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Chapter 2: Prescriptive Authority

1. Which requirement does the UK impose for a nurse applying for prescriptive privileges?

    A. A Master of Science degree in nursing

    B. National Certification

    C. 3 years of work experience

    D. An APRN license

    Correct Answer: C

    Rationale: Three years of work experience, along with completion of the Nursing and Midwifery Council Independent Nurse Prescribing course, is required for a nurse to apply for prescribing privileges in the UK. No graduate degree is required for nurses applying for prescriptive privileges, as is necessary in countries such as New Zealand and Austria. National Certification is not required. It is also unnecessary for the nurse to possess an APRN license, which can diminish the authoritative role of the APRN.

2. Which number indicates the number of levels of practice authority designated by the AANP for APRNs?

    A. 2

    B. 3

    C. 4

    D. 5

    Correct Answer: B

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Rationale: The American Academy of Nurse Practitioners has designated three levels of practice authority for APRNs—full authority, reduced authority, and restricted authority. There are more than two levels of authority for APRNs. 4 and 5 levels of practice authority do not exist.

3. Which statement describes full practice authority?
    A. Physician co-signatures are required for prescriptions written by an APRN. (RED AND YELLOW)
    B. APRN practice is regulated by the state Board of Nursing or Health Department. (GREEN)
    C. The ability of the APRN to engage in at least one aspect of full APRN practice is reduced. (YELLOW)
    D. Physicians have control and responsibility for all prescriptive services.

Correct Answer: D

Rationale: For states with restricted authority, a physician must co-sign for any prescription written by an APRN. Physician co-signatures for prescriptions written by APRNs are required in states with both restricted and reduced practice authority. States with reduced practice authority reduce the ability of the APRN to engage in at least one aspect of full APRN practice and often requires a career-long CPA with a qualifying physician. Only in a state with restricted practice authority do physicians have control and responsibility for all prescriptive services of the APRN.

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4. Which statement accurately describes a component of the *Model for Advanced Practice Registered Nurse Regulation: Licensure, Accreditation, Certification, and Education (LACE)?*

    A. Temporary APRN licensure is eliminated.

    B. The participating boards are overseen by state medical boards.

    C. APRNS are licensed with some restrictions in prescribing medications.

    D. Three APRN populations are considered: CRNA, CNM, and CNS.

    Correct Answer: A

    Rationale: For states adopting the LACE guidelines, there is an elimination of temporary APRN licensure. Nursing boards participating in the LACE model are out of reach of state medical boards and are solely responsible for APRN licensure. The boards will give full practice to APRNS as independent practitioners. Licenses for APRNs should be within one of four, not three, populations—CRNA, CNM, CNS, and CNP.

5. Which authority describes the level of practice of NPs in the state of North Carolina?

    A. NPs are authorized to make referrals for PT.

    B. NPs are fully authorized to see patients, provide diagnoses, and prescribe medications.

    C. NPs are restricted in signing death certificates.

    D. NPs are not authorized to prescribe schedule II-controlled substances in convenience clinics.

    Correct Answer: A

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Rationale: NPs in North Carolina, as well as Washington and Ohio, are fully authorized to order physical therapy. The state of Washington authorizes NPs to see patients, provide diagnoses, and prescribe, but states such as North Carolina and Ohio require that they enter into a collaborative agreement with physicians for at least one of those elements of practice. NPs in North Carolina can sign death certificates, as is true for those in Washington; NPS in Ohio, by contrast, do not have that authorization. NPs in North Carolina can prescribe some controlled substances based on their education and certification.

6. Which statement describes the DEA certificate that gives an NP prescriptive authority specific to scheduled controlled substances?

    A. The registration period for the certificate is 5 years.
    B. All DEA numbers begin with the letter M.
    C. All DEA numbers contain the first initial of the NP's first name.
    D. Application and renewal fees are approximately $500.

Correct Answer: B

Rationale: All DEA numbers begin with the letter M. The registration period for the DEA certificate is only 3 years, not five. In the DEA number, following the M is the first initial of the NP's last name, not first name. Application and renewal fees for the DEA certificate are $888, although some employers may reimburse such fees and still other federal or state employees may qualify for exemptions.

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7. Which duty belongs to the licensed APRN prescriber but is not within the scope of practice for a student APRN prescriber?

    A. Prescribe a medication when the interdisciplinary team agrees upon treatment

    B. Follow up with the bedside nurse after the medication is administered

    C. Monitor safety alerts or recalls linked to drugs commonly prescribed in the NICU

    D. Communicate the medication order directly with the administering nurse

    Correct Answer: B

    Rationale: Prescribing, dispensing, and administering drugs falls outside the scope of practice for student APRN prescribers, who lack the licensure to do so. Prescribing is a duty only appropriate for the licensed APRN prescriber. Following up with the bedside nurse is a responsibility appropriate for both the licensed and student APRN prescriber; it should take place after the medication is administered and over the course of therapy. The licensed APRN prescriber has the responsibility of monitoring safety alerts or recalls linked to drugs that are commonly prescribed in the NICU; the student APRN prescriber can be involved in this task. Communication of the medication order directly with the administering nurse is a task that can be accomplished by both the licensed and student APRN prescriber.

8. Which state gives NPs full practice authority?

    A. Texas

    B. California

    C. Arizona

    D. New York

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Correct Answer: C

Rationale: As of 2021, the AANP reports that Arizona gives NPs full practice authority. Texas gives NPs restricted practice authority. California is also a state restricting the practice authority of NPs. New York is a state in which NPs have reduced practice authority.

9. Which legislation advocates for the removal of practice barriers for APRNs?

   A. *Campaign for Consensus*

   B. National Governor's Association Report

   C. *The Future of Nursing*

   D. NCBSN APRN Compact

Correct Answer: C

Rationale: *The Future of Nursing,* put forth by the Institute of Medicine (now the National Academy of Medicine), advocates for the removal of practice barriers and for full practice authority for APRNs. The *Campaign for Consensus* is an initiative to encourage states to implement a consensus model for the standardization of regulatory requirements for APRNs. The National Governor's Association prompts states to reduce barriers to APRN practice and reimbursement. The NCSBN APRN Compact advocates for APRNs with a minimum of 2,080 hours being able to hold a multistate license with privilege to practice in other compact states.

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10. Which schedule category is described as a drug with high abuse potential that has no acceptable medical use in the NICU?

    A. I

    B. II

    C. III

    D. IV

    Correct Answer: A

Rationale: A schedule I drug is described as one that has a high abuse potential and has no acceptable medical use in the NICU, such as marijuana and heroin. A schedule II drug is a narcotic or non-narcotic that has a high abuse potential and an increased risk for physical dependence, such as morphine and amphetamine. A schedule III drug has a high abuse potential, but less than schedule I or II, such as buprenorphine and ketamine. Schedule IV drugs have an abuse potential, but less than those in schedule III, among which are phenobarbital and chloral hydrate.

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