

General Guidance for APRNs in Mississippi

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The Mississippi Board of Nursing recognizes that nursing practice is reflective of the dynamic changes occurring in healthcare and society. As such, it is impossible for the Mississippi Nursing Practice Law and the Mississippi Board of Nursing Administrative Code to provide a comprehensive listing of the duties that licensed nurses are permitted to perform. The licensed nurse is charged with providing nursing care in circumstances which are consistent with the nurse's education

Any procedures performed shall be within the APRNs scope of practice as defined by the APRN educational program training and the national certification as an APRN.

Any procedures shall be performed only after verification of the proper education, training and competency documented initially and periodically. Documents shall be kept onsite at the facility.

The BON does not maintain an "approved list" for trainings or CEUs but does recommend a reputable organization providing didactic and practicum experience. The verification of competencies is established by the collaborating physician with supervision of 5 procedures successfully completed on each skill.

Facilities may limit procedures that can be performed by licensees. All consideration as to the facility environment and available resources should be made when determining where and under what circumstances a procedure may be performed.

Any procedures must be identified within the collaborative agreement between the APRN and the physician collaborator and uploaded to the BON gateway portal. The physician must also perform the said procedure as part of their own regular practice

IF there is uncertainty as to if a particular procedure may be performed, one may refer to the Decision-Making Model

. The purpose of the decision-making model is to provide a tool to assist nurses, nursing students, and healthcare facilities in making sound judgment when determining whether an activity, task, procedure, role, or intervention can be safely performed. It is located on the BON website near FAQs. Licensees can petition the Advanced Practice Committee for approval to be able to perform procedures that have not yet been approved by reaching out to the Director of Licensure and Advanced Practice.

Topic	Approved	Not Approved
<p>Aesthetics</p> <p>Botox Fillers PRP PRF Radio Frequency Micro needling Scleroderma therapy Microderm abrasion Dermaplaning Laser Hair Removal</p>	<p>FNPs, ACNPs, ANPs, CRNAs</p> <p>BOML requirement * physician must be on the premises during laser or IPL usage</p> <p>The APRN shall have a private space with appropriate supplies, resources and infection control processes for any aesthetic procedures.</p>	<p>NNPs, PMHNPs, WHNPS, & PNP's cannot provide aesthetic services.</p> <p>The APRN may not delegate the aesthetic procedures listed to nurses or aestheticians. Aestheticians must remain within their scope of practice as defined by their governing board.</p> <p>BOML requirement: Laser and IPL cannot be performed with the physician not on premises</p> <p>Alcoholic beverages or "Botox and bubbly" are not approved or appropriate</p>
<p>Business Ownership</p>	<p>The BON does not license, regulate, certify or inspect any business owned or operated by an APRN as part of opening or maintaining that business. This would include Med Spas, Telehealth, mobile or physical clinics. The licensee would want to seek guidance from any other professionals that would license, regulate, certify or inspect said business in order to be certain of compliance with authorities.</p>	
<p>Devices</p>	<p>All devices used for procedures must be FDA approved or cleared and manufacturer's SOP guidelines followed.</p> <p>The device must be listed in the collaborative agreement and the physician must also utilize this device and be approved within their own practice.</p>	

	The purpose for the device should be within the standard of care for the condition.	
Joint Injections with Plasma Rich Proteins	<p>FNPs, ACNPs, ANPs, ENPs</p> <p>PRP joint injections shall only be performed in the orthopedic clinic setting only by NPs with orthopedic collaborating physicians</p>	<p>NNPs, PMHNPs, & PNPs cannot</p> <p>Outside of the orthopedic clinic settings PRP joint injections cannot be performed by NPs</p>
Nerve Blocks	<p>Digital blocks</p> <p>Dental blocks by FNP/ENP in the ER only</p> <p>Not for NPs:</p> <p>Peripheral, nerve root, nerve branch, cervical, thoracic, lumbar medial, epidural, sacroiliac, peripheral nerve stimulators</p>	
RNFA	<p>For NPs to work in surgery as an Registered Nurse First Assist (RNFA), the APRN must have completed the RNFA training and received a certification as defined by Rule 1.5 1.6 and 1.7 in 2830 of the MS BON Administrative Code. Licensees cannot use on the job training (OJT) to be grandfathered in and on the job training cannot be used to establish an RNFA credential. APRNs must upload the RNFA certification to the BON gateway portal and include RNFA as part of the collaborative agreement.</p> <p>Certified Nurse Midwives (CNMs) may serve in surgery as a surgical first assist during obstetric or gynecologic surgery as deemed within the scope of practice by the American College</p>	

	of Nurse-Midwives as part of their CNM training.	
Scope of Practice	All consideration should be made as to the education, training and initial competencies obtained as part of the APRN program and continuing education, training and competencies maintained. The collaborating physician and APRN must have a compatible practice.	
WHNP or CNM	<p>Women's Health Nurse Practitioners (WHNPs) can work in primary care setting but must remain within their scope of women's health and cannot see conditions outside of that scope.</p> <p>Can see men r/t STDs for family planning, contraception, STDs and infertility</p> <p>CNMs may serve in surgery as a surgical first assist during obstetric or gynecologic surgery as deemed within the scope of practice by the American College of Nurse-Midwives as part of the CNM training</p>	
OBGYN Clinics or health departments	<p>WHNP, ANP or FNP</p> <p>Can perform cystoscopy and uterine biopsies</p>	
Health Department Settings Only	NPs can conduct Expedited Partner Therapy (EPT) or Post-Exposure Prophylaxis (PEP) by writing prescriptions for the "partner" or others in the situation of contact tracings or outbreaks.	

<p>AGE GROUP SPECIFIC SCOPE OF PRACTICE</p> <p>One must consider the scope of practice taught in their APRN program and the National Certification obtained.</p> <p>Adult/Geriatric age range to be seen (adult 13 y/o and older if adult geriatric, if geriatric only certified age 55 y/o and older)</p> <p>PNP (Birth—21 y/o)</p> <p>NNP (Birth to 2 y/o)</p> <p>PMHNP</p>	<p>Can have Family physician as collaborator and can work in Primary Care but must stick with age range.</p> <p>Patient age range 0-2 y/o consistent with NONPF</p> <p>Age range depends on if the certification is across the lifespan or not. Cannot see patients for medical complaints and issues, only psychiatric mental health issues and concerns.</p> <p>Collaborating physician must be a psychiatrist or in a primary care setting may be a primary care physician if the additional collaborating with a non-psychiatrist physician form is used. The form is located under “collaborative agreement” on the BON website.</p>	<p>The NP cannot see a particular age group if that group is not within the scope of practice, even if the collaborating physician can see that age group (for example, PNP’s with a Family Physician collaborator cannot see adults simply because the collaborating physician can)</p> <p>PNPs cannot treat the child’s mother even for such conditions as yeast when the infant has a thrust infection unless the mother is also a patient and meets the age limit criteria.</p> <p>The PMHNP may collaborate with a primary care physician. The additional form entitled “collaborating with a non-psychiatrist” which is located on the BON website under “collaborative agreement” should be uploaded along with the collaborative agreement to the BON gateway portal.</p> <p>Men cannot be seen for other conditions such as HTN or DM</p>
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FNPs (Birth—Death)	For all age spans in compatibility with the physician collaborator. For instance, if the collaborator is Internal Medicine and doesn't see small children then the FNP couldn't see small children.	FNPs cannot diagnose ADHD in adults or children. FNPs can continue to treat the individual once the diagnoses is made by a physician, psychologist, PMHNP, LCSW, LPC or other mental health professional. Documentation of the diagnoses should be in the patient's chart
CRNA (NSPM certificate following a pain management fellowship)	May take fellowship but scope of practice is not expanded—no DEA or prescriptive authority	CRNAs cannot prescribe medications and cannot administer Ketamine on the order of another provider for indications outside of the anesthetic/analgesic domain. The CRNA cannot administer ketamine for mental health purposes.
Telehealth	All of the rules that apply to live in clinic practice apply to telehealth. Medical cannabis first appointments cannot be conducted via telehealth. If the APRN is conducting telehealth visits on patients outside of MS (the patient does not live in MS but rather lives in another state, the APRN must be licensed in MS as an APRN with a RN/RN compact license, but NO LONGER has to list a practice site, collaborative physician or collaborative agreement on the MS BON Gateway Portal. The state where the patient is and where care is considered to be rendered holds jurisdiction. The APRN should be properly licensed in that state and follow their rules and regulations.	
Wound Care	Training certificates in all aspects of wound care that is going to be performed should to be obtained	

Please refer to the special privilege area on the BON website for specifics as to training, documents to keep onsite at the facility and documents to upload to the MS BON.		April 11, 2025 APC review and revisions made
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