



National Association of Neonatal Nurse Practitioners

A division of NANN

4700 W. Lake Avenue • Glenview, IL 60025-1485
847/375-3660 • 800/451-3795 • Fax 888/477-6266
www.nannp.org • E-mail info@nann.org

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Dear _____:

The National Association of Neonatal Nurse Practitioners (NANNP) is working to assist Neonatal Nurse Practitioners (NNPs) to provide optimal care to critically ill neonates in the United States. Toward this end, we request that the [STATE] Board of Nursing expand pharmaceutical practice for advanced practice nurses (APRNs) functioning in critical care hospital settings to include drugs that are classified as Schedule II controlled substances. Specifically, we are asking that the Board of Nursing permit certified APRNs with DEA registration to work within approved standardized procedures or protocols to furnish or order Scheduled II controlled substances in critical care settings. This request parallels practice patterns in 41 other states in the country that grant authority for advanced practice nurses to prescribe controlled substances including Schedule II drugs.

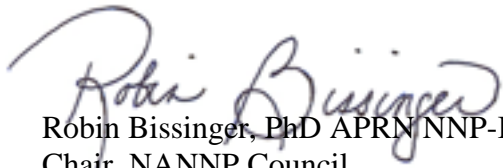
The inability of APRNs to prescribe analgesia and/or sedation to patients in critical care settings is currently a barrier to better practice in [STATE]. We understand that APRN practice varies from state to state and is defined by individual state law; however, it is essential that changes be made to improve the practice of APRNs nationwide. Optimal patient care is best achieved when all members of the health care team collaborate to provide the best possible health care. APRNs are leaders in collaboration, working with all health care team members who contribute to the ultimate well-being and care of patients. APRNs in critical care settings must have the authority to prescribe analgesia and/or sedation on the basis of previously agreed-upon protocols to patients immediately when needed. Practice is unrestricted in 35 of the 41 states that allow APRNs to write for Schedule II controlled substances. In the remaining six states, restrictions range from standardized procedures or protocols to unrestricted based on site (surgical outpatient, hospitals and hospice).

Neonatal Nurse Practitioners work collaboratively with Neonatologists to provide care to critically ill infants. In the Neonatal Intensive Care Unit (NICU) and Level I and II nurseries, pain is the most frequent and significant stressor on the neonate's central nervous system. One of the primary reasons for immediate prevention or relief of pain in neonates is the increasing evidence that supports the link between pain and adverse behavioral and physiological consequences. These consequences include depletion of stress hormones and energy stores, increased tissue breakdown and significantly increased morbidity and mortality. The brain undergoes its most rapid growth during the neonatal period. Studies have indicated that this growth can be adversely affected by changes in the physiological environment and that neonates exposed to unrelieved painful stimuli may experience abnormal structural and functional brain

development. Neonates undergo numerous and often repeated diagnostic and therapeutic procedures, resulting in a range of pain intensities. It is essential that APRNs working in this area are authorized to prescribe analgesia/sedation when needed and without delay.

For the reasons outlined above, we are urgently requesting the State Board of Nursing to review this matter. Providing APRNs the authority to prescribe Schedule II controlled substances using standardized procedures or protocols would eliminate the need for verbal orders and unnecessary delays in treatment of pain, and best serve the interests and outcomes of critically ill neonates. These protocols or procedures would address the diagnoses of illness or conditions in which the Schedule II controlled substances would be furnished and be agreed upon by the supervising/collaborating physician and the APRN.

Sincerely,



Robin Bissinger, PhD APRN NNP-BC
Chair, NANNP Council