

Nurse Practitioner	Regulatory Oversight	Supervision	Scope of Practice
	<p>Rules developed by the Joint Committee (3 NCBOB members, and 3 NCMB members).</p> <p>Rules approved separately by the respective boards before taking effect.</p> <p>Enforcement by the NC Medical Board G.S. 90-8.2(a)</p>	<p>Physician supervision: The following are the quality assurance standards for a collaborative practice agreement:</p> <p>(1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.</p> <p>(2) Collaborative Practice Agreement: (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site; (b) shall be reviewed at least yearly... and available for inspection by ... either Board; (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner ...; and (d) shall include a pre-determined plan for emergency services.</p> <p>(3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.</p> <p>(4) Quality Improvement Process. (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided</p>	<p>The scope of an NP’s practice is determined by the collaborative practice agreement, but generally...</p> <p>A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0810 of this Section. These services include but are not restricted to:</p> <ol style="list-style-type: none"> (1) promotion and maintenance of health; (2) prevention of illness and disability; (3) diagnosing, treating and managing acute and chronic illnesses; (4) guidance and counseling for both individuals and families; (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs; (6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring to other health care providers as appropriate; and (7) evaluating health outcomes <p>21 NCAC 36 .0802</p> <p>Note carefully: The medical acts, tasks, and functions of a NP are exempt from the Medical Practice Act if performed in compliance with the rules adopted by the Joint Committee:</p>

	<p>(b) This plan shall include a description of the clinical problem(s), ... treatment interventions, and if needed, a plan for improving outcomes ...</p> <p>(c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting</p> <p>(5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):</p> <p>(a) During the first six months of a collaborative practice agreement ... there shall be monthly meetings ... to discuss practice relevant clinical issues and quality improvement measures.</p> <p>(b) Documentation of the meetings</p> <p>21 NCAC 36 .0810</p>	<p>90-18(c) “The following shall not constitute practicing medicine or surgery as defined in this Article:</p> <p>...</p> <p>(14) The practice of nursing by a registered nurse engaged in the practice of nursing and the performance of acts otherwise constituting medical practice by a registered nurse when performed in accordance with rules and regulations developed by a joint subcommittee of the North Carolina Medical Board and the Board of Nursing and adopted by both boards.”</p> <p>G.S. 90-18 (c)(14)</p>
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Certified Nurse Midwife	Regulatory Oversight	Supervision	Scope of Practice
	<p>Midwifery Joint Committee</p> <p>Composition: The Joint Subcommittee of the North Carolina Medical Board and the Board of Nursing shall be enlarged by ... two certified midwives and two obstetricians who have had working experience with midwives.</p> <p>G.S. 90-178.4(a)</p> <p>The NCMB and NCBON provide administrative support for the Midwifery Joint Committee, but MJC funding is separate and approval of MJC actions by the respective boards is not required.</p>	<p>Mandatory supervision by a physician who is actively engaged in the practice of obstetrics in North Carolina.</p> <p>21 NCAC 33 .0104</p> <p>Written guidelines/protocols for clinical practice must include:</p> <p>(a) Definition for the individual and shared responsibilities of the midwife and the supervising physician(s).</p> <p>(b) Guidelines for ongoing communication, which provide for and define, appropriate consultation.</p> <p>(c) A process for periodic and joint evaluation of services rendered, e.g. chart review, case review, patient evaluation, and review of outcome statistics by CNM and the primary supervising physician(s).</p> <p>(d) A process for periodic and joint review and updating of the written clinical practice guidelines by the CNM and the supervising physician(s). 21 NCAC 33 .0104</p>	<p>Medical acts to be performed by the CNM are defined in the site-specific written clinical practice guidelines. 21 NCAC 33 .0101(b)(1)</p> <p>“Midwifery” means the act of providing prenatal, intrapartum, postpartum, newborn and interconceptional care....</p> <p>(1) "Interconceptional care" includes but is not limited to:</p> <ul style="list-style-type: none"> a. Family planning; b. Screening for cancer of the breast and reproductive tract; and c. Screening for and management of minor infections of the reproductive organs; <p>(2) "Intrapartum care" includes but is not limited to:</p> <ul style="list-style-type: none"> a. Attending women in uncomplicated labor; b. Assisting with spontaneous delivery of infants in vertex presentation from 37 to 42 weeks gestation; c. Performing amniotomy; d. Administering local anesthesia; e. Performing episiotomy and repair; and f. Repairing lacerations associated with childbirth. <p>(3) ...</p> <p>(4) "Newborn care" includes but is not limited to:</p> <ul style="list-style-type: none"> a. Routine assistance to the newborn to establish respiration and maintain thermal stability; b. Routine physical assessment including APGAR scoring;

c. Vitamin K administration; and
d. Eye prophylaxis for ophthalmia neonatorum.

(5) "Postpartum care" includes but is not limited to:
a. Management of the normal third stage of labor;
b. Administration of pitocin and methergine after delivery of the infant when indicated; and
c. Six weeks postpartum evaluation exam and initiation of family planning.

(6) "Prenatal care" includes but is not limited to:
a. Historical and physical assessment;
b. Obtaining and assessing the results of routine laboratory tests; and
c. Supervising the use of prenatal vitamins, folic acid, iron, and nonprescription medicines.

Clinical Nurse Specialist	Regulatory Oversight	Supervision	Scope of Practice
	<p>NC Board of Nursing See requirements here.</p>	<p>No heightened requirement for physician supervision.</p>	<p>The scope of practice of a clinical nurse specialist incorporates the basic components of nursing practice ... as well as the understanding and application of nursing principles at an advanced practice registered nurse level in the area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency has been maintained that includes the following:</p> <ul style="list-style-type: none"> (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem; (2) diagnosing and managing clients' acute and chronic health problems within an advanced practice nursing framework; (3) assessing for and monitoring the usage and effect of pharmacologic agents within an advanced practice nursing framework; (4) formulating strategies to promote wellness and prevent illness; (5) prescribing and implementing therapeutic and corrective non-pharmacologic nursing interventions; (6) planning for situations beyond the clinical nurse specialist's expertise, and consulting with or referring clients to other health care providers as appropriate;

(7) promoting and practicing in collegial and collaborative relationships with clients, families, other health care professionals and individuals whose decisions influence the health of individual clients, families and communities;

(8) initiating, establishing and utilizing measures to evaluate health care outcomes and modify nursing practice decisions;

(9) assuming leadership for the application of research findings for the improvement of health care outcomes; and

(10) integrating education, consultation, management, leadership, and research into the clinical nurse specialist role.

Certified Registered Nurse Anesthetist	Regulatory Oversight	Supervision	Scope of Practice
	<p>NC Board of Nursing</p> <p>(The NC Medical Board regulates the supervising physician and may discipline a licensee for inadequate supervision.)</p>	<p>Physician supervision required.</p> <p><u>See:</u></p> <p>(1) The registered nurse who completes a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, is credentialed as a certified registered nurse anesthetist by the Council on Certification of Nurse Anesthetists, and who maintains recertification through the Council on Recertification of Nurse Anesthetists, may perform nurse anesthesia activities in collaboration with a physician, dentist, podiatrist, or other lawfully qualified health care provider, but may not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician; and</p> <p>(2) Collaboration is a process by which the certified registered nurse anesthetist works with one or more qualified health care providers, each contributing his or her respective area of expertise consistent with the appropriate occupational licensure laws of the State and according to the established policies, procedures, practices and channels of communication which lend support to nurse anesthesia services and which define the role(s) and responsibilities of the qualified nurse anesthetist within the practice setting. The individual nurse anesthetist maintains accountability for the</p>	<p>21 NCAC 36 .0226 (c) Nurse Anesthesia activities and responsibilities which the appropriately qualified registered nurse anesthetist may safely accept are dependent upon the individual's knowledge and skills and other variables in each practice setting as outlined in 21 NCAC 36 .0224(a). These activities include:</p> <p>(1) Preanesthesia preparation and evaluation of the client to include:</p> <p>(A) performing a pre-operative health assessment;</p> <p>(B) recommending, requesting and evaluating pertinent diagnostic studies; and</p> <p>(C) selecting and administering preanesthetic medications.</p> <p>(2) Anesthesia induction, maintenance and emergence of the client to include:</p> <p>(A) securing, preparing and providing safety checks on all equipment, monitors, supplies and pharmaceutical agents used for the administration of anesthesia;</p> <p>(B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements;</p> <p>(C) performing tracheal intubation, extubation and providing mechanical ventilation;</p> <p>(D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal findings,</p>

outcome of his or her actions.

[21 NCAC 36 .0226](#) (Emphasis added)

Also see:

1). "December 31, 1998
The Honorable James S. Forrester, M.D. North
Carolina General Assembly Senate Chamber State
Legislative Building Raleigh N.C. 27601-2808

RE: [Advisory Opinion](#): Certified Registered Nurse
Anesthetists; Nursing Practice Act, Article 9A,
Chapter 90 of the N.C. General Statutes

Dear Senator Forrester:

You asked whether it is lawful for certified
registered nurse anesthetists ("CRNAs") to provide
anesthesia care without physician supervision. For
reasons which follow, it is our opinion that it is not.

...

Management of a patients' anesthesia requires the
prescription of medical treatment regimens and the
making of medical diagnoses. The CRNA rules,
therefore, do not eliminate the requirement that the
anesthesia care of a patient be under the
supervision of a physician."

implementing corrective action, and requesting
consultation with appropriately qualified health
care providers as necessary;
(E) managing the client's fluid, blood, electrolyte and
acid-base balance; and
(F) evaluating the client's response during emergency
from anesthesia and implementing pharmaceutical
and supportive treatment to ensure the adequacy of
client recovery from anesthesia.

(3) Postanesthesia Care of the client to include:
(A) providing postanesthesia follow-up care, including
evaluating the client's response to anesthesia,
recognizing potential anesthetic complications,
implementing corrective actions, and requesting
consultation with appropriately qualified health care
professionals as necessary;
(B) initiating and administering respiratory support to
ensure adequate ventilation and oxygenation in
the immediate postanesthesia period;
(C) initiating and administering pharmacological or
fluid support of the cardiovascular system during
the immediate postanesthesia period;
(D) documenting all aspects of nurse anesthesia care
and reporting the client's status, perianesthetic
course, and anticipated problems to an appropriately
qualified postanesthetic health care provider who
assumes the client's care following anesthesia
consistent with 21 NCAC 36 .0224(f); and
(E) releasing clients from the postanesthesia care or
surgical setting as per established agency policy.

2). “Physician supervision of nurse anesthetists providing anesthesia care, when that care includes prescribing medical treatment regimens and making medical diagnoses, is a fundamental patient safety standard required by North Carolina law. See N.C.G.S. § 90-18(b) (2003); N.C.G.S. § 90-171.20(7)(e).”
[NCMS, et al. v. NCBON \(March 15, 2005\)](#).

(d) Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility include, but are not limited to:

- (1) inserting central vascular access catheters and epidural catheters;
- (2) identifying, responding to and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation;
- (3) providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and
- (4) initiating and managing pain relief therapy utilizing pharmaceutical agents, regional anesthetic techniques and other

[21 NCAC 36 .0226](#)