

Registered Nurse Role in the EMTALA Medical Screening Examination

Statement of Purpose

The purpose of this policy is to provide scope of practice clarification for Registered Nurses who may be in a position to provide medical screening examinations.

RN Role and Requirements

The Oregon State Board of Nursing affirms that it is within the role and scope of practice for the Registered Nurse (RN) to perform a medical screening examination (MSE). Further, the Board believes that MSEs are beyond the scope of practice for the Licensed Practical Nurse, or the tasks allowed for unlicensed assistive personnel. It also is the Board's position that the RN completing the MSE is establishing the presence or absence of an emergency medical condition, and is not engaged in making an independent medical diagnosis or developing a medical treatment plan.

Background Information

In 1986, the Emergency Medical Treatment and Active Labor Act (EMTALA) was passed by Congress as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Other changes in the law have occurred since that time. EMTALA was enacted to define requirements for the screening of patients to determine whether a medical emergency exists, and to impose requirements for transfer of unstable patients from one facility to another. The purpose behind this law was to prevent hospitals from rejecting or transferring patients due to lack of insurance.

Specifically, EMTALA requires that any individual who presents to a dedicated emergency department with a request for medical examination or treatment, or to determine if active labor is present, must be provided an "appropriate medical screening examination" to determine whether or not an emergency medical condition exists. If an emergency condition exists, the hospital is obligated to provide care until stabilized, or to transfer that individual to another hospital in accordance with the provisions of the statute.

The individual who performs the medical screening examination must be a "qualified medical person" approved by the hospital governing body or bylaws. The examination must be thorough enough to determine whether an emergency medical condition exists. It should contain medical history, physical examination, appropriate diagnostic testing, consultation with other pertinent providers, and evaluation prior to discharge or transfer. Triage does not satisfy the EMTALA requirements for a medical screening examination.

The RN may perform the MSE, in the context of EMTALA, provided the following criteria are met:

1. The hospital/facility board of directors or governing body must approve the plan in order for RNs to function in this capacity.
2. The RN must function under protocols/algorithms that are approved by an interdisciplinary practice committee. These protocols/algorithms must specify at which point the provider would be contacted. The Board recommends that a RN who will be performing the MSE be included as a member of the interdisciplinary practice committee.
3. There must be a provider with authority to independently medically diagnose and treat (i.e. Nurse Practitioner, Chiropractor, Dentist, Naturopath, Physician or Podiatrist), who has training or experience in emergency care, or in the specialty involved, on call and available by telephone, radio contact or in person.

Oregon State Board of Nursing Policy Statement

4. The hospital/facility must have a training program for the RN to teach the elements of the facility's medical screening examination protocols/algorithms.
5. The RN must be able to demonstrate competency to perform the MSE prior to assignment as the qualified medical person responsible for completion of the MSE. This competency must be documented.
6. The hospital/facility must have a performance improvement program in place that will provide evaluation of the services rendered by RNs providing MSEs.

References

1. 42 US Code § 1395dd.
2. 42 CFR § 489.24.
3. Centers for Medicare and Medicaid Services (CMS) "Clarifying Policies Related to the Responsibilities of Medicare-Participating Hospitals in Treating Individuals With Emergency Medical Conditions," September 9, 2003.
4. 42 CFR § 485.618 (d).

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