R ADAMS COWLEY
SHOCK TRAUMA CENTER
UNIVERSITY OF MARYLAND

22 S. Greene Street
Baltimore, MD 21201

SB513: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING AUTHORITY

January 28, 2022

I support the passage of ***SB513: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING AUTHORITY.***

I am currently a Nurse Scientist at the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center in Baltimore, MD and an Assistant Professor in the Adult-Gerontology Acute Care Nurse Practitioner (ACNP)/Adult-Gerontology Clinical Nurse Specialist (CNS): Trauma/Critical Care/Emergency Doctor of Nursing Practice (DNP) that is a blended ACNP/CNS practice-focused doctorate. Prior to this, I was a Clinical Nurse Specialist (CNS) for the Trauma Resuscitation Unit, Multi Trauma Critical Care Unit, Lung Rescue Unit, and Hyperbaric Oxygen Chamber from 2007 – 2019. I receive my education as a CNS from the blended program that I am now faculty in 2007 while it was a Master's of Science degree. The American Association of Critical Care Nurses Certification Corporation has certified me as both an Acute Care Nurse Practitioner and Acute Care Clinical Nurse Specialist by completing their certification exams.

As a Critical Care CNS, I was the clinical expert for extracorporeal therapies including Continuous Renal Replacement Therapy for acute kidney injury, Molecular Adsorbent Recirculating System for acute liver failure, and plasmafiltration for treatment of many inflammatory conditions. As the expert, I created the evidence based policies and protocols associated with these treatments. Other nurse practitioners and physicians consult with me in these therapies use. As a CNS, I am not permitted to order the protocols that I created. I must rely on other nurse practitioners, who graduated from the same program and hold the same certifications to place the order because their role allows for prescriptive authority.

As a CNS working within a hospital, I am accountable for quality and regulatory metrics, such as restraint use. I must rely on a nurse practitioner in Multi Trauma Critical Care to modify restraint orders per my suggestions, who incidentally were hired and trained by me as Registered Nurses and then graduated from the same program that I attended.

I chose to practice as a CNS because I wanted to have the greatest effect with interventions focused on a population of patients rather than primarily working with one patient at a time. As part of my role, I do work individually with patients, as mentioned above, in managing therapies for their disease; however, I am hindered because of my lack of a full scope of practice relying on others to place orders at my suggestion.

I hope this provides some rationale for my support of SB513: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING AUTHORITY.

Sincerely,

Paul Thurman, PhD, RN, ACNPC, CCNS