



## **NAPNAP Position Statement on the Acute Care Pediatric Nurse Practitioner**

The acute care pediatric nurse practitioner (ACPNP) is a professional, who provides cost-effective, evidence-based quality care for acutely, critically, and chronically ill infants, children, adolescents, and young adults in a variety of settings. For many decades pediatric nurse practitioners (PNPs) in acute and critical care settings have been responsible for the management of patients with illnesses characterized by impending or existing organ system instability and failure. More recently the recognition of the unique competencies and the important contributions of the ACPNP to continuity of care have contributed to the role's expansion (Kline, Reider, Rodriguez, & Van Roeyen, 2007; Jackson et al., 2001; Clinton & Sperhac, 2005).

The ACPNP meets the specialized physiologic and psychological needs of infants, children, adolescents, and young adults with complex acute, critical, and chronic health conditions. The focus of care includes complex monitoring and ongoing management of intensive therapies in a variety of settings, including but not limited to inpatient and outpatient hospital settings, emergency departments, and home care settings. Specialty areas of practice are varied and continue to emerge. Collaboration with an interdisciplinary team is essential for optimal patient care.

The ACPNP is an experienced nurse, masters or doctorally prepared, with education in acute care that includes didactic and mentored clinical experiences in pediatric acute, critical, and chronic care settings. The ACPNP may possess additional educational preparation to perform standardized procedures. Acute care PNP programs adhere to curricular standards set by the Commission on Collegiate Nursing Education (CCNE) and the National Organization of Nurse Practitioner Faculties (NONPF).

In 2004, the National Association of Pediatric Nurse Practitioners (NAPNAP) expanded its PNP Scope of Practice to reflect the role of the PNP in providing care to infants, children, adolescents, and young adults who are acutely, critically, and chronically ill. Specific components of the ACPNP role vary depending on the practice setting, the patient population, and the type of employment arrangement (Percy & Sperhac, 2007). The scope of practice of an ACPNP includes providing direct patient care management in a variety of settings. ACPNP practice includes independent and interdependent decision-making and direct accountability for clinical judgment. Components of management include, but are not limited to, performance of in-depth histories, physical examinations, interpretation of diagnostic studies, prescribing/ordering medications and therapies, and developing and evaluating therapeutic management plans (NAPNAP, 2008).

The ACPNP also performs a full complement of functions integral to the role including research activities, interdisciplinary education, consultation, advocacy, and support of systems within the work environment (Kline et al., 2007; Verger, Marcoux, Madden, Bojko, & Barnsteiner, 2005). Gaining practice privileges is a requirement for an ACPNP as set forth by The Joint Commission. The process for becoming credentialed and obtaining practice privileges is based on institutional policy and the state nurse practice act (NAPNAP, 2010).

NAPNAP advocates for:

1. ACPNP scope of practice that includes direct patient care responsibilities, education, leadership, and research.
2. Continued development of educational standards to prepare the ACPNP for practice.
3. Comprehensive ACPNP programs that focus on the management of complex health issues in acutely, critically, and chronically ill infants, children, adolescents, and young adults and incorporates well-child growth and development as well as basic health promotion and disease prevention.
4. Certification of the ACPNP in keeping with national accreditation standards for nurse practitioners (PNCB, 2010).
5. Ongoing evaluation of the impact and value of the ACPNP role for quality improvement using outcome measures.

In addition to providing direct evidence-based patient care to infants/children/adolescents/young adults with life-threatening illnesses and organ dysfunction or failure, the ACPNP negotiates healthcare delivery systems, monitors and ensures the quality of health care practice, provides family-centered care, and demonstrates cultural competency.

NAPNAP is an organization whose mission is promoting optimal health for children through leadership, practice, advocacy, education, and research.

### **References**

Clinton, P. & Sperhac, A. (2005). The acute care pediatric nurse practitioner. *The Journal of Pediatric Health Care*, 19, 117–120.

Jackson, L.J., Kennedy, C., Sadler, L.S., Kenney, K.M. Lindeke, L.L., Sperhac, A.M., et al. (2001). Professional practice of pediatric nurse practitioners: Implications for education and training of PNPs. *Journal of Pediatric Health Care*, 15(6), 291–298.

Kline, A., Reider, M., Rodriguez, K., & Van Roeyen, L. (2007). Acute care pediatric nurse practitioners: Providing quality care for acute and critically ill children. *Journal of Pediatric Health Care*, 21(4), 268–271.

National Association of Pediatric Nurse Practitioners and Society of Pediatric Nurses. (2008). *Pediatric nursing: Scope and standards of practice*. Silver Spring, MD: American Nurses Association.

National Association of Pediatric Nurse Practitioners. (2010). Position statement on credentialing and privileging for nurse practitioners. *Journal of Pediatric Health Care*, 24, A15–A16.

Pediatric Nursing Certification Board. (2010). Acute Care PNP Role. Accessed May 12, 2010 from <http://www.pncb.org/ptistore/control/exams/ac/index> and <http://www.pncb.org/ptistore/control/exams/ac/products>

Percy, M. & Sperhac, A. (2007) Survey on the state regulations of pediatric nurse practitioners in acute care. *The Journal of Pediatric Health Care*, 21, 29–43.

Verger, J., Marcoux, K., Madden, M., Bojko, T., & Barnsteiner, J. (2005). Nurse practitioners in pediatric critical care: Results of a national survey. *AACN's Clinical Issues*, 16(3), 396–408.

### **Acknowledgements**

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the past authors and the following NAPNAP Acute Care Pediatric Nurse Practitioner Special Interest Group (AC SIG) members:

Dawn Tucker, MSN, CPNP-AC/PC (AC SIG Chair)

Karin Reuter-Rice, PhD, CPNP-AC/PC (AC SIG Co-chair)

Lisa Milonovich, MSN, RN, PNP-BC, CPNP-AC

Beth Bolick, DNP, PNP-BC, CPNP-AC

Maureen Madden, MSN, PNP-BC, CPNP-AC, FCCM

Judy Verger, PhD, PNP-BC, CPNP-AC

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on June 26, 2010. This statement replaces the 2004 NAPNAP Position Statement on the Acute Care Pediatric Nurse Practitioner.

Copyright 2010. National Association of Pediatric Nurse Practitioners. Cherry Hill, NJ. All rights reserved.

*All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.*