



ROLE OF THE REGISTERED NURSE IN THE OUT-OF-HOSPITAL ENVIRONMENT

BACKGROUND

Registered nurses have participated in the out-of-hospital transport environment for many years, and their role as providers of care during patient transport by air or ground has been well documented. Additionally, registered nurses have a long and effective history of providing education to prehospital care providers throughout the United States.

Historically, in the absence of specific nursing education or comprehensive practice standards for nurses to work in the out-of-hospital environment, the nursing community often turned to the knowledge base and standards that existed for the various levels of emergency medical technician practice. Because of this, many states continue to mandate that the Registered Nurse, who chooses to practice in the out-of-hospital environment, is required to hold a prehospital provider credential such as EMT, EMT-Paramedic, or similar certification.

These circumstances have resulted in the following challenges:

1. Many State Emergency Medical Services (EMS) agencies regulate the practice of registered nurses in the out-of-hospital environment.
2. Registered nurses who practice in the out-of-hospital environment are required by law in some states to function under a prehospital provider credential rather than under a nursing license, which causes both a legal and ethical conflict.
3. States differ regarding whether out-of-hospital practice by RNs is regulated by the Board of Nursing, the state EMS office, or both, even though nurses are held accountable to their higher care license.
4. In some states, emergency and transport nurses are not permitted to teach in training programs for prehospital care providers without also having a prehospital provider credential such as EMT, EMT-Paramedic, or similar certification.

ASTNA POSITION

- ASTNA holds that Transport Nursing is a specialty within the scope of nursing practice, and as such, qualified nurses practicing in the out-of-hospital environment should not be required to hold a prehospital provider credential, at



any level, before assuming a nursing role in the out-of-hospital environment provided that:

1. They have obtained the appropriate knowledge specific to the nursing specialty of out-of-hospital air and ground transport.
 2. They have demonstrated and maintained proficiency in the unique skills required to deliver out-of-hospital care.
 3. They are neither designated as first responders nor provide search and rescue.
- ASTNA endorses the need for special education requirements for nurses practicing in the out-of-hospital environment. Focused education and subsequent maintenance of specifically identified and recognized out-of-hospital knowledge and skills must be a prerequisite for registered nurses who practice in this environment.
 - ASTNA supports the State Boards of Nursing as the regulatory agencies for the profession of nursing. The practice of nursing in the out-of-hospital environment is identified as a specialty area within nursing, thus the State Boards of Nursing are the definitive authority for regulating this specialty practice.
 - ASTNA recognizes that EMS personnel possess a specialized body of knowledge and skills. ASTNA recognizes the need for collaboration and communication with the United States Department of Transportation National Highway Traffic Safety Administration, various National EMS organizations, State Offices of EMS, and local EMS agencies regarding all aspects of the out-of-hospital role.
 - ASTNA seeks recognition by the United States Department of Transportation National Highway Traffic Safety Administration, various National EMS organizations, State Offices of EMS, and local EMS agencies for registered nurses in the unique position as a provider of emergency and critical care in the out-of-hospital settings.
 - ASTNA endorses a collaborative role for registered nurses specifically prepared in the delivery of out-of-hospital care with other out-of-hospital providers and healthcare professionals that are encountered in the transport environment.
 - ASTNA supports the utilization of such standards as Flight and Ground Transport Nursing Core Curriculum, Competency Based Orientation and Continuing Education for Critical Care Transport Manual, Standards for Critical Care Transport (Ground, Rotor, and Fixed-Winged), Air and Surface Transport Nursing: Principles and Practice, Critical Care Patient Transport: Principles and Practice, and the Guidelines for Air Medical Crew Education as the basis and foundation for transport nurse training and education. These standards are



meant to be foundational guidelines for designing an initial orientation program, as well as, designing on-going training that meets the needs of the individual program or system, exceeds legislative requirements, and meets national standards. These standards define a fundamental knowledge base for the practice of nursing in the out-of-hospital environment.

- ASTNA endorses the Accreditation Standards of the Commission on Accreditation of Medical Transport System (CAMTS) and the Commission on Accreditation of Ambulance Services (CAAS) as evidence of meeting or exceeding national standards related to transport nurse pre-hire requirements, initial transport nurse orientation, continuing transport nurse education, competencies, quality management, and safety.
- ASTNA endorses the Certified Flight Nurse (CFRN) and the Certified Transport Nurse (CTRN) Certifications as validation of mastery of the knowledge base required for out-of-hospital nursing practice, as well as, promoting quality patient care. See the ASTNA Position Paper: “Transport Nurse Certification” for more details.
- ASTNA believes that it is the role of the registered nurse to deliver out-of-hospital care by initiating the nursing process, which includes the following:
 1. Conducting a physical assessment appropriate to the situation including pertinent history of present illness and injury.
 2. Formulate a focused and specific plan of care appropriate for the patient’s condition complete with expected outcomes, which reflects the synthesis and application of knowledge, assessment data, and available resources.
 3. Implement appropriate out-of-hospital interventions based upon the focused plan of care, as well as, the patient priorities commensurate with established national standards for out-of-hospital practice, emergency air and ground nursing transport, local standards and protocols, local on-line and off-line medical control, and program or departmental policies.
 4. Evaluating the efficacy and outcome of nursing and medical interventions throughout the treatment and transfer process with continued reassessment of the patient plan of care based on patient responses and medical direction.
 5. Collaborating and coordinating with other personnel in the prehospital and inter-hospital settings to facilitate optimum patient care.
 6. Communication of all relevant data to the designated facility.



7. Delivering an accurate and thorough report, both written and verbal, of patient information to the receiving health care team upon delivery of the patient.

• ASTNA further believes that registered nurses in the out-of-hospital environment, in addition to the patient care role, have responsibility and accountability for implementing the following roles in relation to out-of-hospital care:

1. The research role involves describing and investigating phenomena, problems or ideas pertinent to out-of-hospital nursing practice, developing data bases, contributing to the scientific knowledge base for out-of-hospital care, and integrating research findings to affect patient outcomes and assist in the prevention of illness and injury.
2. The educational role includes participating in the education of patients, the community, and other health care providers.
3. All nurses have a responsibility to acquire and maintain knowledge and skills commensurate with their scope of practice. Emergency and transport nurses should continue to have a major role in the education and training of prehospital care providers.
4. The management role may include aspects of scene control, mass casualty triage and allocation of resources. This role is interdependent and requires collaboration and authorization from the local EMS agency and medical direction authority.
5. The consultation role involves enhancing the communication between personnel of various agencies and facilities.
6. Nurses must collaborate with others to improve and enhance the care delivered to the patients in the emergency medical system.
7. The advocacy role involves protecting patient rights, facilitating patient entry into the EMS system and promoting recovery and wellness to the community at large.
8. The administrative role may include program and personnel administration continuous quality improvement.

RATIONALE

The specialty practice of nursing in the out-of-hospital environment depends on independent judgment, analytical thinking, decision making, and prioritization. The transport nurse must also possess advanced assessment and intervention skills in order to recognize subtle or latent patient symptomology and have the ability to initiate care



independently and with local medical direction in collaboration with their colleagues under conditions that may make optimal patient care difficult.

Nurses practicing in the out-of-hospital environment are held accountable to a standard of care that is commensurate with their knowledge, education, experience, and licensure.

Transport nurses have the educational background and experience which prepares them to assess, formulate a plan of care, implement and evaluate the care of acutely ill or injured patients. Transport nurses also have the leadership, collaborative, and interpersonal skills needed to coordinate the multidisciplinary teams often times required to care for these patients. The transport nurse's scope of practice is enhanced with experience and education, appropriate to the specialty of out-of-hospital care. This scope of practice and expert knowledge of the out-of-hospital environment qualifies the transport nurse to participate in the education of other prehospital care providers.

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