Australian Capital Territory

Health (Scope of Practice for Nurse Practitioner Positions) Approval 2006 (No 1)*

Notifiable instrument NI2006-286

made under the

Health Regulation 2004 - section 11 (Scope of Practice for Nurse Practitioner Positions)

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1. Name of instrument

This instrument is the *Health (Scope of Practice for Nurse Practitioner Positions) Approval 2006 (No 1)*.

2. Commencement

This instrument commences on the day after notification.

3. Scope of Practice for nurse practitioner positions

Under section 11, scope of practice for nurse practitioner position: I have approved the scope for an Aged Care Nurse Practitioner, Aged Care and Rehabilitation Service, ACT Health.

The scope of practice for the nurse practitioner position is attached.
As this position is 'new' the clinical practice guidelines and medication formularies are a work in progress and may change. These will be finalised within the first three months of the position being established after they have received the endorsement of the ACT Nurse Practitioner Clinical Practice Guideline Development Standing Committee.

Dr Tony Sherbon
Chief Executive
28 July 2006

*Name amended under Legislation Act, s 60

Guideline A: Comprehensive Geriatric Assessment

The prevalence of co-morbidities in this population lends itself to a client-focused model in establishing therapeutic goals, which lead to a comprehensive problem solving and life enhancing approach. This means that the older person may consult the nurse practitioner with an individual health concern in any one or more of the following areas and the assessment will be tailored to the individual. [1] Consideration will always be given to issues that may arise in relation to cultural and linguistic differences.

B	C	D	E	F
Cognition	**Pain Management**	**Continence**	**Mobility and Falls**	**Infection**

[1] Boult C. Comprehensive Geriatric Assessment. In: Beers M, Berkow R, eds. The Merck Manual of Geriatrics: Medical Services, USMEDSA, USHH, 2000-2003

1. Assessment

Consider conditions for referral to other health care professional.

Any conditions outside scope of practice eg emergency conditions.

Patient history
Presenting Issue

Physical Health
Functional Ability
Family/social History
Pharmacological History
Informant History
Nutrition and Hydration

Examination as appropriate

Cognition MMSE[2] GDS[3] GCS
Sensorium
CNS
Respiratory
CVS
GIT
Genitourinary
Musculoskeletal/Skeletal
Mobility[4]
Skin

Investigations for consideration

Pathology and medical imaging as indicated eg FBC, UEC, axial skeleton .

[2] Folstein MF, Folstein SE, Mc Hugh PR, "Mini Mental State" a practical method for grading the cognitive state of patients for the clinician *J Psychiatr Res. 1975; 12:196-198.*
[3] YeSavage J Differential Diagnosis Between Depression and Dementia American Journal of Medicine 1993 94:5A 235
[4] QuickScreen© Prince of Wales Medical Research Institute.

2. Diagnosis

3. Management

3a. Conditions for referral to other health care professional: compromising exacerbation or new presentation

Cardiac Failure
Diabetes
Malignant Hypertension
Parkinson's disease/parkinsonism
Dementia
Arthritis
Depression
Psychosis
Myocardial infarction
Cerebrovascular accident

3b. Treatment/Management options

Cognition[5] (Guideline B)
Reversible causes within scope of practice.

Pain[6] (Guideline C)
Environmental,
Pathophysiological,
Spiritual
Emotional

Continence (Guideline D)[7]
Constipation /Impaction
Diarrhoea

3c. Health Promotion/Illness Prevention

Integrated Management of Co morbidities/Risk management
Falls Screen
Waterlow Scale[9]
Osteoporosis
Pain Management
Polypharmacy
Mild Cognitive Impairment
Depression
Smoking Cessation
Substance Abuse
Sensory Input
Weight Management

[8] Waterlow J. Pressure sores: a risk assessment card. *Nursing Times* 1985; 81: 49-55.

Fracture
Sepsis
Any other condition outside scope of practice

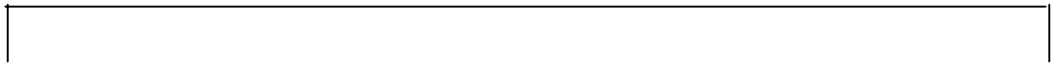
Faecal Incontinence
Urge and Stress Incontinence
Neuropathies

Mobility[8](Guideline E)
Falls
Isolation
Transport

Polypharmacy
Compliance
Over The Counter
Multiple Prescribers
Adverse Drug Reactions/interactions

Infections (Guideline F)
Skin
Genitourinary tract
Respiratory
Enteric
Eye
Mouth

Exercise
Oral Hygiene
Care of Skin
Continence Promotion
Advanced Care Directives
Elder Abuse/Restraint
Family/Carer Support
Social Integration.



Non-pharmacological approaches

Rest
Sleep
Hygiene
Optimal Positioning
Identifying pain behaviour
Diversional Therapy

Pharmacological agents

Antibiotics
Antifungals
Antiemetics
Analgesia
Laxatives
Vitamins and Supplements
Osteoporosis Prevention
Bronchodilators
Ocular Lubricants
Vaccinations
Topical Agents
Complimentary Medicines

4. Follow up

Review as clinically Indicated:

Monitor test results
Evaluate therapeutic response
Refer as appropriate.

This document reflects what is currently safe clinical practice. However as in any clinical situation there may be factors that cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical and professional judgment to each individual presentation.

Guideline B: Cognition

In Australia there was over 162,000 people with dementia in 2002. The prevalence of dementia is growing rapidly and the socio-economic and disability burden of dementia is significant. People with dementia have higher than average use of medical services, longer hospital stays and increased pharmaceutical costs.[10] Depression in later life is a significant public health problem, albeit under treated and under recognized, particularly in non psychiatric settings such as primary care practice, general hospitals and nursing homes[11] Delirium occurs frequently in older hospitalised patients and is implicated in increased mortality and morbidity, prolonged hospital stay and risk of institutionalisation.[12] The recognition and management of elderly individuals with dementia and/or depression who experience a superimposed delirium is a complex challenge across the aged care continuum.

1. Assessment

Consider conditions for urgent referral to other health care professional	**Patient history**	**Examination as clinically indicated and inclusive of:**	**Investigations for consideration as clinically indicated eg**
Eg, any condition outside the scope of practice eg life threatening depression	Undertake Comprehensive Assessment. Collaborative Assessment *(See glossary)* Cognitive Assessment Family/Social History	MMSE GDS RUDAS GCS	Dementia Screen

[10] The Dementia Epidemic: Economic Impact and Positive Solutions For Australia. *Access Economics* Canberra March 2003. pg 41.
[11] Mulsant B& Gangulu M,. Epidemiology and Diagnosis of Depression in Late Life *Journal of Clinical Psychiatry 1990:60*
[12] Gleason O Delirium *American Family Physician* March 2003 vol 67n5

2. Diagnosis/ Interpretation

3. Management

3a.
Conditions for referral to other health care professional:

Compromising exacerbation or new presentation

Any condition outside of scope of practice eg psychosis.

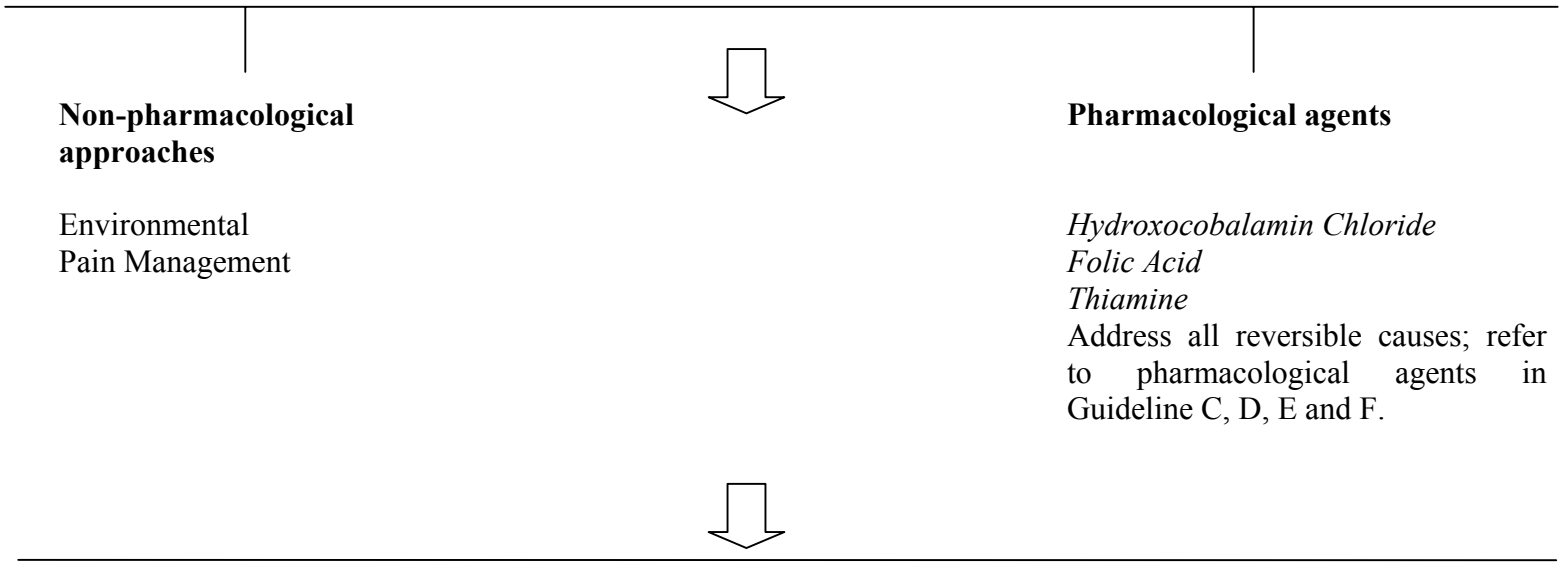
3b.
Conditions for treatment/Management

Hydration
Electrolyte and metabolic disturbances
Pain
Constipation
Infection
Carer Stress
Elder Abuse

3c.
Health Promotion / Illness Prevention

BPSD[13]Management
Communication
Guardianship and Administration
Referral to other support agencies. Eg, Alzheimer's Association, ACAT, Carers Association, Day Care Programs Office of Public Advocate.

[13] Behavioural and Physiological Symptoms of Dementia. "Recommendations for the management of behavioural and psychological symptoms of dementia." N. Herrmann. in The Canadian Journal of Neurological Science. 2001 Feb; 28 Supplement 1: S96 – 107.



4. Follow up

Review as clinically Indicated:

Monitor test results
Evaluate therapeutic response
Refer as appropriate.

Guideline C: Pain Management

It is estimated that up to 140,000 people in Australia's 3000 Government subsidised residential aged care facilities have pain.[14] The management of pain in the elderly patient presents many challenges: pain syndromes are often due to chronic diseases that are not curable; the metabolic and pharmacodynamic changes that accompany aging complicate the prescribing of analgesics; cognitive dysfunction compounds pain assessment; functional ability may be impaired; and psychosocial issues often need to be addressed.[15]

1. Assessment

Consider conditions for urgent referral to other health care professional,
eg
any condition outside the scope of practice eg, unexplained or uncontrolled pain.

Patient history

Pain History
Review medications i.e. current analgesia
Mobility
Pain limitations
Cognition

Examination as appropriate

Select Pain Assessment tool[1617]

Investigations for consideration as clinically indicated
eg,
medical imaging for suspected fracture.

[14]Goucke R. Farrell M, and Scherer S, Conference Proceedings, Neuroscience Forum 2004. *Pain and Dementia*
[15] David J. Hewitt & Kathleen M. Foley in *Geriatric Medicine* 3rd Edition. 1997
[16] **Abbey** J. Piller N. De Bellis A. Esterman A. Parker D. Giles L. Lowcay B. The **Abbey** pain scale: a 1-minute numerical indicator for people with end-stage dementia. [Journal Article, Questionnaire/Scale, Research, Tables/Charts] *International Journal of Palliative Nursing. 2004 Jan; 10(1): 6, 8-13. (21 ref)*
[17] **Melzack** R. The McGill Pain Questionnaire: Major properties and scoring methods. Pain 1975; 1, 275-295.

2. Diagnosis/ interpretation

3. Management

3a.
Conditions for referral to other health care professional: Compromising exacerbation or new presentation

Any condition outside of scope of practice
eg acute medical/surgical presentations such acute abdomen.

3b.
Conditions for treatment/management

Inadequate pain management
Osteoarthritis
Lower back pain
Constipation
Acute post-operative/procedural pain.

3c.
Health Promotion/Illness Prevention

Exercise
Weight Loss
Social Integration
Referral to other support agencies eg, pain clinics

Non-pharmacological approaches

Heat and cold packs
Massage
Gentle Exercise

Pharmacological agents

Analgesia
Paracetamol
Codeine phosphate with paracetamol

Aromatherapy
Diversional therapy

Antiemetics
Domperidone
Metoclopramide hydrochloride
Osteoporosis Management
Calcium Carbonate
Ergocalciferol

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4. Follow up

Review as clinically Indicated:

Evaluate therapeutic response.
Refer as appropriate.

Guideline D: Clinical Practice Guideline for Continence

30% of people over the age of 80 are reported to have incontinence. Incontinence often plays a major part in the decision to place people into residential aged care. It is further complicated in the target population by co morbidities.[18]

1. Assessment

Consider conditions for urgent referral to other health care professional, eg
any condition outside the scope of practice eg gross haematuria

Patient History

Reproductive History
Enuretic History
Patterns of Elimination
Bladder and bowel diary
Mobility
Relevant Surgical/Medical History

Examination as appropriate

Abdominal Palpation/auscultation
Bladder Palpation
PR Examination
Perineal Examination

Investigations for consideration As clinically indicated eg
MSU
Stool Cultures
Bladder Scan

[18] Millard R. The prevalence of urinary incontinence in Australia: A demographic survey conducted in Sydney in 1983. *Australian Continence Journal* 1998;4(4):92 - 99

2. Diagnosis/ interpretation

3. Management

3a.
Conditions for referral to other health care professional: Compromising exacerbation or new presentation.
Any condition outside of scope of practice eg; urinary retention

3b.
Conditions for treatment/Management
UTI
Constipation
Simple Diarrhoea
Functional Incontinence
IDC / SPC catheter changes

3c.
Health Promotion/Illness Prevention
Good bladder and bowel habits
Product/equipment advice
Dietary advice
Environmental cues
Funding options (CAAS and ACTES applications)
Education around catheter changes and management.

Non-pharmacological approaches

Toileting Regimen
Pelvic Floor Exercises
Bladder Retraining

Pharmacological agents

Management of UTI's
Trimethoprim
Cephalexin

Nutrition/Hydration
Psychosocial Support
Equipment
Cranberry Supplements

Amoxycillin Trihydrate& Clavulanate
Management of Urge and Stress Incontinence.
Oestriol Cream
Management and Prevention of Constipation
Frangula Sterculia
Psyllium Hydrophillic Mucilliod
Sorbitol
Movicol
Docussate Sodium
Bisacodyl
Sennosides A&B
Glycerine Suppositories
Sodium Magnesium Enema
Phosphate Enema

4. Follow up

Review as clinically Indicated:
Monitor test results
Evaluate therapeutic response
Refer as appropriate.

Guideline E. Clinical Practice Guideline for Mobility and Falls

Australian and overseas studies of community dwelling older people have identified that one in three people aged 65 years and over fall each year. The rate of falls and associated injuries is even higher in hospitals and residential settings. The effect of falls is costly to the individuals in terms of health, function and quality of life.[19]

1. Assessment

Consider conditions for urgent referral to other health care professional,
eg
any condition outside the scope of practice, eg, traumatic fracture.

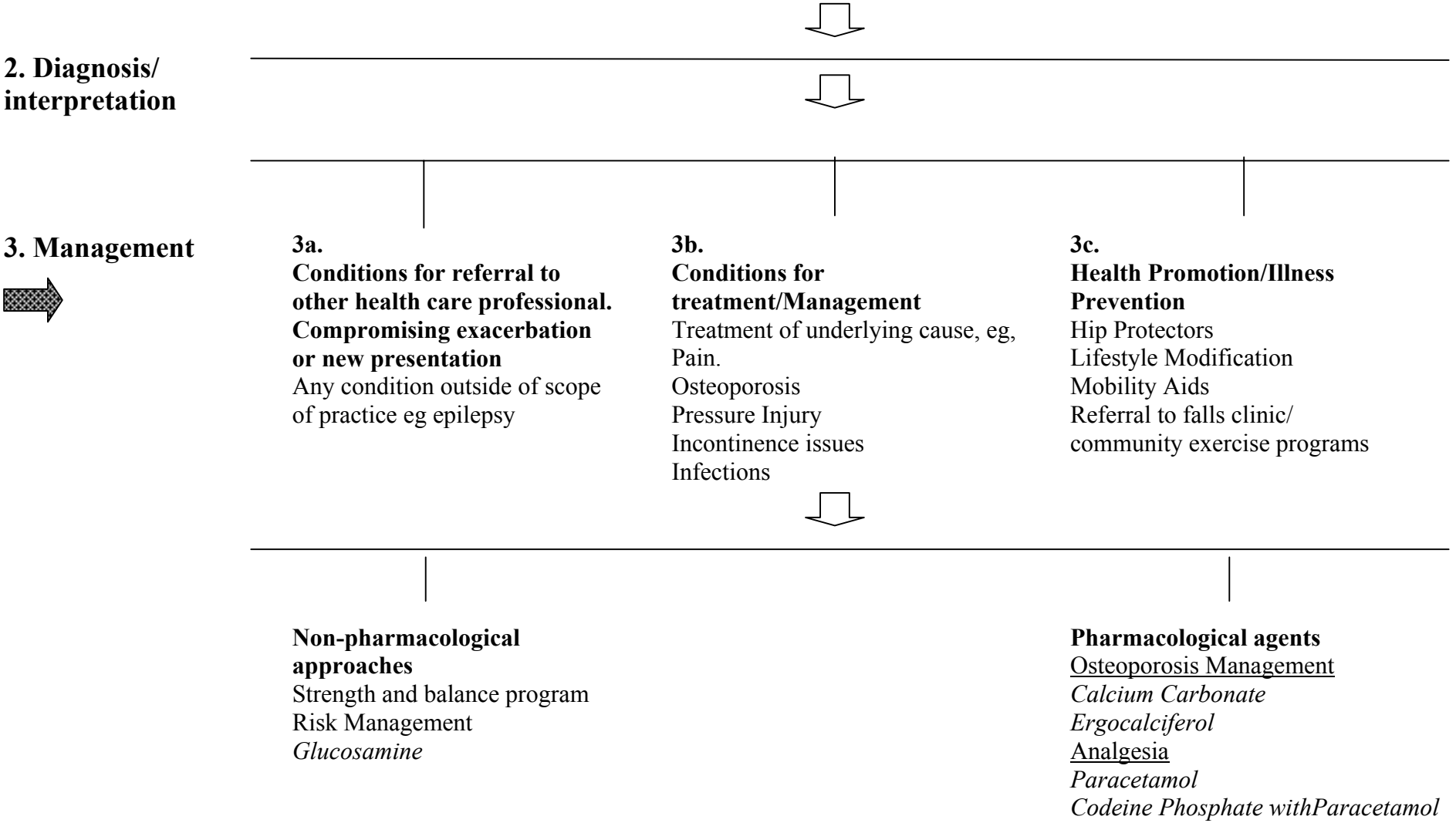
Patient history
*
Falls History
Review medications which may contribute to falls
Mobility
Pain limitations
Cognition
Nutrition/hydration

Examination as appropriate

Falls Kit[20]
Lying and Standing Blood Pressure.

Investigations for consideration
As clinically indicated
eg,
Vitamin D level, UEC's.

[19] 'An analysis of research on preventing falls and falls injury in older people': Community, residential care and hospital settings" (2004 Update) National Ageing Research Institute.
[20] QuickScreen © Prince of Wales Medical Research Institute.



Ocular Lubricants
Hypromellose 0.5%
Polyvinyl Alcohol 1.4%
Carbomer 980 0.2%

4. Follow up

Review as clinically indicated

Monitor test results
Evaluate therapeutic response
Refer as appropriate.

Guideline F. Clinical Practice Guideline for Infections

Infectious disease is widespread among elderly people and has potentially devastating consequences. Infections are major reasons of hospitalisation for the aged and old people suffer greater morbidity and mortality from infections than do younger adults.[21]

[21] Matteson, M.A, McConnell, E.S & Linton, A.D Gerontological Nursing: Concepts & Practise. Pg 427 (1997) Saunders Philadelphia.

1. Assessment

Consider conditions for urgent referral to other health care professional.	**Patient history**	**Examination as appropriate**	**Investigations for consideration As clinically indicated eg**
Any condition outside the scope of practice eg septicaemia, DVT, upper urinary tract infections, human bites.	Simple Cellulitis - Previous History - Relevant medical/surgical history - Onset and clinical symptoms	Examination area of cellulitis	CRP, Microbiology
	Urinary Tract Infection - Previous History - Relevant medical/surgical history - Onset and clinical symptoms - Pain		
	Community Acquired Pneumonia - Previous History - Relevant medical/surgical history - Onset and clinical symptoms	Chest Auscultation Examination of Sputum	
	Animal Bites - Onset and clinical symptoms	Examination of bite area	

Eye Infections - Previous History - Relevant medical/surgical history - Onset and clinical symptoms	Examination of affected eye	
Fungal Infections - Previous History - Relevant medical/surgical history - Onset and clinical symptoms	Examination of affected area	

2. Diagnosis/ interpretation

3. Management

3a. **Conditions for Referral to other health care professional: Compromising exacerbation or new presentation**	**3b.** **Conditions for Treatment/Management**	**3c.** **Health Promotion/Illness Prevention/ Education**
Any condition outside of scope of practice eg infections with systemic sequelae	UTI Cellulitis without systemic complications Community acquired pneumonia mild[22] Fungal Infections Bacterial Eye Infections	Vaccination Smoking Cessation Food Handling Perineal Hygiene Eye Hygiene Referral to nutritionist, physiotherapist, occupational

Animal Bites

therapist, speech therapist

Non-pharmacological approaches

Rest
Elevation of effected limb
Wound Dressings
Hydration
Hygiene
Chest Physiotherapy
Nutrition

Pharmacological agents

Management of Urinary Tract Infection.
Trimethoprim
Cephalexin
Amoxycillin Trihydrate & Clavulanate
Management of Simple Cellulitis
Dicloxacillin Sodium
Cephalexin
Amoxycillin Trihydrate & Clavulanate
Metronidazole
Management of Animal Bites.
Amoxycillin Trihydrate & Clavulanate
Metronidazole
Management of Community Acquired Pneumonia
Amoxycillin
Roxithromycin
Bronchodilators
Tiotropium Bromide
Salbutamol Sulphate

Immunisations
ADT
Pneumococcal Vaccine
Influenza Virus Vaccine
Management Bacterial Eye Infections
Chloromycetin Drops/ointment
Fungal Infections
Nystatin
Clotrimazole

4. Follow up
Review as clinically Indicated:

Monitor test results
Evaluate therapeutic response
Refer as appropriate.

GLOSSARY

ACAT – Aged Care Assessment Team

BPSD – Behavioural and Psychological Symptoms of Dementia

CAM – Confusion Assessment Method

Collaborative History – A collaborative or informative history is an essential part of diagnosing moderate cognitive disorder. It involves interviewing persons well known to the individual who can report on changes over time of which the individual may not be aware.

CRP – C Reactive Protein

FBC – Full Blood Count

GCS – Glasgow Coma Scale

GDS – Geriatric Depression Scale

MMSE – Mini Mental State Examination

MSU – Mid Stream Urine

OTC – Over The Counter (refers to medications)

PR – Per Rectum

UEC – Urea Electrolytes Creatinine.

MEDICATION FORMULARY.

Vitamins and Supplements
Hydroxocobalamin Chloride
Folic Acid
Ferrous Sulphate
Thiamine
Ergocalciferol
Calcium Carbonate

Ocular
Hypromellose 0.5% eye drop
Polyvinyl Alcohol 1.4% eye drop
Carbomer 980 0.2%
Chloramphenicol

Topical
Oestriol Cream

Analagesia
Paracetamol
Codeine Phosphate with Paracetamol

Antiemetics
Domperidone
Metoclopramide hydrochloride

Antibiotics and Antifungals
Amoxycillin
Trimethoprim
Cephalexin
Dicloxacillin Sodium
Amoxycillin Trihydrate &Potassium Clavulanate
Metronidazole
Roxithromycin
Nystatin
Clotrimazole

Bronchodilators
Salbutamol Sulphate
Tiotropium Bromide

MEDICATION FORMULARY

Laxatives
Frangula Sterculia
Psyllium Hydrophillic Mucilliod
Sorbitol
Movicol
Docusate Sodium
Sennosides A &B
Bisacodyl
Glycerine Suppositories
Sodium Magnesium Enema
Phosphate Enema

Immunisations
ADT
Pneumococcal Vaccine
Influenza Virus Vaccine

Complimentary Therapies
Cranberry tablets
Glucosamine