

House Bill 278

I support the passing of this bill. (FAV)

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I've been a clinical nurse specialist for 12 years. I work in the Cardiac Intensive Care Unit at Johns Hopkins Hospital.

I assess all the needs of the patients to improve their care. I make recommendations to the providers on the team. As a CNS I focus on the transition of care to get our patients to discharge. I determine the consults needed for physical and occupational therapy and cardiac rehab. For the patients waiting for a heart transplant or any other cardiac surgery, this is especially important to improve or keep them at their optimal functioning level.

I assess the needs for speech, language and pathology consults. Patients after a cardiac arrest receiving CPR may require a breathing tube and/or have brain injury from lack of oxygen. Involving SLP in their care early will help with eating and drinking and if needed cognitive improvement.

Patients often experience significant delays in being discharged from the hospital while waiting for orders for consults related to their care after hospitalization. If the patient needs specialized rehab after their discharge this can further delay discharge and increase health care cost. Getting these consults ordered for our patient in a timely manner is where I as a CNS can make an impact if I had prescriptive authority. I am integral part of providing comprehensive care for my patients and need to be able to fully address their needs with prescriptive authority. Prescribing medication is just one aspect. The ability to prescribe oxygen, wound care, labs, tests and consults comprise most of prescribing.