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Dear State Board of Nursing:

I am writing to ask you to STRONGLY consider amending the prescriptive authority for Nurse Practitioners in Pennsylvania with regards to Schedule II and Schedule III and IV drugs.

I am a nurse practitioner with the Trauma Service at UPMC Presbyterian Hospital in Pittsburgh Pennsylvania. I am the only nurse practitioner in our group that has prescriptive authority. I have chosen not to pursue a DEA number specifically because having the ability to write for 3 days worth of narcotics is almost worthless! However, the ability to write for 30 days of Schedule II and 90 days of Schedule III and IV would amend my views and practice, and enhance patient care and shorten length of stay in our hospital!!!

This ability would help our team significantly. Currently, our attendings and a couple of chief residents have the ability to write for Schedule II, III, and IV narcotics. Our other residents can write for Schedule III and IV medications. Our team has made a conscious effort to no longer prescribe Vicodin due to potential acetaminophen toxicity. We have focused on limited doses of oxycodone and strictly do not prescribe oxycotin for pain control in our Trauma patients. On the whole, we are extremely conservative on the amount of oxycodone we allow to be dispensed. Our hospital is a level I Trauma facility. We see over 5000 Trauma patients a year. Our patients are flown in from as far away as Altoona, Bedford, Ohio and West Virginia. My collaborative agreement is with Dr. Andrew Peitzman, the founder of our program and a founding member of the Pennsylvania State Trauma Foundation.

As a nurse practitioner, having the ability to prescribe the narcotics would GREATLY enhance patient care. Currently, I must anticipate a patient's discharge and their pain needs. If not I must find an MD that can write a prescription for me to discharge a patient and open a bed in our constantly high census hospital. The availability of these MDs is limited; since they are generally in surgery or in other areas in the hospital. Therefore; the patient must wait. Discharge is delayed! Length of stay increases.

Pennsylvania has made great strides in the scope of practice for nurse practitioners. These encouraged me to return home from Maryland to practice as a nurse practitioner. I consciously moved back to Pennsylvania because I saw that our state government were empowering nurse practitioners and I bet on the fact that it would continue-it has. Please continue to empower nurse practitioners by allowing us to better serve our patients with increased ability to treat their pain without delay. I believe that we will not abuse this privilege; we will enhance patient care and shorten length of stay and ultimately help our patients control their pain.

Sincerely,



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