

Advanced Registered Nurse Practitioner Care

Vol. 18, No.10

Official Newsletter of ARNPs United of Washington State

October 2007

Clarification about the 72 Hour Rule

by Heather Bradford

In the August 2007 issue of ARNP Care, I wrote that ARNPs in WA State are limited to dispensing 72 hours of Schedule II-IV drugs, a restriction we hope to remove during the 2008 legislative session. I have since received many worrisome emails due to a misunderstanding of the term "dispense". **Dispensing does not mean prescribing! Dispensing is the physical act of handing someone medications.** This is distinct from our writing a prescription for a pharmacy to later dispense. In reality, we are therefore talking about a limitation on how many pills you can give to a patient from your drug sample supply. The current law limits us from dispensing any more than a 72-hour supply. ARNPs, like physicians, are allowed to prescribe a medication in its appropriate amount and duration.

I also received several questions about how to determine the schedule of a drug. You can go to www.epocrates.com, enter the drug name and scroll down to the manufacturing/pricing information to get this information. Another resource is the federal Drug Enforcement Agency's website at <http://www.deadiversion.usdoj.gov/schedules/schedules.htm>, where the drug schedules are explained and drugs are listed within each schedule.

Please mark your calendars for Nurse Legislative Day, Monday, February 4th, 2008, we will be meeting with legislators to promote our bill ridding us and our clients of this archaic and unnecessary limitation. Meantime, I would appreciate hearing any stories about how this dispensing limitation affects your practice. These we can share with legislators to help us more persuasively lobby for our bill.

Medicaid Delays

Tamper Resistant Prescription Requirement

At the last moment Congress has passed a bill to extend the deadline for implementation of the requirement to use tamper-resistant prescriptions for all Medicare prescriptions. The new implementation date will, appropriately enough, be April 1, 2008.

Gabapentin As An Alternate Sleep Medication

by Samuel Keith

In my area of practice one of the most difficult and persistent problems is assisting patients that present with sleep disturbances. These include a variety of problems that may consist of delayed onset, intermittent, or early awakenings. They may be characterized by extended periods of rumination, not feeling rested in the morning or describing a lack of

or describing a lack of depth in the sleep. Many of the inexpensive over the counter medications can cause over sedation in the morning and well into the day. Some of the new medications approved for insomnia are prohibitively expensive, have rather dramatic potential side effects and are not available to clients with limited income or insurance coverage.

Several years ago I was introduced to the use of gabapentin for mild anxiety and found it also was quite effective in addressing various sleep issues. I would like to talk a bit about the drug and its history and how it has been helpful in treating various sleep disorders. Much of this information you may be aware of. However, I know there are clinicians that tend not to include it in their initial treatment considerations. I would like to at least offer some ideas that may increase its use in clinical settings regardless of the providers area of practice.

The medication was first sold as Neurontin by Parke-Davis. It is an anticonvulsant that appears to effect the calcium channels. It does not appear to effect GABA receptors as its name might imply. It is approved by the FDA for treatment of seizure disorder as an add-on drug and for the treatment of Herpes Zoster (Shingles).

Utilizing this medication for the treatment of anxiety or sleep is an off-label use and I inform patients of this prior to prescribing it. The appeal of this medication is that it does possess a mild anti-anxiety effect without apparent addictive potential. In addition, I have found that gabapentin can replace or significantly reduce the use of benzodiazepines at bedtime. There is a large variance in the amount of medication that will be required by any one individual. In my experience effective dosing can vary from as little as 200 mg to as much as 1500 mg prior to sleep. When I prescribe the medication I invite the patient to initially test the medication using 100mg capsules, although it comes in a variety of sizes. The smaller size allows for personalized dosing and a gradual approach to an effective therapeutic level. It also places a good deal of direct control in the patients hands. Occasionally an individual will note nausea or a mild to moderate headache which would indicate a slower advance of the medication. I have seen 2-3 patients develop a severe headache after a single dose which is the primary reason I ask people to take a test dose of 100 mg prior to larger doses for sleep. If there are no significant side effects patients are instructed to advance the medication by 200-300 mg a night until they find an effective level. Morning sedation is usually a good indicator of dosing limits. Any sedation does tend to moderate within an hour or lessens with several days of consecutive use. I have found dosing to average around 600-900 mg. With regular use sleep should be

deeper and more sustained. This has allowed a more comfortable sleep with less agitation and awakenings as well as minimal carry over after awakening. If the patient's primary complaint is delayed onset of sleep load take the medication about 2 hours prior to bedtime. If the patient is able to readily fall asleep, but experiences awakenings about 5-6 hours into their sleep cycle I would suggest adding an additional 300-600 mg immediately prior to going to bed. This allows a more sustained blood level for a longer period of time. Most people seem to be able to utilize somewhere in the range of 1200 mg in an 8 hour period. However, Steven Stahl notes doses as high as 1800 mg. Unless there is renal impairment there does not seem to be significant risk with increasing dosing if the patient requires it. The medication is not metabolized and will be secreted intact. This makes it a helpful agent if the client has Hepatitis C or any other hepatic problem that might be taxed by more traditional medications.

I find this medication a nice little tool to provide to patients. They can literally experiment with its dosing and application and I encourage them to aggressively test it as a sleep aid. I would invite other clinicians to experiment with its use and share both positive as well as negative feedback as well as information on any other medications that you have found helpful in the treatment of sleep problems.

Summarized Top Priority Issues for ARNPs

This list is from the AUWS member survey done in 2007. It reflects the concerns mentioned by our members.

Doctor of Nursing Practice: Grandfathering of MSN to DNP. Why is DNP needed? How can full time experienced ARNPs obtain DNPs?

Protection of Autonomy/Gains: Protect current autonomy. Prevent any backsliding in autonomy, prescription authority, L&I forms. Work on current limitation on dispensing of scheduled drugs to 3 days or less.

Reimbursement and Insurance Status: Equal and timely reimbursement of ARNPs and MDs from Re-gence and Medicare. Work toward equal compensation for equal work to ARNPs for services rendered. PCP status with insurance companies (especially for ARNPs who practice independently). At national level allow ARNPs to write home health orders. Work to allow referrals by ARNPs to Hospice without an MD co-signing. Ability to write orders for patients cared for by ARNPs entering nursing homes. Work legislatively to allow ARNPs to admit and discharge their patients to and from Skilled Nursing Facilities and sign Nursing Home orders. ARNP signing Home Care Medicare 485/486 certificates. Allow ARNPs to make every visit to their pa-

tients instead of every other visit. Billing Medicare for initial visit in Skilled Nursing Facilities. Achieve parity in reimbursement between medical and mental health. Work to achieve timely processing of paper claims

Quality of ARNP Care: Concern about dilution of quality of new ARNPs who haven't functioned as RNs. Concern regarding students with degrees other than in nursing entering ARNP programs. Concern about upholding a reputation for quality in our profession. Work toward reciprocity with other states for ARNP licensure to move state to state.

Salaries, Wages & Benefits: Unite to form a group plan for ARNP dental, medical, retirement. Salary survey, average salaries, hourly pay rate by geographic location.

Consumer Concerns: Concern about "mega" pharmacy plans (out of state) and how this will affect prices? Work to get mail order prescription companies to recognize ARNP scripts across state lines. Single payer health care coverage.

Connecting ARNPs With The Public: Erase nomenclature of ARNPs as "midlevels." Substitute verbiage such as ARNPs as highly skilled professionals. Promote ARNP services by advertising to the public. Community involvement by ARNPs on local levels to advocate for health needs for our constituents: drug abuse, prevention, access to mental health services, wellness and health promotion. Concern about urgent care clinics located within drug stores.

State Concerns: Create a mechanism to reflect the limited scope of practice in some work settings and allow ARNPs to maintain licensure. Work toward mal-practice limited liability.

Consultant Service: Create a consultant ARNP service with timely feedback regarding practice questions, problems, and advice on short notice.

CE Opportunities

Pacific NW 30th Annual Conference for Advanced Practice in Primary and Acute Care

November 7-10, 2007 • 6.0-20.5 contact hours • Washington State
Convention & Trade Center, Seattle, WA

Enhance your clinical competencies • Acquire new assessment and management skills • Examine critical issues at the state and national level and their impact on primary care practice • Foster a strong coalition of primary care providers • Learn about new products, services, and pharmacotherapeutic agents at this highly-acclaimed conference.

For information call CNE, 206.543.1047 or email:
cne@u.washington.edu or uwcne.org

The 10th Annual Nurse Foot Care Training

Saturday, Nov. 10th 2007 • Cherry Hill (Old Providence) Campus of
Swedish Hospital Seattle.

Topics will include routine nail & skin care, diabetic foot conditions &

care, common foot problems & treatment, vascular problems, instruments/sterilization.

See wspma.org for registration form, FAQs, and course outline. You will be emailed a confirmation. It will include directions & a final lecture schedule. Instruction manual, breakfast & lunch included!

Classified Ads

Tacoma, Washington – Urology ARNP

Multi-specialty group seeks an ARNP to join a thriving Urology practice. Candidates must be qualified for licensure & certification in Washington State as an ARNP. You will enjoy excellent compensation, benefits, and system-wide support, while practicing your own patient care values. Located 35 minutes south of Seattle and 30 minutes from an international airport, Tacoma and the surrounding communities provide a broad range of educational and cultural activities for all ages. Nestled between the Cascade Mountains and the shores of Puget Sound, the region's year round temperate climate affords outdoor enthusiasts endless recreational opportunities, such as biking, hiking, climbing, skiing, and golfing. For more information regarding this fantastic opportunity, contact Provider Services @ 800-621-0301 or send your CV to www.blazenewtrails@multicare.org. Please reference opportunity #554716.

Puyallup, WA – Psychiatry ARNP

The growing community of Puyallup, Washington is seeking a psychiatric ARNP to provide psychiatric evaluations and psychiatric medication management to individuals receiving counseling services at Good Samaritan Behavioral Healthcare. Experience and expertise working with children and adolescents is essential although there is the opportunity to work with clients of all ages. Located 40 minutes south of Seattle and 30 minutes from an international airport, Puyallup and the surrounding communities provide a broad range of educational and cultural activities for all ages. Nestled between the Cascade Mountains and the shores of Puget Sound, the region's year round temperate climate affords outdoor enthusiasts endless recreational opportunities. Qualified applicants must be flexible, self-motivated, and committed to program development and patient care. If you would like more information concerning this opportunity, please call 800-621-0301 or email your CV to blazenewtrails@multicare.org or fax your CV to 866-264-2818. Refer to Opportunity #568-739
MultiCare is a Drug Free Workplace

ARNPs Wanted by Group Health

We are seeking skilled ARNPs to join our organization! Group Health (GH) is a non-profit health care and health insurance provider that exists to transform health care, working together every day to improve the care and well-being of our consumers and communities. We serve over 500,000 people throughout the State of Washington and northern Idaho. Our clinics offer great schedules that allow you to engage in valuable work while keeping a normal schedule. We offer great benefits. We collaborate as teams and foster innovative thinking to offer excellent care. We currently have several ARNP positions available, including a full-time position in behavioral health in Bremerton, three full-time positions in geriatric care in Seattle and Olympia, a part-time family practice role in Seattle, and a part-time role in our teen center in Renton.

If interested, please visit our website at www.ghc.org and click on the employment link to research GH's current ARNP jobs. To apply for a position, please email your resume directly to Henderson.L@ghc.org and apply online.

Group Health is an Equal Opportunity Employer committed to a diverse and inclusive workforce.

ARNP Occupational Health Clinic

Full time position for adult or family ARNP at Health Works NW in Longview. Excellent practice opportunity performing pre-employment

and retention physicals, injured worker care, DOT physicals and more. Nice hours, Monday through Friday 8-5, no weekends or call. Email resume and cover letter to arnp@hwnw.org. No phone calls please.

Cardiothoracic Surgery ARNP

Fantastic opportunity! Seeking full time cardiothoracic surgical ARNP to become an integral member of our adult cardiothoracic surgery team. Responsibilities include first assist in the operating room as well as pre and postoperative patient care in hospital and office. Ideal candidate will have 3+ years of cardiothoracic surgical experience including cardiothoracic first assistant experience. Endoscopic vessel harvesting experience preferred. Guaranteed salary, a full array of benefits and a great location makes this an ideal choice for the provider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider Services @ 800.621.0301 or send CV to blazenewtrails@multicare.org. Please reference opportunity #616-780

Seeking ARNP's

Highline Medical Group – Seeking Family ARNP - Our West Seattle Family Practice location is seeking an experienced ARNP to join their well-established clinic. This is a part-time to full-time practice opportunity. Candidates must be BE/BC.

Des Moines - Extended Care Clinic - Highline Medical Group's Extended Care Clinic is seeking an ARNP, experienced in the care of geriatric patients. This is a part-time/full-time opportunity. Candidates must be BE/BC.

Des Moines Internal Medicine is seeking an ARNP for a part-time to full-time practice opportunity. Experience in an Internal Medicine setting is preferred. Candidates must be BE/BC.

These opportunities are 25 minutes south of downtown Seattle, located on the shores of Puget Sound. We offer a competitive compensation package, benefits, 401K, CME and malpractice.

Fax or email CV to:

Gmumma

gmumma@HighlineMedical.org

Fax: 206-242-4625

Central Washington Comprehensive Mental Health

Priv ARNP. Responsibilities include providing medical/psychiatric services including evaluations, prescribing and medication monitoring. Qualified applicants will have a Washington State ARNP license.

Director of Nursing Services. Responsibilities include providing clinical supervision to nursing staff, coordination of nursing functions, and managing systems associated with medication management. Qualified applicants will have a Washington State RN license and related experience.

CWCMH is committed to building strong communities through the efforts of its staff, clients, and collaborative partnerships. If you are interested in joining a fun, team-orientated work environment, please call 509-573-3651 or send resume to krathjen@cwcmh.org or fax resume to 509.225.6313. Information regarding these and other positions is available a. Equal Opportunity Employer/ADA.

ARNPs Wanted

Hematology Oncology ARNP to join growing comprehensive cancer program in the Pacific Northwest. Practice includes 6 medical _ oncologists, PA and 3 radiation oncologists in dynamic setting integrated with a 300+ provider multispecialty medical group. Located on 391-bed tertiary care center, practice includes in-office chemo suites, pharmacy, lab, on-site radiation and 22 bed dedicated inpatient oncology medical surgical unit. Located 30 miles south of Seattle, on the shores of Puget Sound, you'll experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider

Services @ 800-621-0301 or send your CV to blazenewtrails@multicare.org. Please reference opportunity #625-468
Website: http://blazenewtrails.multicare.org.
Refer to opportunity #625-468
"MultiCare Health System is a Drug Free Workplace"

Family Practice ARNP

Family practice close to Kadlec Medical Center looking for ARNP in family practice or peds. Capable, kind, team players send resumes to 4214 Bond Lane, Pasco, WA 99301 Attn: NEW HIRE. Please call 509.948.0568 with any questions.

Healthy Humor

Doctor: What's the condition of the boy who swallowed the quarter?
Nurse: No change yet.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$550 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy

to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

Medical Trivia

Our eyes are shut for about 0.3 seconds when we blink.

If you could save all the time your eyes blinked for a lifetime and use it all at once, you would see blackness for 1.2 years.

ARNPs United of WA State
10024 S.E. 240th St., Suite #102, Kent, WA 98031
253.480.1035 Fax: 253.852.7725
Email: au@nurse.net Web site: www.auws.org

ARNP Care
10024 S.E. 240th St., Suite #102, Kent, WA 98031
253.852.9042 Fax: 253.852.7725
Email: care@nurse.net Web site: www.nurse.org/wa/arnpcare

Editors:
Robert T. Smithing, MSN, ARNP
Madeline D. Wiley, MSN, ARNP
ARNPs United Contributing Editors:
Heather Bradford, CNM, ARNP (Legislative Chair)
Ann Darlington, CNM, ARNP (President)
Production Staff:
Sarah Abid, Tracy Kiele
Publisher:
NP Central

□ 2007 NP Central
Subscriptions are \$25 per year. tax included. Ad rate sheet available on request.



Prst Std
U.S. Postage
PAID
Kent, WA
Permit No. 69

ARNP Care
10024 SE 240th St, Suite 102
Kent WA 98031
Return Service Requested