Purpose: To assure patient safety and quality of care by ensuring proper support and guidance to the Nurse Practitioners and Physicians Assistants in the Emergency Department.

Background: Physician’s Assistants by law require physician supervision. Nurse Practitioners do not have this requirement by law, but function in our department by the same model as a Physician’s Assistant. The NPs and PAs typically exercise considerable autonomy in clinical decision making. The NPs and PAs are commonly and increasingly called upon to see and manage more complex patients in the ED, including many patients that ultimately will be admitted to the hospital. This document will provide guidelines on active supervision of emergency department care.

Guidelines:
- Patients with triage level 3, 4 and 5 can be discussed with the attending physician at the discretion of the midlevel provider.
- All patients with a triage level 2 (with the exception of chief complaints of Blood Borne Pathogen Exposure and ED Evaluation) will be presented to and discussed with the attending ED physician.
- All patients with abnormal vital signs that do not normalize with early initial measures or repeat measurement will be discussed with the attending physician.
- Any patient not responding to typical treatment (unless history of chronic intractable condition) should be discussed with the attending physician.
- The midlevel provider will present cases to the ED attending physician before calling for admission or transfer from BFC to MMC if there is any clinical uncertainty.
- In certain complicated patients, primary responsibility of care may be transferred to the attending physician. This will include but is not limited to:
  - Anticipated ICU admissions
  - Patients with concerning abnormal vital signs that are not correcting early in the ED course
  - Patients for which the midlevel feels uncomfortable having primary responsibility
- Any ED attending face-to-face encounter with a patient will be documented in the medical record.