



Approved June 2020

Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department

Revised June 2020 with current title, June 2013 titled “Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department”

Originally approved January 2007 titled “Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department”, replacing “Guidelines on the Role of Physician Assistants in Emergency Departments” (2002) and “Guidelines on the Role of Nurse Practitioners” in the Emergency Department” (2000)

Physician assistants (PAs) and nurse practitioners (NPs) can serve an integral role as members of the emergency care team, but do not replace the medical expertise provided by emergency physicians. With the aim of assuring that all patients presenting to emergency departments (EDs) receive high quality care, the American College of Emergency Physicians (ACEP) endorses the following policies for EDs that utilize PAs and/or NPs.

Education and Training

- The gold standard for care in an ED is that performed or supervised by a board-certified/board-eligible emergency physician.
- As PAs and NPs have variable training and experience, there should be systems and processes to ensure that PAs and NPs working in EDs receive supervised orientation, ongoing professional assessment, and continuous education in emergency care.
- As PAs and NPs come from diverse backgrounds and educational paths, each PA/NP must be assessed, guided, and supported based upon their individual knowledge and emergency medical experience. Level of supervision, scope of practice, and privileges must match individual capabilities.
- The ED medical director or their designee should be responsible for the ongoing professional practice evaluation of each PA and NP. This should be an open process in which PAs and NPs are able to gain feedback and identify areas for continuous quality improvement.
- ACEP supports the development of emergency medicine-specific post-graduate training programs for PAs and NPs to further develop personal knowledge and skills, as well as to improve the overall quality of care. Though encouraged, these post-graduate training programs do not replace the need for emergency physician supervision.

Physician Supervision

- PAs/NPs should not perform independent unsupervised care in the ED. This holds true regardless of state laws or hospital regulations. In the case of rural and underserved areas, supervision may require telehealth services or real-time off-site emergency physician consultation.
- Emergency physicians must have the real-time opportunity to be involved in the care of any patient presenting to the ED and seen by a PA or NP. Local physician leadership should create guidelines for the types of supervision required or provided for specific categories of conditions, patients, and clinical scenarios. Such guidelines may include direct or indirect supervision.
 - Direct Supervision: When the supervising physician is physically present in the department and personally examines/evaluates the patients for which he or she is the supervisor.
 - Indirect Supervision: When the supervising physician discusses or reviews the management of patients for which he or she is the supervising physician but does not necessarily personally examine the patient.
 - Onsite: When the supervising physician is physically present in the department and is available for real-time consultation
 - Offsite: When the supervising physician is not onsite but is available for real-time consultation such as by phone or telehealth
- Multiple staffing models utilizing PAs and NPs exist. The use of PAs and NPs in the ED should be determined at the site level by local ED leadership, who are responsible for PA/NP hiring, staffing and supervision. These physician leaders, along with the PA and/or NP leadership, should be responsible for establishing processes and practice standards that ensure both sufficient physician availability for PA and NP supervision as well as adequate physician opportunity to supervise.
- Emergency physicians should never be limited or prohibited from being involved in the care of any patient presenting to the ED and seen by a PA or NP while they are on duty. Emergency physicians must be allowed to determine their minimum level of interaction, care, and involvement for patients seen by a PA or NP under their supervision.
- Emergency physicians should not be required to sign the chart of a patient unless they have a real-time opportunity to be involved in the patient's care. Though state and hospital policies may occasionally require a physician signature on all patient charts regardless of physician involvement or supervision, it should be clearly noted in these cases that the physician was not actively involved in the patient's care.
 - Asynchronous review of charts by an emergency physician after care is completed by a PA or NP is an important quality assurance activity but does not constitute active patient management or patient care.
- All charting should clearly reflect the role and involvement of the emergency physician and any PAs or NPs who have actively participated in the care of a patient. In particular, the physician should carefully document findings that differ from the PA or NP.
- Emergency physicians should be trained to effectively supervise PAs and NPs and be expected to engage in the care of any patient for whom physician involvement is requested by the PA/NP.