Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Advanced Practice Registered Nurses in the Emergency Care Setting

Description

Advanced practice registered nurses (APRNs) are clinicians licensed as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), or Certified Nurse Midwives (CNMs).[1] All are educated and trained at the postgraduate level to diagnose, treat, and prescribe medications for complex medical conditions. Nearly all APRNs who practice in the emergency care setting, which includes both in-hospital and out-of-hospital environments, are NPs or CNSs. APRNs have existed for more than 50 years and are established members of emergency care teams throughout the U.S. and in many countries worldwide.[2–6]

Nearly a decade ago the Institute of Medicine identified APRNs as necessary for the future of healthcare delivery in the United States.[7,8] Since then EDs in the U.S. and abroad have become increasingly overcrowded, in part due to their status as a healthcare safety net for those who cannot access a primary care provider.[9,10] It is estimated that emergency departments (EDs) provide more than 47% of all hospital-associated healthcare in the U.S.[9] As a result, there is currently a substantial mismatch between the need for emergency services and the available resources to provide that care.[10] APRNs have been identified as particularly important for bridging this gap in both urban and rural settings.[11–14]

The regulatory landscape for APRNs in the U.S. continues to evolve, and APRNs who work in the emergency care setting face a few unique licensing and certification challenges. First, all APRNs in the U.S. are licensed at the state level and their scope of practice differs from state to state. In many states APRNs are restricted from practicing to the full extent of their education and training.[15,16] The Consensus Model for APRN Regulation is a proposed solution to this problem in the form of standardized education, certification, licensure, and accreditation of all APRNs and APRN programs in the U.S.[1,7] However, the Consensus Model has also proposed that states license APRNs in a way that enforces a scope of practice definition of “primary care” and “acute care” that is not currently practiced today. The emergency care setting is unlike nearly all other practice settings in that its patients are all ages with all combinations of medical history and chief complaint. The Consensus Model’s licensing paradigm could create barriers to APRN practice in the emergency care setting because it would require APRNs who treat the full population of the emergency care setting to complete three courses of graduate study and to obtain and maintain three certifications (e.g., Family Nurse Practitioner, Adult-Gerontological Acute Care Nurse Practitioner, and Pediatric Acute Care Nurse Practitioner).[1,17] Clinical Nurse Specialists, for whom there are fewer courses of study than for NPs, would be required to have and maintain two licenses (Adult/Gerontology CNS and Pediatric CNS) but they would be restricted to either primary or acute care.[18]

EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

ENA Position

It is the position of the Emergency Nurses Association that:

1. Advanced practice emergency nurses are established members of the emergency care team and are critical to the future of quality healthcare across the U.S. and worldwide.

2. Advanced practice emergency nursing is a unique specialty that requires many of its practitioners to treat the episodic primary and acute care needs of all patient populations.

3. There is a need for a single population focus that will educate and license APRNs to treat the episodic acute care needs of patients across the lifespan within the framework of the *Consensus Model*.

4. The Emergency Nurses Association is a stakeholder in the *Consensus Model for APRN Regulation* and is committed to working collaboratively with others to ensure the future of APRNs in emergency care settings.

5. The Emergency Nurses Association, in collaboration with other key stakeholders, will continue to develop and update scopes of practice, standards of practice, and core competencies for APRNs practicing in the emergency care setting.

6. There is a need for more specialty education for APRNs as such, ENA can focus on efforts to provide educational offerings and serve as content experts for education programs that educate and train APRNs for roles in the emergency care setting.

Background

The emergency care setting is unique when compared to most other practice settings in that its patient population consists of all ages and all combinations of medical history and chief complaint, rather than a narrow subset of them, as is the case with most other specialties (e.g., pediatric oncology, adult cardiology, etc.).[19] Although some APRNs only treat a subset of the patients in the emergency care setting – for example, only pediatric patients or only adults with urgent or chronic needs – other APRNs are called upon to treat all patients and conditions, from nonemergent, episodic chronic care to acute, complex, life-threatening traumatic and medical conditions.[2,20–23]

APRNs are licensed and regulated by state law, and reciprocity across state lines is determined by each state. There is no nationally standardized scope of practice, with the result that many states restrict APRNs from practicing to the full extent of their education and training. The Consensus Model for APRN Regulation has proposed to standardize the accreditation, education, certification, and licensure of APRNs and APRN programs throughout the U.S. with the goal of achieving full practice authority for APRNs in all states. It has proposed that APRNs be certified in one of four roles (NP, CNS, CRNA, or

CNM) and one of six population foci (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psychiatric/mental health).[1] Under the Consensus Model APRNs must (and may only) be licensed in a role and a population focus. Although they may also validate expertise by becoming certified in a specialty area (e.g., as an Emergency Nurse Practitioner), specialty certification cannot expand an APRN's scope of practice past that designated by the role and population focus.[1]

Within the Consensus Model's framework, the family/individual-across-the-lifespan population focus would allow APRNs to treat patients of all ages, but their scope of practice would be restricted to primary care, defined as "...comprehensive, chronic, continuous care that is characterized by a long term relationship between the patient and primary care [NP]."[17(p3)] This "...includes continuous care for patients with stable acute and/or chronic conditions."[17(p3)] Acute care certification can be obtained only in the adult-gerontology or pediatrics foci. ("Acute care," as envisioned by the Consensus Model, is "...care that is characterized by rapidly changing clinical conditions"[17(p3)] – that is, "...care for patients with unstable chronic, complex acute, and critical conditions." [17(p3)]) As a result, the Consensus Model requires an APRN treating the whole patient population of the emergency care setting to have and maintain three certifications (Family, Pediatric Acute Care, and Adult-Gerontological Acute Care). CNSs would be required to have and maintain two certifications (Adult and Pediatric), as there is no Family population focus for CNSs,[18] and they would have to choose primary or acute care. An acute-care-across-the-lifespan population focus would go a long way toward solving this problem, and the Consensus Model contains within itself a pathway to creating a new population focus.

The Consensus Model's proposal that U.S. states license APRNs as "primary care" or "acute care" APRNs, along with its stipulation that an APRN only be allowed to expand his or her scope of practice by completing another graduate program of study, stands in contrast to how APRNs are currently licensed and regulated today.[24–29] In nearly all states, APRNs are licensed at the role level, and scope of practice is determined not only by formal education and national certification but by clinical experience as well.[30] Degree-granting programs are designed to prepare APRNs for entry-level competency and postgraduate training after one's formal course of education confers clinical expertise.[6,29,31–34] It is therefore no surprise that APRNs who are currently providing safe and effective primary and acute care across the country are certified as FNPs, ACNPs, Adult NPs, Pediatric NPs, Adult-Gerontological NPs, Adult-Gerontological CNSs, and Pediatric CNSs, among others.[15,21,35,36]

The Consensus Model has been a powerful force for raising the quality of APRN education and training in the U.S. and has successfully championed full practice authority for APRNs in all states.[15] Regardless of the outcome of these and future discussions over whether and how to implement the Consensus Model's definitions of primary care, acute care, and scope of practice, APRNs will continue their long tradition of providing safe, effective care in the emergency care setting, and ENA will remain committed to interprofessional collaboration and advocacy on their behalf.

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Resources

Advance Practice Registered Nursing Consensus Work Group, & The National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification, & education*. Retrieved from https://www.ncsbn.org/Consensus_Model_Report.pdf

American Academy of Emergency Nurse Practitioners. (2016). *Scope and standards for emergency nurse practitioner practice.* Houston, TX: Author. Retrieved from https://www.aaenp-natl.org/assets/docs/aaenp_scope_and_standards.pdf

American Association of Critical Care Nurses. (2012). *AACN scope and standards of practice for acute care nurse practitioner practice*. Des Plaines, IL: Author. Retrieved from https://www.aacn.org/nursing-excellence/standards/aacn-scope-and-standards-for-acute-care-nurse-practitioner-practice

Emergency Nurses Association. (2008). *Competencies for nurse practitioners in emergency care.* Retrieved fromhttps://www.aaenp-natl.org/assets/docs/compsfornpsinemergencycarefinal_ena.pdf

Emergency Nurses Association. (2011). *Competencies for clinical nurse specialists in emergency care*. Des Plaines, IL: Author. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/other/competencies-for-clinical-nurse-specialists-in-emergency-care.pdf?sfvrsn=b2348c1c_4

National Council of State Boards of Nursing. (n.d.). Find your nurse practice act. Retrieved from https://www.ncsbn.org/npa.htm

National Organization of Nurse Practitioner Faculties. (2012). *Statement on acute care and primary care certified nurse practitioner practice.* Retrieved from https://www.pncb.org/sites/default/files/2017-02/NONPF_AC_PC_Statement.pdf

National Organization of Nurse Practitioner Faculties. (2013). *Population-focused nurse practitioner competencies*. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf

National Organization of Nurse Practitioner Faculties. (2016). *Adult-gerontology acute care and primary care NP competencies*. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_competencies_4.pdf

References

1. Advanced Practice Registered Nursing Consensus Work Group, & The National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: Licensure,*

accreditation, certification, & education. Retrieved from https://www.ncsbn.org/Consensus_Model_Report.pdf

2. Phillips, A. W., Klauer, K. M., & Kessler, C. S. (2018). Emergency physician evaluation of PA and NP practice patterns. *Journal of the American Academy of Physician Assistants, 31*(5), 38–43. https://doi.org/10.1097/01.JAA.0000532118.98379.f1
3. Lindeke, L., Zwygart-Stauffacher, M., Avery, M., & Fagerlund, K. (2006). Overview of advanced nursing practice. In M. P. M. Jansen, & M. Zwygart-Stauffacher (Eds.), *Advanced practice nursing: Core concepts for professional role development* (3rd ed., pp. 3–26). New York: Springer.
4. International Council of Nurses. (2019). *Country specific practice profiles*. Retrieved from https://international.aanp.org/Practice/Profiles
5. Gamzu, Roni. (2013). *Public health regulations (approval of the degree of specialist in nursing)*. Retrieved from https://www.health.gov.il/LegislationLibrary/Briut53.pdf
6. Parker, J. M., & Hill, M. N. (2017). A review of advanced practice nursing in the United States, Canada, Australia, and Hong Kong Special Administrative Region (SAR), China. *International Journal of Nursing Sciences, 4*(2), 196–204. https://doi.org/10.1016/j.ijnss.2017.01.002
7. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health.* Washington, D.C.: The National Academies Press. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK209880/pdf/Bookshelf_NBK209880.pdf
8. Altman, S. H., Butler, A. S., & Shern, L. (Eds.). (2016). *Assessing progress on the Institute of Medicine report The Future of Nursing.* Washington, D.C.: National Academies Press. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK350166/pdf/Bookshelf_NBK350166.pdf
9. Marcozzi, D., Carr, B., Liferidge, A., Baehr, N., & Browne, B. (2018). Trends in the contribution of emergency departments to the provision of hospital-associated health care in the USA. *International Journal of Health Services, 48*(2), 267–288. https://doi.org/10.1177/0020731417734498
10. Stone, E., & Winger, J. (2017). *Crowding, boarding, and patient throughput.* Des Plaines, IL: Emergency Nurses Association. Des Plaines, IL: Author. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/crowdingboardingand patientthroughput.pdf
11. Hall, M. K., Burns, K., Carius, M., Erickson, M., Hall, J., & Venkatesh, A. (2018). State of the national emergency department workforce: Who provides care where? *Annals of Emergency Medicine*, 72(3), 302–307. https://doi.org/10.1016/j.annemergmed.2018.03.032
12. Tucker, A., & Bernard, M. (2015). Making the case for nurse practitioners in the emergency department. *Advanced Emergency Nursing Journal*, 37(4), 308–312. https://doi.org/ 10.1097/TME.0000000000000081
13. Jennings, N., Clifford, S., Fox, A. R., O'Connell, J., & Gardner, G. (2015). The impact of nurse practitioner services on cost, quality of care, satisfaction, and waiting times in the emergency department: A systematic review. *International Journal of Nursing Studies*, 52, 421–425. https://doi.org/10.1016/j.ijnurstu.2014.07.006
14. Nelson, S. C., & Hooker, R. S. (2016). Physician assistants and nurse practitioners in rural Washington emergency departments. *Journal of Physician Assistant Education*, 27(2), 56–62. https://doi.org/10.1097/JPA.0000000000000074

15. National Council of State Boards of Nursing. (2018, April 23). Implementation status map. Retrieved from https://www.ncsbn.org/5397.htm
16. National Council of State Boards of Nursing. (2018, April). *Major components of the Consensus Model by state*: Retrieved from https://www.ncsbn.org/2018Aprilmapwithpoints.pdf
17. National Organization of Nurse Practitioner Faculties. (2012). *Statement on acute care and primary care certified nurse practitioner practice*. Retrieved from the Pediatric Nursing Certification Board website: https://www.pncb.org/sites/default/files/2017-02/NONPF_AC_PC_Statement.pdf
18. National Association of Clinical Nurse Specialists. (2019). *What certifications or specialty certifications are available for clinical nurse specialists*? Retrieved from https://nacns.org/about-us/what-is-a-cns/
19. American Nurses Association. (2011, Sept 30). Emergency nursing a specialty. *The American Nurse.* Retrieved from http://www.theamericannurse.org/2011/09/30/emergency-nursing-a-specialty/
20. 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. https://doi.org/10.1016/j.jen.2017.04.007
21. Hoyt, K. S., Coyne, E. A., Ramirez, E. G., Peard, A. S., Gisness, C., & Gacki-Smith, J. (2010). Nurse practitioner Delphi study: Competencies for practice in emergency care. *Journal of Emergency Nursing*, 36(5), 439–449. https://doi.org/10.1016/j.jen.2010.05.001
22. Emergency Nurses Association. (2008). *Competencies for nurse practitioners in emergency care*. Des Plaines, LL Author. Retrieved from https://www.aaenp-natl.org/assets/docs/compsfornpsinemergencycarefinal_ena.pdf
23. Emergency Nurses Association. (2011). *Competencies for clinical nurse specialists in emergency care*. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/other/competencies-for-clinical-nurse-specialists-in-emergency-care.pdf?sfvrsn=b2348c1c_4
24. Ohio Board of Nursing. (2016). Certified nurse practitioner (CNPs) in primary care or acute care. *Momentum*, *14*(4), 16–18. Retrieved from http://www.nursing.ohio.gov/PDFS/Mom/2016FallMom.pdf
25. DeWine, M. (2017, July 19). *Opinion No. 2017-022*. [Letter to Betsy Houchen, Executive Director, Ohio Board of Nursing]. Retrieved from the Ohio Association of Advanced Practice Nurses' website: https://oaapn.org/wp-content/uploads/2017/07/ISSUED-2017-022-BOARD-OF-NURSING.pdf
26. Ohio Association of Advanced Practice Nurses. (2017). [Compilation of documents in support of the Ohio Board of Nursing's opinion that FNPs cannot treat acutely ill patients.] Retrieved from: https://cdn.ymaws.com/oaapn.site-ym.com/resource/resmgr/Attorney_General-SOP_Issue_4-2017/BON_Request_TO_AG_for_Legal_.pdf
27. Houchen, B. (2018, April 12). *Advisory committee on advanced practice registered nursing: Summary of discussions regarding CNP acute and primary care practice*. Retrieved from https://oaapn.org/wp-content/uploads/2018/05/Memorandum_OBON_Advisory_Committtee.pdf
28. Ohio Association of Advanced Practice Nurses. (2019, Feb 25). *OAAPN recap of Ohio Board of Nursing APRN Advisory Committee meeting*. Retrieved from https://oaapn.org/2019/02/oaapn-recap-of-ohio-board-of-nursing-aprn-advisory-committee-meeting/
29. Ohio Association of Advanced Practice Nurses. (2019, Jun 18). OAAPN recap of Ohio Board of Nursing APRN Advisory Committee meeting – June. *Retrieved from* https://oaapn.org/2019/06/oaapn-recap-obon-june/

30. Emrich, L. (2018, Sep 10). State summary of APRN regulations. [Memorandum.] Retrieved from http://www.nursing.ohio.gov/PDFS/Advisory/APRN%20Upcoming/2.d.__State_Summary_of_APRN_Regulations.pdf
31. Keough, V. A., Tell, D., Andreoni, C., & Tanabe, P. (2016). Unique educational needs of emergency nurse practitioners. *Advanced Emergency Nursing Journal*, *38*(4), 300–307. https://doi./10.1097/TME.0000000000000120
32. America Academy of Nurse Practitioners Certification Board. (2019). *Available certifications*. Retrieved from https://www.aanpcert.org/
33. American Nurses Credentialing Center. (2019). Family Nurse Practitioner Certification (FNP-BC). Retrieved from https://www.nursingworld.org/our-certifications/family-nurse-practitioner/
34. American Nurses Credentialing Center. (2019). Adult-Gerontology Clinical Nurse Specialist certification (AGCNS-BC). Retrieved from https://www.nursingworld.org/our-certifications/adult-gerontology-clinical-nurse-specialist/
35. Cole, F. L., & Ramirez, E. (2002). A profile of nurse practitioners in emergency care settings. *Journal of the American Academy of Nurse Practitioners*, *14*(4), 180–184. https://doi.org/10.1111/j.1745-7599.2002.tb00110.x
36. Cole, F. L., Kuensting, L. L., MacLean, S., Abel, C., Mickanin, J. Brueske, P. . . ., Rehwaldt, M. (2002). Advanced practice nurses in emergency care settings: A demographic profile. *Journal of Emergency Nursing*, *28*(5), 414–419. https://doi.org/10.1067/men.2002.126670

Authors

Authored by

Justin Winger, PhD, MA, BSN, RN, Chairperson

Contributors

2019 ENA Position Statement Committee

Carla B. Brim, MN, RN, ARNP, CNS, CEN, PHCNS-BC, FAEN
Cynthia L. Dakin, PhD, RN
Judith Carol Gentry, MHA, BSN, RN, CEN, CPEN, CFRN, CTRN, CNML, NE-BC, RN-BC
Marylou Killian, DNP, RN, FNP, CEN, ENP-C, FNP-BC, FAEN
Sue L. Leaver, MSN, RN, CEN
AnnMarie R. Papa, DNP, RN, CEN, NE-BC, FAEN, FAAN
Matthew Edward Proud, DNP, RN, CEN
Cheryl Lynn Riwitis, MSN, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN
Diane M. Salentiny-Wrobleski, PhD, MS, RN, CEN, ACNS-BC, RN-BC
Elizabeth L. Stone, PhD, RN, CPEN
Jennifer Schieferle Uhlenbrock, DNP, MBA, RN, TCRN
Mary Ellen Zaleski, DNP, RN, CEN, RN-BC, FAEN

2019 ENA Position Statement Committee Board of Directors Liaison

Gordon Lee Gillespie, PhD, DNP, RN, CEN, CPEN, CNE, PHCNS-BC, FAEN, FAAN

2017–2019 ENA Position Statement Committee Staff Liaison

Monica Escalante Kolbuk, MSN, RN, CEN

2019 ENA Institute for Emergency Nursing Advanced Practice (IENAP) Advisory Council

Nycole Oliver, SNP, APRN, RN, FNP-C, ACNPC-AG, CEN

2017-2019 ENA IENAP Advisory Council Staff Liaison

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

2018- 2019 ENA IENAP Advisory Council Board of Directors Liaison

Ron Kraus, MSN, RN, CNS, EMT-B, CEN, ACNS-BC

2018 ENA Position Statement Committee

G. J. Breuer, RN, CEN, CCRN, FAEN
Cynthia Dakin, PhD, RN
Judith Carol Gentry MHCA, BSN, RN-BC, CEN, CFRN, CPEN, CTRN, CNML, NE-BC
Kimberly Johnson, PhD, RN, CEN
Sue L. Leaver, MSN, RN, CEN
Sherry Leviner, PhD, RN, CEN, FNP-C
Cheryl Riwitis, MSN, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN
Jennifer Schieferle Uhlenbrock, DNP, MBA, RN, TCRN
Sally K. Snow, BSN, RN, CPEN, FAEN
Elizabeth Stone, PhD, RN, CPEN
Diane Salentiny-Wrobleski, PhD, MS, RN-BC, CEN, ACNS-BC
Mary Ellen Zaleski, DNP, RN, CEN, RN-BC, FAEN

2018 ENA Position Statement Committee Board of Directors Liaison

Ellen Encapera, RN, CEN

2018 ENA Institute for Emergency Nursing Advanced Practice (IENAP) Advisory Council

Carla Brim, MN, ARNP-CNS, PHCNS-BC, CEN, FAEN
Denise Campbell, DNP, RN, CEN, ACNS-BC
Michael Nickerson, DNP, APRN, FNP-BC, GNP-BC, NREMT-P, RN-BC
Nycole Oliver, DNP, RN, APRN, CEN, ACNPC-AG, FNP-C
Eric Roberts, DNP, FNP-BC, ENP-BC (AAENP Representative)
Diane K. Fuller Switzer, DNP, RN, ARNP, CEN, CCRN, ENP-BC, ENP-C, FNP-BC, FAEN (Chairperson)

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Tresa Zielinski, RN CPNP-PC

2017 ENA Institute for Emergency Nursing Advanced Practice (IENAP) Advisory Council

Carla Brim, MN, ARNP-CNS, PHCNS-BC, CEN, FAEN (Chairperson)
Matthew Dunn, MSN, BSN, BS, RN, CRNP, ACNP-BC
Karen Reilly Folin, MSN, RN, ACNP-BC, CCNS, CEN, SANE-A
Cindy Kumar, MSN, RN, AG-ACNP-BC, FNP-BC, ENP-C
Brittany Newberry, PhD, MSN, MPH, APRN, ENP, FNP (AAENP Representative)
Amy Rettig, MSN, MA, RN, NP, CNS, ACNS-BC, PMHNP-BC
Diane K. Fuller Switzer, DNP, RN, ARNP, CEN, CCRN, ENP-BC, FNP-BC, FAEN
Darleen Williams, DNP, CNS, CEN, CCNS, CNS-BC, EMT-P

2017 ENA IENAP Advisory Council Board of Directors Liaison

Jean Proehl, RN, MN, CEN, CPEN, TCRN, FAEN, FAAN

Developed: 1991.

Revised and Approved by the ENA Board of Directors: September 1993.
Revised and Approved by the ENA Board of Directors: August 1994.
Revised and Approved by the ENA Board of Directors: September 1996.
Revised and Approved by the ENA Board of Directors: July 1998.
Revised and Approved by the ENA Board of Directors: September 2000.
Revised and Approved by the ENA Board of Directors: July 2003.
Revised and Approved by the ENA Board of Directors: March 2007.
Revised and Approved by the ENA Board of Directors: February 2012.
Revised and Approved by the ENA Board of Directors: July 2019.
Revised and Approved by the ENA Board of Directors: December 2019.

© Emergency Nurses Association, 2019.

This position statement replaces Emergency Nurses Association. (2012). *Advanced Practice in Emergency Nursing* (Position statement). Des Plaines, IL: Author.

This position statement, including the information and recommendations set forth herein, reflects ENA's current position with respect to the subject matter discussed herein based on current knowledge at the time of publication. This position statement is only current as of its publication date and is subject to change without notice as new information and advances emerge. The positions, information and recommendations discussed herein are not codified into law or regulations. In addition, variations in practice, which take into account the needs of the individual patient and the resources and limitations unique to the institution,

may warrant approaches, treatments and/or procedures that differ from the recommendations outlined in this position statement. Therefore, this position statement should not be construed as dictating an exclusive course of management, treatment or care, nor does adherence to this position statement guarantee a particular outcome. ENA's position statements are never intended to replace a practitioner's best nursing judgment based on the clinical circumstances of a particular patient or patient population. Position statements are published by ENA for educational and informational purposes only, and ENA does not "approve" or "endorse" any specific sources of information referenced herein. ENA assumes no liability for any injury and/or damage to persons or property arising out of or related to the use of or reliance on any position statement.