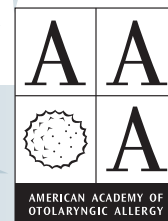


Nurse Practitioners and Physician Assistants in the Practice of Allergy in the Otolaryngology Office



The American Academy of Otolaryngic Allergy (AAOA) recognizes the training and expertise available from within the Nurse Practitioner (NP) and Physician Assistant (PA) communities. An increasing number of otolaryngology practices are finding these practitioners to be valuable assets for extending the reach of the practice in the community.

The AAOA, through its stated mission of supporting otolaryngologists who practice allergy, is prepared to assist in the training and continuing education of NP/PAs associated with an allergy practice. It is understood that any training or support of NP/PA training is considered an extension of, and in conjunction with, the training and support of the otolaryngologist who is practicing allergy.

NP/PAs may interact with otolaryngic allergy in several different ways, depending on the preference of the otolaryngic allergy physician, the applicable state laws, and the training of the practitioners themselves. *A recurring theme of this statement is that applicable state laws vary greatly from state-to-state, and from NP to PA within states.* Practice situations described in this document that may sound reasonable and be perfectly reasonable in one state may be illegal across the state border.

It is vital to consult federal and state regulations (see link below) when considering the addition of a NP/PA to the practice. <https://www.aanp.org/advocacy/state/state-practice-environment>

Physician extenders in otolaryngology with minimal contact with allergy care.

A common scenario is NP/PA with no specific allergy training working in an otolaryngology clinic. This would be analogous to a physician partner in the practice who has no training or specialty interest in allergy, such as a head and neck specialist. The physician extenders should give no shots and would refer patients suspected of allergic disease to the otolaryngic allergy practitioner or 'team' in the office as needed.

The critical consideration with this arrangement is whether the physician extender could be the only practitioner in the office when a medical assistant or nurse is giving shots? For this to be a safe practice, the NP/PA must have at least Basic Life Support (BLS) and an understanding of the emergency practices involved in treating anaphylaxis. Additionally, the state regulatory board must permit the NP/PA to be the provider 'authorizing' and responsible for the therapy.

This means that even a NP/PA who is not primarily involved with allergy testing or treatment must have a basic knowledge of emergency procedures and be authorized by the state and the supervisor's guidelines to be the practitioner in the office while immunotherapy is being administered.

Physician extenders who provide allergy testing and treatment

While it may not be economically viable to have a trained physician extender acting purely in the role of administering allergy shots or testing, a small practice may find this an expedient role for a portion of the physician extender's time. In this situation, training from both the otolaryngic allergy physician and supplemental education from the AAOA is considered necessary and prudent, much as a nurse or medical assistant (MA) would be trained prior to assuming testing and treatment duties. Essentially all states would permit physician extenders to fill the role of MA or allergy nurses; the question is to what extent they may practice with autonomy.

It is the position of the AAOA that, while a well-trained physician extender may provide allergy diagnosis and testing in an autonomous situation, that all functions of test interpretation, dose calculation, and vial preparation should be carried out in conjunction with, and under the direct supervision of, the physician practicing otolaryngic allergy.

Note: American Academy of Otolaryngic Allergy's (AAOA) Clinical Care Statements attempt to assist otolaryngic allergists by sharing summaries of recommended therapies and practices from current medical literature. They do not attempt to define a quality of care for legal malpractice proceedings. They should not be taken as recommending for or against a particular company's products. The Statements are not meant for patients to use in treating themselves or making decisions about their care. Advances constantly occur in medicine, and some advances will doubtless occur faster than these Statements can be updated. Otolaryngic allergists will want to keep abreast of the most recent medical literature in deciding the best course for treating their patients.