ARNP Protocol – (format example)

I. Requiring Authority:

A. Nurse Practice Act, Chapter 464, Florida Statutes
B. Chapter 64B9-4, Florida Administrative Code, Rules Pertaining to Advanced Registered Nurse Practitioners

II. Parties to Protocol:

(Should include: name, address, ARNP certificate number, and DEA number of the ARNP (if applicable); name, address, license number, and DEA number of all supervising physicians or dentists; Nature of practice, practice location, including primary and satellite sites)

A. (Name), ARNP, ARNP 9999999, DEA 999999 (If applicable)
ARNP Address
123 Street
Anywhere, FL 12345

B. (Name of authorized supervising physician), title, Florida license number, DEA 999999
Physician Address
456 Avenue
Anywhere, FL 12345

C. Practice Name
Practice Location
123 Main Street
Somewhere, FL 99999

III. Nature of the Practice

This collaborative agreement is to establish and maintain a practice model in which the ARNP will provide health care services under the general supervision of (name of authorized supervising physician, title).This practice shall encompass family practice and shall focus on health screening and supervision, wellness and health education and counseling, and the treatment of common health problems. [Use appropriate description for your specialty and activities; practice location(s)]

IV. Description of the duties and management areas for which the ARNP is responsible:

A. Duties of the ARNP:
The ARNP may interview clients, obtain and record health histories, perform physical and development assessments, order appropriate diagnostic tests, diagnose health problems, manage the health care of those clients for which the ARNP has been educated, provide health teaching and counseling, initiate referrals, and maintain health records. (Specific guidelines for patient care decision making may be referenced here. I.e., ARNP developed practice guidelines, professionally developed guidelines, text books, etc. Do not send these references to the Board of Nursing with protocol agreement.)

B. The conditions for which the ARNP may initiate treatment include, but are not limited to:
- Otitis media and externa
- Conjunctivitis
- Upper respiratory tract infections Sinusitis
- Infections Sinusitis

C. Treatments that may be initiated by the ARNP, depending on the patient condition and judgment of the ARNP:
- Suture of simple and complex lacerations not requiring ligament or tendon repair.
- Incision and drainage of abscesses.
- Removal of ingrown toenail

D. Drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order
ARNPs can prescribe controlled substances listed in Schedule II, Schedule III or Schedule IV as defined in Section 893.03, Florida Statutes, and an ARNP may only prescribe or dispense a controlled substance as defined in s. 893.03 Florida Statutes if the ARNP graduated from a program with a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills (authority granted by law on January 1, 2017).

*If you will be prescribing **psychotropic** medications, your protocol must reflect being supervised by a Psychiatrist and you must hold a current national certification as a Psychiatric Nurse Practitioner.*

V. Duties of the Physician

The physician shall provide general supervision for routine health care and management of common health problems, and provide consultation and/or accept referrals for complex health problems. The physician shall be available by telephone or by other communication device when not physically available on the premises. If the physician is not available, his associate, (Name of Backup Physician), title, Florida license number/DEA #999999 (or other description of designated authorized supervising physician), will serve as backup for consultation, collaboration and/or referral purposes.

VI. Specific Conditions and Requirements for Direct Evaluation

With respect to specific conditions and procedures that require direct evaluation, collaboration, and/or consultation by the physician, the following will serve as a reference guide:

Clinical Guidelines in Family Practice, X Edition**,** by Constance R. Uphold, ARNP, PhD, and Mary Virginia Graham, ARNP, PhD (or other reference text or practitioner created reference guide)

OR

The physician will be consulted for the following conditions:
- 3rd degree lacerations
- Severe hypertension determined by____
- Etc. (list appropriate conditions)

VII. All parties to this agreement share equally in the responsibility for reviewing treatment protocols as needed.

(At practice locations where multiple physicians or dentists are supervising the same ARNPs, the practice may delegate to **one** of the supervising physicians or dentists the authority to sign the protocol for the physicians or dentists listed on the protocol)

_____Signature_____/_____
(Printed Name), ARNP Date

_____Signature_____/_____
(Printed Name), Title Date

PLEASE NOTE:
Practicing ARNPs must file a protocol with the Board of Nursing at the time of their biennial renewal or when there are changes. Any amendments to the protocol should be signed by the ARNP and a supervising physician or dentist, and filed with the Board within 30 days of the alteration to be kept in the Board office for filing purposes only.

The protocol and any amendments or changes are to be mailed to the **ARNP Department, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3252** or emailed to **MQA.NursingAppstatus@flhealth.gov.** A copy for each review period must be kept by each party for a period of six years. The supervising physician is responsible for submitting a notice to the Board of Medicine that they have entered into a supervisory relationship with an ARNP.