Pediatric Nurse Practitioner Professional Profile and FAQ

Who We Are
Pediatric nurse practitioners (PNPs) and other pediatric-focused advanced practice registered nurses (APRNs) are certified, licensed advanced practice nurses who have obtained a master’s degree, postgraduate certificate or clinical practice doctorate from an accredited academic program. PNPs have completed advanced course work in physical/health assessment, pharmacology and pathophysiology. The curriculum content includes health promotion, disease prevention, and differential diagnosis and disease management. The degrees require a minimum of 500 faculty-supervised clinical hours. These advanced course and practice requirements are in addition to a PNP’s initial nursing degree (typically RN baccalaureate) and licensure requirements. Beyond educational requirements, PNPs and APRNs have passed a national certification exam and expanded their knowledge through ongoing continuing education.

Preferred Terminology
All advance practice nurse practitioners object to being referred to as “mid-level health care professionals” because it implies they provide “average” care instead of “high level” care. PNPs and other APRNs are highly qualified and educated, multi-skilled health care professionals.

Patient Population
Children from birth through 21 years of age and their families and caregivers. Based on NAPNAP membership, patient population distribution is:
- general pediatrics—75 percent
- adolescents and young adults—14 percent
- neonatal—7 percent
- adults—4 percent

Where We Practice
PNPs and other pediatric-focused APRNs treat millions of patients across the country each year. PNPs spend significant one-on-one time with patients and families. Fifty-five percent of National Association of Pediatric Nurse Practitioner (NAPNAP) members report spending 11-20 minutes with patients and 23 percent report spending more than 20 minutes. Based on NAPNAP membership, practice settings include:
- pediatric offices—29 percent
- hospitals—45 percent
- school-based health care settings—3 percent
- specialty clinics, public health, faculty, other—23 percent

How We Are Regulated
Based on state laws, each state’s regulatory board sets guidelines for APRN licensure, including practice and prescriptive authority. PNPs/APRNs have full practice and prescriptive authority in 19 states and the District of Columbia, which allows them to work independently. The other states have rules ranging from reduced practice to restrictive practice and prescriptive authority. Advanced practice education requirements prepare APRNs to provide high-quality, cost-effective health care to their patients. The Institute of Medicine’s report of The Future of Nursing: Leading Change, Advancing Health recommends that all APRNs be allowed to practice to the fullest extent of their education and training. The IOM report recommends that APRNs in reduced or restrictive states advocate for full practice legislation and regulation.

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What We Do
In a review of studies comparing the primary care provided by nurse practitioners to primary care provided by physicians, researchers found that patients of both groups had comparable health outcomes. Nurse practitioners were found to outperform physicians in measures of consultation time, patient follow-up and patient satisfaction (Naylor and Kurtzman 2010). PNPs provide the following services:

- Manage acute, chronic and critical pediatric diseases, including asthma, diabetes and cancer
- Provide pediatric health care maintenance, including well child exams
- Diagnose and treat common childhood illnesses such as allergies, otitis and acne
- Screen and manage mental health illnesses in children and adolescents
- Perform in-depth physical assessments, including vision, hearing and dental
- Perform therapeutic procedures in a variety of settings
- Prescribe medications and medical equipment
- Order and interpret results of laboratory and diagnostic tests
- Provide anticipatory guidance regarding common child health concerns such as nutrition, obesity and weight management
- Provide behavioral counseling in areas such as school failure, ADHD and risk taking behaviors
- Coordinate and lead pediatric healthcare homes
- Perform developmental screenings
- Perform school physicals and provide childhood immunizations
- Provide anticipatory guidance on in-home safety, unintentional injuries, sports injuries, motor vehicle and bike safety

Primary Advocacy Issues
- Reauthorization of funding for Children’s Health Insurance Program (CHIP)
- Optimal funding for and access to state Medicaid programs
- Funding for nurse practitioner education programs (Title VIII Nurse Workforce Development programs)
- Improving Medicare patient access to home health services
- State-by-state full practice authority legislation
- Children should have access to comprehensive, continuous, coordinated, compassionate, culturally sensitive and family-centered health care, including behavioral health services in order to ensure healthy lifestyles.
- We strive to remove barriers that impede access to the care provided by pediatric advanced practice nurses in all practice settings.
- Commitment to national and grassroots advocacy by NAPNAP members is essential and should be supported by providing learning opportunities for members to support their development as advocates.

About the National Association of Pediatric Nurse Practitioners
The National Association of Pediatric Nurse Practitioners (NAPNAP) is the nation’s professional association of pediatric nurse practitioners and advanced practice nurses dedicated to improving the quality of health care for infants, children, adolescents and young adults. Representing more than 8,000 healthcare practitioners nationwide with 17 special interest groups and 49 chapters, NAPNAP has been advocating for children’s health since 1973. NAPNAP was the first nurse practitioner professional society in the U.S.; the nurse practitioner movement was founded in 1965. NAPNAP is based in New York, NY. There are an estimated 16,000 PNPs; there are an estimated 205,000 NPs in the U.S.

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