposed upon the APRN's practice and to be available for consultation, assistance with medical emergencies, or patient referral. Collaborating physician(s) or dentist(s) must be available physically, by telephone, or direct telecommunications.

Clinical Practice Guidelines provide guidelines for safe and effective care. Clinical practice guidelines refer to specific textbooks, electronic communications, internet references, and resources jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations including prescribing of medications and referral procedures. Clinical practice guidelines must be:

- mutually agreed upon by the collaborating professionals;
- specific to the practice and patient population;
- adjusted on an on-going basis to fulfill individual patient's needs/situations and to accommodate ongoing research and changing standards;
- maintained on site and readily available to the collaborating professionals; and
- reviewed and signed yearly, or more frequently as appropriate, by all parties.

Clinical Practice Guidelines agreed upon by the collaborating professionals will be utilized from among the following: (List specific references including: exact website, authors, year of publication/edition, other applicable information for reference. A separate typed page may be provided if additional space is needed to provide the clinical practice guidelines for this practice site. Include APRN's name **and** license number on **all** supplemental pages)

Name of APRN

Licensed APRN Role and Population Focus
(i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)

AP License Number

II. Parameters of APRN practice agreed upon by the collaborating professionals are as follows:

Methods Of Patient Care – The APRN identified above is authorized to provide professional services within the competencies and scope of practice in his/her licensed APRN role and population focus as a/an

(insert above the APRN's role and population focus as licensed by LSBN (i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)

and as reflected in the clinical practice guidelines agreed upon by the collaborating professionals. If services fall outside of the agreed upon clinical practice guidelines, consultation with the collaborating physician(s) or dentist(s) referral is required and will be documented.

Documentation– A plan for documentation in medical records, such as the SOAP format, will be utilized and will meet current standards. There is a mutual obligation and responsibility of the APRN and collaborating physician(s) or dentist(s) to insure acts of prescriptive authority are properly documented.

Diagnostic/Lab Requests – Diagnostic and/or laboratory tests will be ordered by the APRN according to mutually agreed upon clinical practice guidelines. If results are abnormal, the APRN will adhere to the agreed upon clinical practice guidelines utilizing appropriate consultation, treatment, and/or referral as indicated.

Medications/Prescriptions – The distribution or administration of medications by the APRN within the parameters of the collaborative practice agreement shall comply with current state and federal law. The parameters of practice include prescribing legend drugs. If requesting the inclusion of controlled substance privileges to the parameters of practice, complete the section below.

Check here if controlled substance privileges are requested and indicate which schedules below:

Schedules III-V

Schedule II (non-narcotic for ADD and/or ADHD treatment)

Full Schedule II

The APRN may not prescribe controlled substances in connection with the treatment of:

- a. **Chronic or intractable pain, as defined in 46XLV.6515-6923,**
- b. **Obesity, as defined in 46XLV.6901-6913, or**
- c. **Oneself, a spouse, child or any other family member.**

Hospital/Healthcare Institution Admissions and Privileges – The collaborating physician(s) must have and maintain privileges at the same institution before an APRN can receive and maintain privileges at the same institution(s). The APRN will collaborate with the physician(s) in continuing to provide care for patients admitted by the APRN.

Patient Care Coverage – The APRN and collaborating physician(s) or dentist(s) will maintain a plan for coverage of health care needs of patients during any absence of the APRN, physician (or dentist), or both parties.

Cancellation of Collaborative Arrangement – Once approved by LSBN, the CPA will remain in effect until one or more of the collaborating professionals notify LSBN in writing to cancel the agreement.

Print or type the APRN's name & licensure data (below) at the top of pages 2 & 3 and any supplemental pages provided:

Name of APRN

Licensed APRN Role and Population Focus
(i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)

AP License Number

III. Signatures

By signing below, the APRN and collaborating physician(s) or dentist(s) are in agreement with the collaborative practice agreement including all parameters of practice. Copy this page if needed in order to provide the required *original dated* signatures of all collaborating professionals for this practice site. The APRN's name, license number and original dated signature must be on each additional page.

Type/Print APRN's Name

AP License Number

Original Signature of APRN

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed

Type/Print Physician's Name

LA Medical License Number

Original Signature of Physician

Date Signed