



Emergency Nurse Practitioner Competencies



Committed
to **Care**

Contents

Introduction and Background	3
2019 Competencies	5
I. General Competencies	5
A. Professional Role:	5
B. Management of Patient Health/Illness Status	6
II. Itemized Competencies	6
A. Medical Screening	6
B. Patient Management by System	7
References	15

ENA ENP Competency Revision Work Group:

Margaret Carman DNP, RN, ACNP-BC, ENP-BC, FAEN

Diane Fuller Switzer DNP, ARNP, FNP-BC, ENP-BC, ENP-C, CCRN, CEN, FAEN

David T. House DNP, CRNP, ENP-C, FNP-BC, CNS

Mary Kamienski PhD, APN, FAEN, FAAN

Mary Lou Killian DNP, RN, FNP-BC, ENP-BC, ENP-C, CEN, FAEN

Eric McRaney, MSN, FNP-C, ENP-C, ENP-BC, NRP, CEN

Kathleen Richardson DNP, ARNP, FNP-C, CNS, ENP-BC, CEN, FAEN, LTC USA (ret.)



Introduction and Background

In 2008, the Emergency Nurses Association published the first Competencies for Nurse Practitioners in Emergency Care. The competencies were based on the work of an appointed Nurse Practitioner Validation Work Team composed of experts in the field and supported by the findings of a Delphi Study representing a broad sample of certified nurse practitioners practicing in a variety of emergency care settings across the United States. Since that time, emergency nurse practitioner (ENP) practice has evolved significantly. In 2013, the American Nurses Credentialing Center (ANCC) offered the first Emergency Nurse Practitioner- Board Certified specialty certification (ENP-BC) by portfolio, followed by the American Academy of Nurse Practitioner Certification Board (AANPCB) ENP specialty certification exam in 2017. As of 2018, over 14,000 nurse practitioners are identified as practicing in emergency care settings (AANP 2018).

As an established nursing specialty, emergency nursing “encompasses a specified area of discrete study, research, and practice as defined and recognized by the profession (ANA, 2017, p.8).” ENPs, as advanced practice registered nurses within this specialty, should possess the specific knowledge, skills, abilities, and judgement unique to this role, as defined by competencies. As such, it is important that the competencies reflect current practice.

Competencies establish the foundation for building curriculum (Fukada, 2018). The 2019 Competencies for Nurse Practitioners in Emergency Care describe the competencies expected of the nurse practitioner entering into the specialty of advanced emergency nursing practice and reflect a practice that includes care to individuals throughout the lifespan and across the trajectory of acuity, from minor care to the critically ill or injured patient. It is recognized that ENPs practice in a variety of emergency care settings. Emergency nurse practitioners are obligated by their education, certification, state licensure, and institutional credentialing, to practice within their chosen role(s) and population(s).

Since development of the 2008 competencies, there has been significant growth in ENP specialty practice. Therefore, curricula from current ENP programs has been reviewed as a consideration for this work. The 2019 competencies reflect the importance of advanced clinical and diagnostic reasoning included in nurse practitioner curricula and the caring for an increasingly complex and often unstable population of patients in partnership with other emergency medicine providers.

As nurse practitioners achieving specialist status (APRN Consensus Work Group, & National Council of State Boards of Nursing APRN Advisory Committee, 2008), all ENPs are expected to meet the core competencies for the nurse practitioners as established by the National Organization for Nurse Practitioner Faculty (NONPF, 2017). In addition, the nurse practitioner is responsible and accountable for maintaining competence through their primary certification as a nurse practitioner (family, adult-gerontology acute or primary care, pediatric primary acute or primary care, psychiatric-mental health). Competencies for the emergency nurse practitioner reflect knowledge, skills, and ability specific to the specialty practice of emergency care in the provider role and are in addition to those competencies included in the core and population/role specific documents.

In 2018, ENA President Jeff Solheim appointed a content expert panel composed of a diverse panel of nurse practitioners with demonstrated expertise in the role of Emergency Nurse Practitioner. The ENP Competency Revision Work Group (Work Group) reviewed, among other contributory documents (AACN, 2017; NONPF, 2017; Wolf et al, 2017), the 2008 competencies, the Scope and Standards for Emergency Nurse Practitioners (Campo et. al 2016; Campo et al 2016), the domains and blueprint for the currently available ENP certification by examination (AANPCB, 2017), and the Practice Standards for the Emergency Nurse Practitioner Specialty (Campo et al, 2018).

The Work Group determined that the draft competencies revealed significant overlap in using the domains that might lead to confusion. The framework for the 2008 competencies was therefore used, rather than organizing the 2019 revision into domains used for the current certification exam. This document is organized to mirror the nursing process and the flow of patient care.

A section for General Competencies has been created to reflect those competencies which are universal to emergency management, but distinct from the NONPF Core Competencies for Nurse Practitioners. The General Competencies are followed by specific competencies determined by the Work Group to be of high importance or unique in some aspect of performance that deserve focused recognition.

The final version of the 2019 competencies reflects the advanced diagnostic and clinical reasoning skills required for specialty emergency care. In contrast to the 2008 document, technical skills and procedures are represented as integral components of care, dictated by patient need as established through the use of advanced history taking, assessment, and diagnostic skills.

The 2019 revision of the Competencies for Nurse Practitioners in Emergency Care has been developed to meet the criteria for affirmation of focused practice competencies by the American Nurses Association (ANA, 2017). The format and content of the revised competencies reflects findings of the 2017 ENA research study, *“The experience of advanced practice nurses in US emergency care settings”*, which indicates a need for competencies directly applicable to clinical practice as the basis for evaluation of competent performance. Following publication of the revised competencies, a validation study of the 2019 competencies will be conducted through systematic study by the Emergency Nurses Association in partnership with key stakeholders.

2019 Competencies

I. General Competencies

The emergency nurse practitioner (ENP) engages in the management of patients across the trajectory of acuities and in the context of the patient's developmental stage, collecting subjective and objective data and managing patient care as delineated in the Core Competencies for Nurse Practitioners (NONPF,2016). ENP practice, while grounded in the core competencies, requires specialty expertise in history taking, physical assessment, differential diagnosis, and overall management that is unique to the patient population.

The nature of emergency care is unpredictable and time sensitive. The population is undifferentiated at the time of presentation, requiring advanced diagnostic reasoning, risk stratification, and medical decision-making that is distinctive from other specialty areas. ENPs engage in interdisciplinary communication, collaboration, and consultation. The ENP determines and facilitates appropriate, and timely patient disposition with appropriate patient and family education. Competencies listed for management of patient health/illness status are built upon the Core Competencies for Nurse Practitioners and are unique to the specialty practice of ENPs.

The 2019 Competencies for Nurse Practitioners in Emergency Care begin with the General Competencies listed below. These competencies are integral to all areas of patient management. Itemized competencies have been identified under the patient management section and reflect unique or essential aspects of ENP practice which are felt by the Work Group to require expansion or addition to general competencies for this specialty practice.

A. Professional Role:

1. Practices in the role of provider in the emergency care setting
2. Acts in accordance with legal and ethical professional responsibilities (e.g., patient management, documentation, advance directives, billing and coding)
3. Integrates culturally competent decision making into emergency care and management
4. Provides patient-family-centered care across the lifespan
5. Provides care which is protective of vulnerable patients, families, and populations
6. Appropriately documents all patient care in accordance with regulatory and institutional standards
7. Maintains compliance with current requirements for billing and coding of services rendered
8. Acts as a mentor, educator, and leader for others in the emergency care team
9. Collaborates with others as a member of the emergency care team
10. Engages in translation of current guidelines and best practices in the emergency care environment
11. Participates in research to advance the science and body of knowledge in emergency care
12. Actively participates in policy development
13. Participates in disaster and mass casualty preparedness

B. Management of Patient Health/Illness Status

1. Obtains a comprehensive problem-focused history as is pertinent to the presenting complaint
2. Performs a pertinent, developmentally appropriate physical examination as appropriate to the chief/presenting complaint
3. Formulates differential diagnoses to determine emergent vs non-emergent conditions and appropriate emergency management
4. Utilizes advanced clinical reasoning specific to emergency care for prioritization, risk stratification, holistic decision-making, resource allocation and available services
5. Prescribes therapeutic agents based on current, evidence-based recommendations for emergency care
6. Formulates an individualized, dynamic plan of care to address the stabilization and initial treatment of urgent/emergent conditions
7. Incorporates technological, diagnostic, and procedural interventions (including point-of-care ultrasound) into the treatment plan, based on clinical findings, current recommendations, and patient treatment goals
8. Re-assesses and modifies plan of care based on the dynamic patient condition.
9. Appropriately documents history, physical exam, medical decision-making, assessment and plan for emergency care
10. Incorporates tools for standardized communication into interactions with other individuals
11. Practices antibiotic stewardship in the selection of empiric antibiotic therapies
12. Determines an appropriate plan for patient disposition
13. Consults and collaborates with patients, families, and the health care team to provide safe, effective, and individualized culturally competent care
14. Develops a plan for safe, effective, and evidence-based follow up at discharge
15. Initiates appropriate communications in the community
16. Assesses health literacy in patients and families, to promote informed decision-making and optimal participation in care

II. Itemized Competencies

A. Medical Screening

1. Appropriately performs Emergency Medical Treatment and Labor Act (EMTALA)-specified medical screening
2. Identifies differential diagnoses according to chief complaint which require immediate intervention
3. Identifies and manages the potential for rapid physiologic and/or mental health deterioration or life-threatening instability (e.g., suicidal risk, infectious disease/sepsis, shock)
4. Initiates measures to maximize patient safety throughout the emergency care encounter
5. Evaluates assigned triage level for appropriateness based on medical screening examination
6. Performs medical screening for patients who require forensic examination

B. Patient Management by System

1. HEENT/Eye
 - a. Collects relevant historical information for patients presenting with symptoms of acute ocular/vision disturbance
 - b. Performs advanced ocular assessment, including slit lamp examination
 - c. Performs tonometry for the measurement of intraocular pressures
 - d. Prescribes topical anesthesia, analgesia, and cycloplegia for acute ocular conditions
 - e. Provides stabilization of ophthalmic emergencies (e.g., ruptured globe, intraocular foreign body, hyphema, lens dislocation, vitreous hemorrhage, retinal detachment, acute glaucoma, herpes zoster infection, lacerations involving the lacrimal apparatus)
 - f. Performs removal of foreign bodies from the anterior eye surface by means of appropriate instruments or tools (e.g., cotton-tip swab, needle, burr)
 - g. Identifies and manages acute ocular conditions affecting the anterior chamber and surface of the eye (e.g., conjunctivitis, subconjunctival hemorrhage, infection)
2. HENT/Ear, Nose, and Throat
 - a. Recognizes the presence of emergent conditions requiring preservation of a patent airway and hemorrhage control
 - b. Performs removal of foreign bodies of the ears and nose
 - c. Performs placement of ear wick
 - d. Performs incision and drainage of auricular hematomas
 - e. Prescribes wound care to prevent complications of auricular injury or infection
 - f. Differentiates potential etiologies for epistaxis (anterior, posterior, coagulopathy)
 - g. Manages acute epistaxis
 - h. Stabilizes and secures the airway in patients with acute obstruction, including emergent consultation
 - i. Identifies and manages acute complications of otolaryngological conditions (e.g., dental or peritonsillar abscess, epiglottitis, Ludwig's angina)
 - j. Performs reduction of mandibular dislocation
 - k. Performs stabilization of partial or complete dental avulsions, subluxations, or fractures, recognizing important distinctions between primary and secondary teeth
 - l. Performs appropriate interventions for tongue lacerations
 - m. Determines appropriate patient disposition for acute otolaryngological conditions (operating room, admission, discharge)
 - n. Appropriately manages septal hematoma
3. Neurologic/Brain Conditions
 - a. Identifies and differentiates emergent vs non-emergent pathological conditions of the central and peripheral nervous system
 - b. Performs advanced neurological assessment, including vascular or dermatomal distributions for patients with acute neurological complaints
 - c. Performs risk stratification in determining likelihood of stroke/transient ischemic attacks and appropriateness for emergent intervention (e.g., thrombolysis, thrombectomy, VP shunt infection and/or obstruction)
 - d. Incorporates the National Institutes of Health Stroke Scale into the assessment of patients with brain/cranial nerve injuries and conditions

- e. Identifies pathophysiological conditions indicative of acute neuromuscular compromise
 - f. Identifies the risk of secondary neurological injury
 - g. Performs lumbar puncture for diagnostic or therapeutic purposes
 - h. Initiates appropriate pharmacological interventions for the reduction of increased intracranial pressures
 - i. Consults and collaborates in a timely manner which aligns with current recommendations for the management of acute neurological conditions (e.g., acute ischemic stroke)
 - j. Performs basic interpretation of neuroimaging studies to identify immediate life-threatening conditions.
 - k. Initiates rapid transfer to another facility for specialty neurological care (e.g., stroke center, trauma,)
4. Thoracic/Respiratory
- a. Identifies key risk factors in the patient history which may increase risk for acute respiratory failure
 - b. Initiates and manages non-invasive ventilatory support for patients in respiratory failure meeting criteria
 - c. Initiates and manages mechanical intubation with ventilatory support for respiratory failure or airway securement
 - d. Performs advanced airway management, including endotracheal intubation
 - e. Identifies and manages acute hemothorax/pneumothorax
 - f. Performs tube thoracostomy for patients with hemothorax/pneumothorax
 - g. Weans patients from mechanical ventilation
 - h. Performs extubation of a mechanical airway
 - i. Interprets pulmonary function tests
 - j. Performs thoracentesis for diagnostic or therapeutic purposes
 - k. Utilizes current evidence-based guidelines for the evaluation and management of patients with suspected pulmonary embolism
 - l. Prescribes supplemental oxygenation
 - m. Interprets oxygenation, ventilation, and acid-base balance using blood gas measurements
 - n. Interprets thoracic imaging, with clinical correlation
5. Cardiovascular
- a. ****Practices systematic assessment and management of the patient in cardiovascular crisis, utilizing current ACLS/PALS Guidelines.**
 - b. Interprets twelve lead ECG
 - c. Manages pathological ECG findings
 - d. Directs cardiopulmonary resuscitation
 - e. Performs cardioversion and/or defibrillation
 - f. Initiates temporary transcutaneous/ transvenous pacing
 - g. Determines the risk for major cardiac events in patients with undifferentiated chest pain using current evidence-based recommendations
 - h. Performs insertion of central venous catheters via internal jugular, subclavian, or femoral veins

- i. Performs radial or femoral artery cannulation
 - j. Identifies and manages the patient in acute heart failure, including congenital heart conditions
 - k. Differentiates and stabilizes various forms of shock states
 - l. Identifies and initiates management for acute pathological valvular conditions
 - m. Identifies the presence of vascular emergencies (e.g. ischemic limb, dissecting abdominal or thoracic aorta)
 - n. Identifies and initiates management for thromboembolism
6. Genitourinary/Renal/Obstetric
- a. Collects advanced sexual and reproductive history pertinent to emergency care
 - b. Identifies life threatening pelvic/genitourinary conditions warranting emergent/urgent surgical consultation
 - c. Performs forensic exam
 - d. Collects and preserves forensic evidence
 - e. Performs incision and drainage of Bartholin's cyst/abscess
 - f. Performs precipitous delivery and provides post-delivery maternal/neonatal care
7. Gastrointestinal
- a. Identifies and initiates management of emergent abdominal complications, including hemorrhage, perforation, or infection
 - b. Performs removal of foreign bodies from the GI tract when indicated
 - c. Performs paracentesis for therapeutic or diagnostic purposes
 - d. Performs incision and drainage of anorectal lesions (thrombosed hemorrhoids)
 - e. Performs replacement of gastrostomy tube
8. Endocrine
- a. identifies and provides stabilization for the patient emergent endocrine states
 - b. Incorporates appropriate estimates for corrective therapies into the plan of care (e.g., calculation of free water deficit, corrected sodium, corrected calcium)
 - c. Orders appropriate therapies to correct the source of endocrine emergencies (e.g., DDAVP, insulin)
 - d. Manages complications of endocrine emergencies
9. Integumentary
- a. Differentiates between benign and pathological dermatological conditions
 - b. Orders appropriate isolation for skin conditions indicative of infectious/communicable skin disease
 - c. Performs incision and drainage of abscess
 - d. Performs basic and advanced wound closure, including revision and debridement
 - e. Initiates individualized wound management based on the unique factors leading to soft tissue injury
 - f. Develops a plan for wound management based on temporal and conditional factors
 - g. Identifies and manages complications of acute skin conditions

10. Musculoskeletal
 - a. Performs local or regional anesthesia in patients with acute musculoskeletal conditions
 - b. Performs basic interpretation of musculoskeletal imaging
 - c. Performs reduction of acute fracture or dislocation
 - d. Applies and/or supervises the application and removal of immobilization devices
 - e. Performs measurement of compartment pressures
 - f. Performs arthrocentesis
 - g. Performs joint injection

11. Psychiatric/ Mental Health
 - a. Identifies emergent psychiatric/mental health conditions
 - b. Utilizes current evidence-based tools for suicide screening
 - c. Identifies the presence of active suicidality, acute psychosis or other behavioral conditions requiring immediate protective safety measures
 - d. Differentiates acute psychiatric illness from organically caused alterations in mental status
 - e. Stabilizes patients with psychiatric/mental health emergencies.
 - f. Stabilizes patients with psychosis triggered by substance abuse.
 - g. Orders appropriate diagnostic studies for medical clearance of the acute psychiatric mental health patients.
 - h. Initiates appropriate pharmacological and non-pharmacological interventions to ensure safety in emergent psychiatric/mental health situations
 - i. Collaborates with the healthcare team and legal personnel as necessary to ensure that state regulations and institutional policy are followed in the initiation of involuntary commitment

12. Blood/Fluid/Electrolyte Balance/Acid-Base Disorders
 - a. Orders appropriate fluid therapies for resuscitation or maintenance, based on patient situation
 - b. Identifies the need for emergent transfusion, including initiation of massive transfusion protocols, emergent release, or type and cross-matched blood
 - c. Differentiates the need for transfusion of various blood products
 - d. Initiates appropriate treatment for the correction of acute electrolyte abnormalities

13. Hematology/Oncology Disorders
 - a. Identifies the patient with blood dyscrasias requiring acute/emergent intervention
 - b. Identifies the patient with coagulopathy requiring acute/emergent intervention
 - c. Identifies the presence of vaso-occlusive crisis in individuals with Sickle cell disease
 - d. Initiates evidence-based therapies for pain management in patients experiencing vaso-occlusive crisis
 - e. Initiates appropriate management for patients presenting in immunosuppressed states
 - f. Incorporates the pharmacological considerations of antiplatelet/anticoagulation therapies into the management of patients on these medications

14. Immunology/Infectious Disease/Epidemiology
 - a. Identifies the patient with suspected sepsis
 - b. Differentiates patient status along the trajectory of infectious states, from localized infection to septic shock.
 - c. Initiates management of sepsis including fluids, vasopressors and prescribing appropriate antibiotic regimens adhering to current evidence-based guidelines.
 - d. Identifies signs and symptoms of zoonotic and communicable diseases.
 - e. Identifies and manages anaphylaxis/hypersensitivity/allergic responses
 - f. Applies current recommendations on prevention and prophylaxis for patients presenting with exposure to communicable disease states
 - g. Identifies and manages emergent/acute complications of autoimmune disorders
 - h. Prescribes needlestick exposure management per current evidence-based guidelines and institutional protocol
 - i. Coordinates with public health agencies for all reportable conditions
15. Emergency/Trauma/Environmental/Shock
 - a. ****Practices systematic assessment and management of the trauma patient, utilizing current ATLS Guidelines.**
- 15.1 Burns
 - a. Identifies patients who are appropriate for transfer to a designated burn or trauma center
 - b. Facilitates transfer to the appropriate trauma or burn center for specialty care
 - c. Estimates Total Body Surface Area using current, evidence-based resources
 - d. Initiates fluid resuscitation for the patient with acute thermal injury, applying current evidence-based recommendations
 - e. Anticipates the risks of delayed/secondary injury with burn injuries in developing the management plan
 - f. Orders appropriate decontamination for the individual with chemical burns
 - g. Provides stabilization of the patient with severe burn injuries, including analgesia, initial diagnostic studies, and wound care
 - h. Performs escharotomy
- 15.2 Blasts
 - a. Assesses for primary and secondary injuries related to blast / concussive /explosive events.
 - b. Anticipates the risks of delayed/secondary injury with blast/concussive/explosive injuries in developing the management plan
 - c. Consults with appropriate governmental agencies in the management of individuals and/or populations experiencing exposures to blast injury
- 15.3 Environmental Injuries
 - a. Identifies near-drowning events and provides appropriate interventions based on nature of fluid exposure.
 - b. Identifies the presence of clinically significant hypo/hyperthermia
 - c. Initiates appropriate evidence-based techniques for rewarming or cooling

- d. Identifies environmental factors that create a risk for barotrauma
 - e. Initiates the process of transfer to a hyperbaric facility as needed
- 15.4 Traumatic Brain Injury/concussion
- a. Utilizes current evidence-based algorithms on the diagnosis and management of acute head injuries
 - b. Initiates appropriate interventions for the management of acutely elevated intracranial hypertension
- 15.5. Traumatic Amputations and Soft Tissue Injuries
- a. Recognizes and prioritizes treatment and stabilization of amputation or degloving injuries
 - b. Preserves and maintains severed limbs/digits
 - c. Performs application of a tourniquet to control life-threatening hemorrhage
 - d. Assesses for underlying structural damage and/or foreign bodies
 - e. Identifies and manages rhabdomyolysis
 - f. Performs compartment pressure measurement
16. Shock
- a. Uses advanced assessment skills to interpret and manage acute acid-base imbalances
 - b. Identifies physiological indications of shock, including the use of evidence-based guidelines
 - c. Identifies key elements in the patient history increasing risk for development of shock states
 - d. Differentiates various forms of shock states
 - e. Obtains hemodynamic data to differentiate between various shock state
 - f. Performs arterial catheter insertion and cannulation
 - g. Initiates appropriate management of the underlying etiology of shock states.
 - h. Prescribes vasoactive medications to support cardiovascular function
 - i. Performs insertion of a central venous catheter
17. Envenomation/bites
- a. Initiates consultation with poison control as appropriate to the situation.
 - b. Attempts to identify the source of bite/potential envenomation
 - c. Recognizes potential complications of bite/envenomation, according to species
 - d. Orders diagnostic studies based on the source of bite/envenomation
 - e. Prescribes antivenom/antidote according to current evidence-based recommendations.
 - f. Develops a plan for observation and disposition based on current evidence-based recommendations.
 - g. Performs wound care specific to the source of acute bite or envenomation
 - h. Identifies and treats patients at risk for tick borne illnesses, utilizing current evidence-based recommendations
 - i. Ensures reporting per state or local law to animal control agencies
 - j. Identifies wounds at risk for transmission of rabies and initiates appropriate post-exposure prophylaxis

- k. Prescribes appropriate empiric antibiotics for the prophylaxis of bites or envenomations
18. Abuse/Neglect/Assault/Sexual Assault
- a. Identifies signs of physical, emotional, financial and social abuse, neglect, and human trafficking, particularly in the elderly or pediatric patient.
 - b. Initiates the reporting process if abuse or neglect is identified, according to state or local law
 - c. Initiates the forensic/sexual assault evaluation process
 - d. Prescribes post-exposure prophylaxis using current, evidence-based recommendations
 - e. Collaborates with the emergency care team to assure safety within the facility
 - f. Maintains chain of custody for forensic evidence
 - g. Collaborates with persons at risk for abuse/neglect/abuse to develop a safety plan
19. Disaster/Mass Casualty Incidents
- a. Nuclear/Biological/Chemical Exposures
 - i. Identifies toxic biological and chemical agents, including classification/category
 - ii. Participates in activities related to disaster preparedness.
 - iii. Identifies indications of a potential biological /chemical/nuclear event.
 - iv. Orders isolation of patients at risk for cross contamination of other individuals
 - v. Orders appropriate decontamination
 - vi. Initiates counteractive pharmacological/non-pharmacological agents
 - vii. Notifies appropriate individual agencies, both within and external to the institution, according to policy
 - b. Mass casualty situations and triage
 - i. Performs triage in mass casualty situations
 - ii. Identifies known causes of mass casualty incidents
 - iii. Initiates treatment modalities as applicable to the situation
 - iv. Allocates resources as applicable to the situation
 - c. Incident Command System/ Disaster Management
 - i. Collaborates with the disaster response team (Incident Command System) as indicated by institutional policies
20. Pain/Sedation
- a. Performs a developmentally appropriate advanced assessment for the presence of acute and/or chronic pain
 - b. Prescribes multimodal therapies for pain which are individualized to patient needs
 - c. Practices provider stewardship specific to the prescription of opioids and benzodiazepines, utilizing current evidence-based recommendations
 - d. Maintains compliance with prescriptive regulations
 - e. Consistently utilizes the state prescription monitoring database when reviewing patient records.
 - f. Performs regional blocks when appropriate for the treatment of acute and/or chronic pain

- g. Collaborates with patients to initiate a plan for the treatment of addiction
 - h. Provides procedural sedation appropriate to the age and condition of the patient in accordance with the policies of the hospital.
21. End-of-Life
- a. Initiates discussion with patients and families to determine wishes for end-of-life care and code status
 - b. Completes Do Not Resuscitate orders as appropriate, per state and institutional policy
 - c. Develops a plan for transition from resuscitative to palliative/end-of-life care per patient and/or family wishes
 - d. Pronounces patient death per state and institutional policy
22. Toxicology
- a. Identifies the patient with suspected acute intoxication, overdose, and/or withdrawal
 - b. Differentiates the presentation of various toxidromes
 - c. Identifies the risk for toxic exposure (e.g., organophosphate poisoning)
 - d. Identifies the risk for delayed withdrawal syndromes
 - e. Initiates appropriate treatment based on the type of toxic exposure
23. Transitions in Care
- a. Initiates proper EMTALA transfers.
 - b. Initiates appropriate transport modality.
 - c. Effectively communicates patient information to assure safe transitions in care

References

- Adult-Gerontology NP Competencies Work Group (2016). *Adult-Gerontology Acute Care and Primary Care NP Competencies*. National Organization of Nurse Practitioner Faculties/American Association of Colleges of Nursing, Washington DC.
- American Academy of Emergency Nurse Practitioners (2018). *Practice standards for the emergency nurse practitioner specialty*. Scottsdale, AZ.
- American Association of Colleges of Nursing (2011). *The Essentials of Master's Education in Nursing*. Washington DC.
- American Association of Critical Care Nurses (2017). AACN Scope and Standards for Acute Care Nurse Practitioner Practice. Accessed at: <https://www.aacn.org/nursing-excellence/standards/aacn-scope-and-standards-for-acute-care-nurse-practitioner-practice> January 14, 2020
- American Association of Nurse Practitioners (2018). *The state of the nurse practitioner profession: Results from the National Nurse Practitioner Sample Survey*. Austin, TX.
- American Association of Nurse Practitioners Certification Board (2017). *Emergency Nurse Practitioner Examination Blueprint*. Accessed at, <https://www.aanpcert.org/certs/enp> December 12, 2018
- American College of Emergency Physicians (2017). *Code of Ethics for Emergency Physicians*. *Annals of Emergency Medicine*, 70(1): e17-e25
- American College of Surgeons (2018). *ATLS: Advanced Trauma Life Support Student Course Manual*. American College of Surgeons, Chicago.
- American Heart Association (2015). *Advanced Cardiovascular Life Support Provider Manual*. American Heart Association, Dallas TX.
- American Heart Association (2015). *Pediatric Advanced Life Support Provider Manual*. American Heart Association, Dallas, TX.
- American Nurses Association (2015). *Code of Ethics for Nurses with Interpretive Statements*. American Nurses Association, Washington DC.
- American Nurses Association (2017). *Recognition of a nursing specialty, approval of specialty nursing scope of practice statement, acknowledgement of specialty nursing standards of practice, and affirmation of focused practice competencies*. Accessed at: <https://www.nursingworld.org/~4989de/globalassets/practiceandpolicy/scope-of-practice/3sc-booklet-final-2017-08-17.pdf> December 11, 2018.
- APRN Consensus Work Group, & National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: licensure, accreditation, certification & education*. Available at: <http://www.aacn.nche.edu/education-resources/APRNReport.pdf>.
- Campo, T., Carman, M., Evans, D., Hoyt, S., Kincaid, K.,Weltge, A. (2016). *Scope of Practice for Emergency Nurse Practitioners*, *AENJ*, 38(4): 252-254.
- Campo, T., Carman, M., Evans, D., Hoyt, S., Kincaid, K., Weltge, A. (2016). *Standards of Practice for Emergency Nurse Practitioners*. *AENJ*, 38(4): 255-258.

Campo, T., Comer, A., Dowling, D., Kincaid, K., Norton, L., Wilbeck, J. (2018). Practice Standards for the Emergency Nurse Practitioner Specialty. *AENJ*, 40(4): 240-245.

Emergency Nurse Practitioner Post-Master's Certificate. Accessed at: <https://online.drexel.edu/online-degrees/nursing-degrees/cert-pm-enp/index.aspx>

Emergency Nurses Association (2008). *Competencies for nurse practitioners in emergency care*. Des Plaines, IL.

ENA NP Validation Work Team (2010). Nurse Practitioner Delphi Study: Competencies for practice in emergency care. *Journal of Emergency Nursing*, 36(5): 439-449.

Evans, D.D., Hoyt, K.S., Wilbeck, J., Schumann, L., Ramirez, E., Tyler, D., Agan, D. (2018). Embracing the future for emergency nurse practitioners and specialty practice: Implications for research, clinical practice, education, and health policy. *JAANP*, 30(10): 586-591.

Fukada, M. (2018). Nursing Competency: Definition, Structure, and Development. *Yonago Acta Medica*, 61(1): 1-7. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871720/> December 10, 2018.

National Institutes of Health. NIH Stroke Scale. Accessed May 29, 2019 at: https://www.stroke.nih.gov/documents/NIH_Stroke_Scale_Booklet_508C.pdf

NP Core Competencies Content Work Group (2017). Nurse Practitioner Core Competencies Content. National Organization of Nurse Practitioner Faculty. Accessed at: https://higherlogicdownload.s3-external-1.amazonaws.com/ENA/NPCorecompetencies2017.pdf?AWSAccessKeyId=AKIAJH5D4I4FWRALB_OUA&Expires=1544633611&Signature=AHx94Q4MDDahrbFM4KhjOL9JBOs%3D - December 12, 2018.

Population-Focused Competencies Task Force (2013). Population-focused nurse practitioner competencies. Accessed January 14, 2020 at: <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/populationfocusnpcomps2013.pdf>

Roberts, J.R., Custalow, C.B., Thomson, T.W., Hedges, J.R. (2014). *Roberts and Hedges Clinical Procedures in Emergency Medicine* (6th ed.). Elsevier, New York.

Schumacher, G., Risco, K. (2017). Nurse practitioner program curriculum development: A competency-based approach. *The Journal for Nurse Practitioners*. 13(2): e75-e81.

Tintinalli, J.E., Stapczynski, J.S., Ma, J., Yealy, D., Meckler, G.D., Cline, D.M. (2015). *Tintinalli's Emergency Medicine: A Comprehensive Study Guide* (8th ed.). McGraw-Hill, Philadelphia.

Wolf, L.A., Delao, A.M., Perhats, C., Moon, M.D., Carman, M.J. (2017). The experience of advanced practice nurses in US emergency care settings. *Journal of Emergency Nursing*, 43(5):426-434.