10A NCAC 13D .2202 ADMISSIONS

(a) No patient shall be admitted except by a physician or other persons legally authorized to admit patients. Admission shall be in accordance with facility policies and procedures.

...(c) The facility shall acquire, prior to or at the time of admission, orders for the immediate care of the patient from the admitting physician or other person legally authorized to admit.

(d) Within 48 hours of admission, the facility shall acquire medical information which shall include current medical findings, diagnosis, and a summary of the hospital stay if the patient is being transferred from a hospital.

(e) If a patient is admitted from somewhere other than a hospital, the facility shall acquire a copy of the patient's most recent medical history and physical, which shall have been updated within the preceding six months.


10A NCAC 13D .2206 MEDICAL DIRECTOR

(a) The facility shall designate a physician to serve as medical director.

(b) The medical director shall be responsible for implementation of patient care policies and coordination of medical care in the facility.

History Note: Authority G.S. 131E-104;

RRC objection due to lack of statutory authority Eff. July 13, 1995;


10A NCAC 13D .2501 AVAILABILITY OF PHYSICIAN'S SERVICES

(a) The facility shall ensure each patient’s care is supervised by a physician and that provisions are made for emergency physicians when attending physicians are unavailable. The names and telephone numbers of the designated physicians shall be posted at each nurse’s station.

(b) Patients shall be seen by a physician at least once every 30 days for the first 90 days and at least every 60 days thereafter. Following the initial visit, the physician may delegate this responsibility to a physician assistant or nurse practitioner every other visit. A physician’s
visit is considered timely if the visit occurs not later than 10 days after the visit was required.

(c) Physicians shall review the patient’s medical plan of care, write or dictate and sign progress notes; and sign and date all current orders at each visit.

(d) Medical orders, given orally by the physician, nurse practitioner or physician assistant, shall be given only to a licensed nurse or other licensed professional who by law is allowed to accept physician's orders, except orders for therapeutic diets which shall be given either to a dietitian or licensed nurse. The record of each telephone order shall include the name of physician giving the order, or other person legally authorized to prescribe, date and time of order, content of order and name of person receiving the order. The physician, or other person legally authorized to prescribe, who gives oral orders shall sign the orders within five days.


10A NCAC 13D .2502 PRIVATE PHYSICIAN

(a) Each patient or legal representative shall be allowed to select his or her private physician except in those facilities affiliated with medical teaching programs and having written policies requiring all patients to participate in the medical teaching program.

(b) The private physician shall fulfill given requirements as determined by applicable state and federal regulations, and the facility's policies and procedures pertaining to physician services.

(c) The facility shall have the right, after informing the patient, to seek an alternative physician, when requirements are not being met and to ensure that the patient is provided with appropriate, adequate care and treatment.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

(a) If a facility employs physician assistants or nurse practitioners it shall maintain the following information for each nurse practitioner and physician assistant:

(1) a statement of approval to practice as a nurse practitioner by the Board of Medical Examiners and Board of Nursing for each practitioner, or a statement of approval to practice as a physician assistant by the Board of Medical Examiners for each physician assistant;

(2) verification of current approval to practice; and

(3) a copy of instructions or written protocols signed by the nurse practitioner or physician assistant and the supervising physicians.
(b) The privileges of the nurse practitioner or physician assistant shall be clearly defined by the facility's policies and procedures and shall be limited to those privileges authorized in 21 NCAC 32M for the nurse practitioner or 21 NCAC 32O for the physician assistant.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .2506  PHYSICIAN SERVICES FOR VENTILATOR DEPENDENT PATIENTS

Facilities with ventilator dependent care patients shall contract with a physician who has specialized training in pulmonary medicine. This physician shall be responsible for respiratory services and shall:

(1) establish, with the respiratory therapist and nursing staff, appropriate ventilator policies and procedures, including emergency procedures;

(2) assess each ventilator-dependent patient's status at least monthly with corresponding progress notes;

(3) be available on an emergency basis; and

(4) participate in individual patient care planning.