

## SECTION .2500 - PHYSICIAN'S SERVICES

### 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.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority and ambiguity Eff. July 13, 1995;  
Eff. January 1, 1996.*

### 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 .2504 LABORATORY AND RADIOLOGY SERVICES**

The facility shall provide or obtain clinical laboratory and radiology services to ensure that each patient's needs are met. Such services shall include the following:

- (1) provision of laboratory and radiology services within the facility or by contractual agreement;
- (2) diagnostic testing to be done only in accordance with a medical order;
- (3) reports to be dated once filed in the patient's medical record;
- (4) notification of the physician, nurse practitioner or physician assistant regarding findings; and
- (5) assistance in arranging transportation for the patient when testing must be done other than in the facility.

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

**10A NCAC 13D .2505 BRAIN INJURY LONG-TERM CARE PHYSICIAN SERVICES**

(a) For facility patients located in designated brain injury long-term care units, there shall be an attending physician who is responsible for the patient's specialized care program. The intensity of the program requires that there shall be direct patient contact by a physician at least once per week and more often as the patient's condition warrants. Each patient's interdisciplinary, rehabilitation program shall be developed and implemented under the supervision of a physiatrist (a physician trained in physical medicine and rehabilitation) or a physician of equivalent training and experience.

(b) If a physiatrist or physician of equivalent training or experience is not available on a weekly basis to the facility, the facility shall provide for weekly medical management of the patient by another physician. In addition, oversight for the patient's interdisciplinary, long-term care program shall be provided by a qualified consultant physician who visits patients monthly, makes recommendations for and approves the interdisciplinary care plan, and provides consultation as requested to the physician who is managing the patient on a weekly basis.

(c) The attending physician shall actively participate in individual case conference or care planning sessions and shall review and sign discharge summaries and records within 15 days of a patient discharge. When patients are to be discharged to either another health care facility or a residential setting, the attending physician shall ensure that the patient has been provided with a discharge plan which incorporates optimum utilization of community resources and post discharge continuity of care and services.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
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**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.

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