



## **National Association of Clinical Nurse Specialist's Position Statement on Prescriptive Privilege for the Clinical Nurse Specialist**

NACNS recognizes the practice of the CNS is at the advanced practice level. Practice will be enhanced through well-grounded knowledge and understanding of basic and advanced pharmacologic principles.

NACNS supports granting autonomous prescribing and ordering privileges to the Clinical Nurse Specialist (CNS) as outlined in the rules and regulations proposed by the Advanced Practice Registered Nurse (APRN) Model Act and Rules (National Council of State Boards of Nursing, 2011). This would allow the Board of Nursing of a state to grant prescribing and ordering authority through the APRN license. NACNS supports the grandfathering of prescriptive authority for the CNS who graduated prior to the planned implementation of the Consensus Model for APRN Regulation and who currently has prescribing and ordering authority in the state. The CNS who does not have prescribing authority at this time needs to meet requirements that currently exist regarding prescribing and ordering.

The Clinical Nurse Specialist, an advanced practice nurse, specializes in providing direct and indirect care to complex and vulnerable populations in a variety of health care settings. In order to provide comprehensive and safe patient care to specialty populations, the CNS must assess, diagnose, and create plans of care that are tailored to the individual. The plans of care include activities of prescribing, ordering, and dispensing pharmacologic agents, durable medical equipment, as well as consultative, rehabilitation, and supportive services. NACNS endorses prescribing and ordering privileges be granted by State Boards of Nursing for Clinical Nurse Specialists method of providing care to specific populations

The CNS and the other licensed APRNs will be authorized to diagnose, prescribe, institute therapy, or refer patients to health care agencies, health care providers, and community resources as outlined in the Consensus Model. In addition, the CNS will be authorized to prescribe, procure, administer, and dispense over-the-counter, legend, and controlled substances. Finally, the CNS will be authorized to plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic, and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

The prescribing and ordering privilege can be exercised by the CNS who has completed three separate comprehensive graduate-level courses in health/physical assessment, pathophysiology, and pharmacology, in addition to the other criteria outlined in the Consensus Model. The three separate graduate-level courses include:

Advanced physiology/pathophysiology – includes general principles that apply across the lifespan;

Advanced health assessment – includes assessment of all human systems, advanced assessment techniques, concepts, and approaches;

Advanced pharmacology – includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

**References:**

Lewandowski, W. & Adamle, K. (2009). Substantive areas of clinical nurse specialist practice. A comprehensive review of the literature. Clinical Nurse Specialist, 23(2), 73-90.

National Council of State Boards of Nursing. (2011). Title XVIII: APRN scope of nursing practice. Accessed June 22, 2012 at <https://www.ncsbn.org/1455.htm>