



Advanced Practice Registered Nurse Practice Guidelines

<u>Scope of Practice</u>: Individual scopes of practice vary from one advanced practice registered nurse (APRN) to another, even between APRNs within the same role and focus area. It is important to remember that each nurse is responsible and accountable for the care they provide and to practice within their area of education, licensure, competence, and experience.

<u>APRN Licensure:</u> An APRN license is issued in a role and population focus area. There are four licensed APRN roles: certified nurse midwife (CNM), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS). Each APRN role is educated in a specific focus area and is certified within that educational focus area. Focus areas include Adult/Gero (acute or primary settings), Family (across the lifespan), Neonatal, Pediatrics (acute or primary settings), Psychiatric-Mental Health, and Women's Health. *SD law allows an APRN to practice within the full scope of the APRN license and the RN license.*

<u>Legal Title:</u> A person licensed by the board as an advanced practice nurse may use the title APRN along with role: CNP, CNM, CRNA, or CNS.

APRNs are encouraged to use their licensure titles first after their name on patient related documentation and when advertising services. *Example: Mary Smith, APRN, CNM; or Jane Smith, CRNA; or Tom Smith, CNP, DNP, FNP.*

<u>Practice:</u> APRNs, as advanced clinicians, are expected to practice within their licensed role, focus area, competence, and experience. The scope of their practice, defined as tasks or activities they may perform or provide, vary based on the individual licensee. To determine if a task, intervention or role is within an APRN's scope, refer to the *APRN Scope of Practice Decisioning Algorithm*.

The Board endorsed the Licensure, Accreditation, Certification and Education (LACE) Network's statement, <u>APRNs Changing a Population or Role</u>, at their February 2022 Board Meeting. This national statement provides guidance to APRNs who want to treat patients that are not consistent with the APRN's foundational education, certification, and licensed APRN role. The APRN is strongly encouraged to obtain additional formal education and national certification to align with the new role and focus area. Keep in mind, *clinical experience or continuing education alone has its limits to expansion of scope*.

However, no matter what an APRN's role or focus area, an APRN is expected to identify abnormal findings and appropriately collaborate and refer conditions outside of their expertise.

<u>Age Parameters</u>: The Board endorsed the LACE Network's <u>Clarifying Statement on Age Parameters for APRNs</u>:

"Circumstances exist in which a patient, by virtue of age, could fall outside the traditionally defined population focus of an APRN but, by virtue of special need, is best served by that APRN. Such patients may be identified as non-traditional patients for that APRN. In these circumstances, the APRN may manage the patient or provide expert consultation to assure the provision of evidence-based care to these patients."

References:

LACE APRN Network (2012, April 24). Clarifying Statement on Age Parameters for APRNs. Retrieved from https://login.icohere.com/public/topics.cfm?cseq=935.

LACE APRN Network (2021, November 1). APRNs Changing a Population or Role. Retrieved from https://pncb.org/sites/default/files/resources/LACE_Statement_on_APRNs_Changing_Populations.pdf.

