



Texas Department of Health Bureau of Emergency Management

TRAUMA SYSTEMS POLICY # TS-02-B

Physician Assistants and Nurse Practitioners in Trauma Facilities

November 2002

BACKGROUND

The Bureau of Emergency Management acknowledges the value of mid-level practitioners—including physician assistants and nurse practitioners (PAs\NPs)—for patients with a variety of medical problems, and appreciates that non-physician providers can enhance the ability of both rural and urban health care facilities to provide a broader range of patient care services to their population base. PAs and NPs provide services in a variety of roles in Emergency Departments (EDs), including patient triage, patient care in the ED, and various administrative functions.

STATUTE REFERENCE

Not applicable

RULE REFERENCE

25 TAC, 157.125 Requirements for Trauma Facility Designation; Attachments: Basic (Level IV) Criteria; Level IV Standards; General (Level III) Criteria; and Level III Standards

POLICY

- (A) The physical presence of PAs\NPs in designated trauma facilities does not meet the essential criterion that requires the physical presence of physicians to care for major and severe trauma patients, including all trauma team activations. Designated trauma facilities must continue to maintain a list of qualified on-call physicians who must be notified upon EMS assessment of a major or severe trauma patient, and who must be on call and promptly available within 30 minutes of request from inside or outside the hospital.

- (B) Trauma facilities that elect to utilize PAs/NPs in their Emergency Department must ensure that their scope of practice is clearly delineated and consistent with state regulations. This delineation should include the types of trauma patients whose notification of transport to or arrival at the ED require the presence of a physician.
- (C) PAs\NPs who participate in the care of major or severe trauma patients shall be credentialed by the hospital to participate in the resuscitation and treatment of said trauma patients, to include requirements such as board certification\eligibility, trauma continuing medical education, compliance with trauma protocols, and participation in the trauma performance improvement program.

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Kathryn C. Perkins, Chief
Bureau of Emergency Management

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