**Advanced Nurse Practitioner Consultation and Referral Plan**

1. **Description of Clinical Practice**

Effective (Enter Date), my new place of practice will be at the (Enter Clinic/Hospital Name), located at, (Enter Address), in (Enter City, State). Their telephone number is (enter number). I will be doing primary care family practice, including the care of children, adolescents, and adults. This will include, but is not limited to: routine well-child physicals, school, sports, and employment physicals, women’s health, and acute and chronic adult health. I will also do minor urgent care, such as suturing lacerations, draining abscesses, and assessment and treatment of minor injuries. My supervisor is (enter name, title).

1. **Consultation and Referral**
   1. **Method of Routine Consultation**

While employed at (Enter Clinic/Hospital Name), I will follow the Health Center’s policies and procedures for consultation and referral. Patients deemed to be beyond my scope of practice and procedures will be referred to (Enter Dr.’s name) and/or other specialists as appropriate. I plan on developing good working relationships with physicians and specialists in the local area just as I have with the physicians and specialists in the Health Center I am working in. Documentation of all aspects of patient care and coordination will be done on the patient’s chart. All appropriate documentation will then be sent to the patients’ primary care provider (If different than our clinic) and/or specialists to facilitate appropriate follow-up.

* 1. **Emergency Referrals**

In case of emergency, the Emergency Medical Service system will be activated by calling 911. The nearest hospital emergency room will also be contacted in a timely manner to facilitate the communication of pertinent patient information to the ER staff and the admitting physician.

* 1. **Pharmacy Support**

I will have available to me the phone number(s) of all the local pharmacy/pharmacies, including retail as well as hospital pharmacies. This will facilitate my being able to speak to a pharmacist should I have any questions or concerns about a patient’s medications or new prescriptions. I plan on developing the same type of good working relationships with the local pharmacies in the area, which will be where most of my prescriptions will be sent.

I am in possession of a Federal DEA number, which I use very judiciously. I have made it a practice to make it very clear to all patients that I only prescribe small amount of any controlled substances, that I limit it to the treatment of acute, self-limited conditions, and that I generally do not refill prescriptions for controlled substances without further patient follow-up. I will not hesitate to call the local DEA office if I should have any questions or concerns regarding the prescribing or use of controlled substances.

My continuing education in pharmacology will be on-going, in order to meet state requirements for licensure and for prescriptive authority, as well as ANCC re-certification requirements.

1. **Quality Assurance**
2. **Type of Review Process Used**

In order to maintain the quality of my care, I plan to have my charts reviewed on a regular basis by the other providers with whom I am working. I will use their written and verbal feedback to continue to improve both my care and my documentation. I have also let (enter supervisor’s name) know that I respect constructive feedback as a way to improve my practice. I expect that I will have a formal employee evaluation on a yearly basis.

1. **Use of Standards**

In order to make sure my practice remains both safe and ethical, I will adhere to standards set forth by the ANA Code of Nurses as well as the Alaska Nurse Practice Act. I will have a copy of the Nurse Practice Act available to me at all times. I also plan to keep my education up to date, and use the latest evidence based practices available to me within this particular clinic setting. When seeing Medicare and Medicaid patients, I will follow the guidelines established by those agencies. I will also abide by the established policies and procedures of the clinic I am practicing in. If I have any questions or concerns, I will not hesitate to call the Board of Nursing directly.

1. **Expanding my Scope of Practice**

If I should decide to expand my scope of practice, I will make sure that any required training, education, and/or certification requirements have been met, preferably by a nationally recognized organization, university, or training program. I will make sure the credits received are officially recognized by a nursing body such as the ANCC, AANP, or ACNP.

1. **Plan for Corrective Action if Improvement Needed**

If my practice is found to be lacking in any way, immediate corrective actions will be taken. I will request input from other Nurse Practitioners, Physician Assistants, and/or Physicians with whom I am working. Based on their recommendations, I will immediately seek a temporary increase in direct supervision if need be. I will also pursue continued/remedial education in the form of reading textbooks, the use of study tapes/CD’s/DVD’s, reading clinical practice journals, use of the Internet, and/or taking courses live or via correspondence. These corrective actions will continue until whatever problem was identified is deemed to have been corrected to the satisfaction of all concerned.