

# The nurse practitioner role in texas nursing essay



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Nurse practitioners scope of practice changes from state to state. Some states allow Nurse Practitioners to treat patients without a supervising physician, they are granted complete autonomy. Whereas other states tell you exactly what you can and cannot do, sometimes even limiting prescribing abilities. I agree “ Nurses should practice to the full extent of their education and training” (“ The Future of Nursing,” 2011). The state you choose to practice in should not determine what you are allowed to do. I believe there should be universal rules and regulations for all Nurse Practitioners and allowing them to practice with full autonomy will only help the current shortage in primary care providers.

### **Nurse Practitioner Core Competencies**

As I grow as a Nurse Practitioner, I will gain new strengths and discover weaknesses I was unaware of. Today I will have to say that my greatest strength is my empathy. I know patient’s by name, not by illness or chart number. It helps me keep judgment aside and helps me to look at things from the point of view of the patient. I am able to give each individual patient complete attention and am able to develop a good working relationship with each patient. It “ creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect” (NONPF, 2012).

I feel that my biggest weakness is in the Scientific Foundation Competency, which I attribute to my lack of experience. In the next few months, I plan to improve on my weakness by being current and familiar with current practice guidelines, gaining as much clinical practice as possible if necessary over the

required 240 hours, and taking additional time with each preceptor to go over cases and treatments.

## **National FNP Certification**

I plan to sit for the AANP certification exam mainly because I found their website to be more user-friendly. First I will create an online profile. A candidate handbook is available that has step-by-step information on the application process and testing procedure. Next, I will submit all appropriate documentations (RN license, transcripts, NP program info, payment, etc) that will be reviewed. Once approved an authorization to test (ATT) letter will be issued. I will then be able to schedule my exam at a Prometric facility. Finally, I will have 120 day from the issue date to take my exam (AANP, 2009-2010).

## **FNP Role and Scope of Practice**

Currently I work in an outpatient surgical center as a medical/surgical nurse. I am responsible for circulating during surgery and caring for patient's pre and post-operatively. My scope of practice as an RN is somewhat limited. The surgeon gives orders which are to be followed and implemented. As the nurse I am responsible for making sure that said orders are carried out, all the while delivering safe and quality patient care. As a nurse practitioner I would be able to make decisions on patient care that may need to be implemented. For example, if a diabetic patient presented for surgery with elevated blood glucose. I would be able to determine if the patient was a candidate for surgery or insulin. Another example, prior to the start of surgery antibiotics are given. However, if a patient presented with an allergy to penicillin and if penicillin was the ordered medication, I would not have to

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wait to get orders from the physician to change the antibiotic. Another example, typically the physician orders a standard amount of pain medication for every patient. The patient is not considered independently, every patient is unique. As a nurse practitioner I would be able to determine an appropriate dose, within safe range, for each individual patient.

## **Nurse Practice Act**

After reading the Advanced Practice Nursing portion of Texas's Nurse Practice Act, I found that RULE 222. 3 only requires five hours of continuing education in pharmacotherapeutics every two years (Texas Administrative Code, 2012). This to me seems a bit low, since nurse practitioners deal with medications every day of practice. I would have expected the requirement to be slightly higher. Another surprising part I found from RULE 221. 8 was that a minimum of 400 practice hours were needed in a two year period in order to maintain active authorization as an Advanced Practice Nurse (Texas Administrative Code, 2012). This surprises me because with practice comes experience and 400 hours does not seem like much practice.

## **APRN State Licensure**

I do not plan on seeking interim or temporary approval for APRN licensure in the state of Texas because I plan to hold a license before securing a job as an APRN. I have a job offering which I plan to take that will be available early March. The process to acquire an APRN licensure in Texas begins with graduating from an accredited nurse practitioner program. They will need all school transcripts pertaining to the advanced practice education. Applicants are required to hold national certification in advanced practice. They are required to hold a current Texas RN licensure or compact privileges.

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Prescriptive authority is not granted automatically, so to be considered you must indicate it and pay the addition fee. Finally, you must apply within 24 months of completion of your advanced practice education (Texas Board of Nursing, 2009).

## **Additional Requirements**

There are additional applications and requirements that need to be completed in order to practice at the full extent in the state of Texas and they include applying for a DEA and NPI number. In order to qualify for a DEA number you must hold a prescriptive authority number that has been issued by the Texas Board of Nursing which is needed to obtain a controlled substance permit. Once the “ controlled substance permit has been issued, the advanced practice nurse may apply for a DEA registration number” (Texas Board of Nursing, 2009).

## **Pearson's Report**

After reading the Pearson's Report for Texas and Arizona, I discovered that Texas is more restrictive. Texas requires delegation and supervision by a physician where Arizona does not need any physician involvement, however “ An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience” (Pearson, 2012). Prescriptive privileges in Texas require BOM/physician involvement and Schedule III-V are only allowed (Pearson 2012). All prescriptions are required to have both the nurse practitioner and supervising physician's DEA number and name (Pearson, 2012). Arizona <https://assignbuster.com/the-nurse-practitioner-role-in-texas-nursing-essay/>

does not require physician involvement and Schedule II-V are allowed (Pearson, 2012). Reimbursement in Arizona can be a little tricky. They are not always allowed on to insurances and when they are reimbursement can be anywhere from 60-85% (Pearson, 2012). In Texas reimbursement is 92% of the amount paid to a physician (Pearson, 2012).

## **Conclusion**

With the conclusion of my Nurse Practitioner education coming to an end, I find myself looking back on the journey I have taken up to this point. Although a difficult one, I am grateful for everyone who has played an intricate role in helping me achieve my goals. From family and friends to professors and mentors, I am thankful. I am fortunate enough to be fulfilling my life's passion of Nurse Practitioner. Now only God knows what lay ahead for me and future endeavors.