VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM
CLINICAL NURSE SPECIALIST
MENTAL HEALTH SCOPE OF PRACTICE

I, __________________________ provides expert nursing care to groups of patients with specific clinical care needs.

a. The mental health Clinical Nurse Specialist is a registered nurse who has attained a master's degree in Nursing with a concentration in a clinical nursing specialty from a National League for Nursing approved program. The title of Clinical Nurse Specialist (CNS) is applied to an individual who is engaged in the advanced practice role in a recognized clinical practice specialty. This role is demonstrated by expertise in the application of highly sophisticated knowledge, skills and competencies in the practice of nursing. The mental health Clinical Nurse Specialist is an expert in providing nursing care to groups of patients with specific clinical care needs. Clinical Nurse Specialists apply in-depth knowledge, competencies and skills to patients in a variety of settings including that include: Acute inpatient care, long-term care areas, ambulatory care, and community or home care settings. The scope of practice of the Clinical Nurse Specialists includes direct and indirect patient care, patient teaching, staff education, consultation and collaboration with nurses and other members of the health care team and problem solving related to patient care requirements. The Clinical Nurse Specialist also is a member of committees on both local and VISN regional levels, serving in roles as active member / mentor / preceptor. The Clinical Nurse Specialists act as a role model for the advance professional nursing staff, and sets standards of practice as appropriate.

b. The Clinical Nurse Specialist is administratively responsible to Mental Health Service and clinically responsible to his/her clinic manager / physician consultant. The CNS works independently to manage the nursing care of complex patients or groups of patients within their specialty area of practice. The mental health CNS Scope of Practice statements and any relevant protocols and standardized procedures are jointly developed and evaluated on a regular basis by the CNS and the physician consultant. The clinic manager / physician consultant will evaluate the Clinical Nurse Specialist’s clinical performance in collaboration with Nursing Service.

c. Functions that exceed the usual CNS Scope of Practice and require specialized training and/or supervision shall include an approved Standardize Procedure and Protocol; as well as competency assessment signed by the appropriate physician of adequate training. These functions will be specified in category II of the Key CNS Functions & Procedures list.
## VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM (NCHCS)

### Mental Health CNS Scope of Practice

**Name:** ______________________

---

### Key MH CNS Functions & Procedures

#### Prescribing Authority Requested:
- [ ] All
- [ ] 2  [ ] 3  [ ] 4
- [ ] None  [ ] 2N  [ ] 3N  [ ] 5

**DEA Number:** ________________  **Expiration:** ________________

---

### CATEGORY I – Basic MH CNS Functions:

1. ______

#### Prescriptive authority for scheduled drugs
- _____ Schedule II-V
- _____ Schedule III-V

---

2. ______

The mental health CNS will effectively plan, manage and conduct continuing professional and education programs for patients and staff. The CNS will create innovative, cost effective educational interventions which cross multiple health care system boundaries. The Mental Health Educator will also facilitate positive professional interaction between health care groups, nursing departments, management team and all affiliates.

---

3. ______

---

4. ______

Performs advanced comprehensive psychiatric nursing care for a variety of behavioral health problems for male and female Veterans.

---

5. ______

Perform intake procedures for psychiatric patients.

---

6. ______

Collaborate with the patient's total treatment team in order to formulate a total treatment plan.

---

7. ______

Perform psychiatric patient observations in order to identify any significant behavior and reaction patterns.
### VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM (NCHCS)

#### Mental Health CNS Scope of Practice

**Name:** __________________________________

You are required to place your initials below for each Function and/or Procedure you are requesting.

<table>
<thead>
<tr>
<th>Key MH CNS Functions &amp; Procedures</th>
<th>Collaborating Physician’s Approval (Initialed selections indicate approval)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CATEGORY I – Basic MH CNS Functions (Cont.):</strong></td>
<td></td>
</tr>
<tr>
<td>8. ____</td>
<td>Diagnoses medical and/or psychiatric conditions and prescribes medications appropriate to the condition(s). Writes for consultations as indicated. In psychiatry, provides individual and group therapy/counseling, marital therapy.</td>
</tr>
<tr>
<td>9. ____</td>
<td>Provide education and consultation to patients and employees on identifying and reducing safety hazards</td>
</tr>
<tr>
<td>10. ____</td>
<td>Systematic collection and analysis of mental health data using principles and statistical methods to identify trends and risk factors. Investigates deviations from baseline.</td>
</tr>
<tr>
<td>11. ____</td>
<td>Provides education and consultation to interdisciplinary team in provision of specialized care to patients</td>
</tr>
</tbody>
</table>
| 12. ____ | Other:  
________________________  
________________________  
________________________  
________________________  |
| **CATEGORY II – Specific/Specialized CNS Functions:** |                                                                   |
| 14. ____ | Detail Specific Specialty  
________________________  
________________________  
________________________  |

Following each function/procedure you select below, please indicate by circling the setting you intend to practice your selected function(s)/procedure(s).
I __________________ hereby apply for approval of this Scope of Practice. I certify that I have had the appropriate and ongoing review in these areas and I agree to practice within general guidelines of my functional statement and Scope of Practice. In no case will I exercise practice where education and/or recent supervised clinical experience are lacking practice.

_________________________________  Date

Applicant’s Signature

The physician appointed as supervising/collaborating physician for Laura Berg, CNS is ____________________________.

MD’s printed or typed name

_________________________________  Date

Supervising/Collaborating Physician Signature

CONCUR/NON-CONCUR

_________________________________  Date

CONCUR/NON-CONCUR

_________________________________  Date

APPROVE/DISAPPROVE

_________________________________  Date

David Stockwell, MHA
Director