



Delegation Rules and Requirements

PREPARED AND PRESENTED BY:

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Objectives

Gain knowledge regarding TMB rules regarding physician delegation

Gain knowledge regarding TMB rules regarding responsibilities of Physician Assistants regarding physician oversight

Gain knowledge regarding Texas Board of Nursing rules regarding physician oversight of APRNs

Attendees plan to integrate the information presented into their practice sites

TMB Rules; Chapter 193

Standing Delegation Orders

Taking medical history

PE

Lab orders

Prescription not including CS

Immunizations

Issuance of a nonprescription drug if compliance in labeling and packaging

TMB: Chapter 193; Delegation

Prescribing and ordering drugs or devices

Nonprescription drugs

Dangerous drugs

Controlled Substances

Schedule III, IV, V

Period < 90 days (including refills)

Refills >90 days; after consultation and documented in patient chart

Child <2; consultation and documented in patient chart

Schedule II: Hospice

Hospital based facility if:

Admitted >24 hours

ED

TMB: Chapter 185 Physician Assistants

Telecommunication always available

Obligations:

- PA scope identified

- Task appropriate to PA competence

- Methods of access to MD defined

- Evaluation of PA performance established

- PA license current: communicate license changes

- PA may have multiple supervising MD

- PA utilize prescriptive authority agreements, standing delegation orders, standing medical orders, protocols, or guidelines

TMB, Chapter 185: PA Prescriptive authority agreements

Written, signed, dated

Names, addresses license numbers

Nature of practice, locations, and settings

Define drug classifications

General plan of consultation and referral

Plan for emergencies

Process for communication

QA plan: minimum qmonth

Meetings: pt care, changes, referrals,
documentation

Retain for 2 years after termination

Immediate notification of investigation

Reviewed annually, signed, dated

Texas BON: 222.6 and 222.7

Protocols

Promote professional judgement

Jointly developed

Signed, dated

Annually

Maintained in practice setting

Durable equipment

Retains professional accountability

Prescriptive authority agreement

Drugs authorized by agreement and patient population specific

Chart reviews intervals specified

Off label if SOC, evidence

Compliant with all TMB rules plus:

ID types can be or can not be Rxd

Number of charts to be reviewed and how often

Other agreed upon provisions

Texas BON 222.8: Controlled Substances

Schedules III through V

< 90 d: new or refill

>90 d: consult and document

Child <2: consult and document

Schedule II:

Hospice

Hospital based facility if:

Admit >24 hours

Ed

Drug Samples

Possess RX number

Protocol outlines and authorizes

Drugs or devices consistent with
APRN authorization

Recorded, compliant packaging,
compliant labeling

Texas BON 228: Pain Management

Drug therapy >90 days

Written pain contract

Lab testing

Adhere to prescription

One provider

One pharmacy

Acknowledge potential
consequences of non-compliance

Acknowledge process for weaning
at treatment goal

Practice in pain management clinic

Verify proper certification

On-site with MD 33%

Review 33% of charts

Texas BON 228: Pain management

RX therapeutically

Complete assessment

Legible records

Document consultations, referrals

Treatment plan mutually agreed by patient and provider

Complete health history

Pain assessment

Written treatment plan and expected outcome

Informed consent

Written pain agreements

Monitor and document

CS continuation consult and document **in patient record**

Refer/consult and document

Risk for substance abuse

Chronic pain and comorbid psych

Conclusions

Documents:

MD and Non-physician Clinician

- Delegation Agreements/Protocol
- Prescriptive authority agreement
- QA meetings with documentation
- Sample tracking system

Patient Record

- Informed Consent
- Pain Management Agreement
- Treatment Plan

Reminders:

Assess function and progress toward treatment plan each visit

Objectively measure compliance with medications and tie to CC

Update agreements annually

Consult with MD and document in patient chart CS >90 days

Document, document, document

