



NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice

Creation of exclusive age limits for provision of health care in pediatric, adolescent and young adult patients may unnecessarily create barriers and limit access to care continuity for this population (Licensure, Accreditation, Certification and Education [LACE], 2012; American Nurses Association [ANA], National Association of Pediatric Nurse Practitioners [NAPNAP] & Society of Pediatric Nurses [SPN], 2015; Hardin et al., 2017). Pediatric nurse practitioners (PNPs) have the education, certification, and licensure to provide comprehensive care to all children from birth through young adulthood. This includes providing screening, evaluation, and diagnosis for patients in both primary and acute care settings (American Nurses Credentialing Center, 2017; Pediatric Nursing Certification Board [PNCB], 2018). The National Association of Pediatric Nurse Practitioners (NAPNAP) historically defined the age population cared for by PNPs as all children from birth through 21 years of age. In specific situations, individuals older than 21 years can continue to receive healthcare from PNPs until care can be successfully transitioned to adult health care providers. Adolescents with complex health care needs can face limited access to appropriate adult care and require additional coordination and guidance to ensure an optimal care transition. (Hardin, Hacknell, and AAP Committee on Practice and Ambulatory Medicine, 2017). The PNP is educated to meet the psychosocial and physical care needs of these patients, participate in health promotion, deliver preventive care, and provide medical continuity to all children as they transition into young adulthood. (ANA, NAPNAP & SPN, 2015).

Pediatric providers are uniquely qualified to manage developmental and physical health care needs into young adulthood. The importance of transition planning for adolescents to adult health care services has been widely acknowledged (Betz, 2017; Linebarger et al, 2014). Transition of care includes the use of comprehensive support processes to provide coordinated movement of adolescents and young adults with chronic health conditions from child-centered to adult-oriented health care systems. (Davis et al., 2014). Education, planning and support are needed for all young people preparing to transition to adult systems of health care.

The World Health Organization (WHO) categorizes “young people” as individuals from 10-24 years of age. (WHO, 2014). The upper age limit of 24 years considers that there are higher rates of unemployment and high costs to establishing an independent household, leading to a prolonged period of dependency (United Nations Educational, Cultural and Scientific Organization [UNESCO], 2017). Gaps in insurance coverage, and inconsistent adherence to care regimens for existing conditions and follow-up can lead to poorer health outcomes in young people (Cuomo & Rome 2017). Sawyer et al., (2018) suggested that defining adolescence as ages 10-24 aligns more clearly with an improved understanding of adolescent growth patterns and social role transitions.

Age parameters should not be the sole arbiter for optimal, safe, and quality care in pediatric practice. Multiple evidence-based publications underscore circumstances in which a patient falls

outside the traditionally defined population focus of a pediatric healthcare provider (Society of Adolescent Health & Medicine, 2017; American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians, 2011). In these circumstances, the PNP may manage the patient or provide expert consultation to assure the provision of high quality and evidence-based care to those patients. (LACE APRN Network, 2012).

PNPs provide developmentally appropriate, family-centered care to both adolescent parents and their infants to meet their special healthcare needs (Dumas, Terrell, Gustafson, 2018). PNPs play a significant role in establishing a child's medical home by conducting pediatric prenatal visits, and continuing care delivery for term and preterm infant care across healthcare settings (Yogman, Lavin, Cohen, Committee on Psychosocial Aspects of Child and Family Health, 2018). Preterm infants are a unique population with specialized health care needs that may continue across the lifespan, and PNPs are educated to care for these specialized needs. In the acute care setting, patients of all ages present with health care issues that originate in or that normally occur during childhood and adolescent years. Due to the unique health care needs of young persons with acute and/or chronic life-threatening illnesses, patients outside the traditionally defined pediatric age parameters may require ongoing pediatric health services, and may be best served by acute care-certified PNPs (PNCB 2016).

NAPNAP is an organization whose mission is to empower pediatric nurse practitioners (PNPs), pediatric-focused advanced practice registered nurses (APRNs) and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education and research. NAPNAP firmly supports the scope of practice for PNPs to include prenatal consultations and care of newborns, infants, children, adolescents, and young adults. The American Academy of Pediatrics (Hardin, Hackell, & Committee on Practice and Ambulatory Medicine, 2017) has recently left the decision about receiving pediatric-based care to individual patients, in concert with their provider, in consideration of the patient's physical and psychosocial needs. NAPNAP supports the PNP's role as a provider of health care for young adults with unique needs during the transition to adult health care providers, especially among those with limited access to health care (AAP, American Academy of Family Physicians, and American College of Physicians, Transitions Clinical Report Authoring Group, 2011; Scher, 2015).

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