

# The Role of the Advanced Practice Registered Nurse in Urology

Advanced practice registered nurses (APRNs) are independent practitioners licensed by their state's board of nursing with graduate or postgraduate education at a master's or doctoral level from an accredited nursing curriculum. APRNs must complete a designated minimum number of clinical practicum hours working with patients, ranging from 500 to 750 hours in the specific category or role. Course work is completed in advanced pathophysiology, pharmacology, and physical assessment. APRNs practice within the scope of their state's nurse practice act. Recognized APRN roles include registered nurse anesthetists, nurse-midwives, nurse practitioners, and clinical nurse specialists. APRNs focus on health promotion, disease prevention, early intervention, counseling, and health education for urologic patients and their families across the lifespan. They can fill the roles of researchers, change agents, educators, administrators, and consultants in research in addition to their expanded roles as expert practitioners in providing patient-centered nursing care, thereby improving quality of life.

In addition to obtaining board certification in their population focus (adult, geriatric, pediatric, family, and women's health), many APRNs are certified in the specialty of urology, demonstrating expert knowledge and competence. APRNs in urology include clinical nurse specialists and nurse practitioners. They collaborate with other health care disciplines working with patients and their families to coordinate high quality, cost-effective, individualized health care to promote a safe environment for well being. APRNs work in collegial relationships with urologists, providing high quality urologic care to patients, with the goal of allowing each patient to attain his or her maximum level of wellness and satisfaction. In many states, APRNs may diagnose and treat patients without the supervision of a physician.

## The APRN scope of practice may include:

- Advocating for urology patients, as well as facilitating access to and movement through the health care system.
- Providing comprehensive health history, health maintenance examinations (for example, routine urology care), and pre- and post-operative urologic surgery evaluations.
- Performing and interpreting urologic tests, such as urodynamics, ultrasonography, radiological studies, and laboratory tests.
- Writing and refilling prescriptions.
- Serving as surgical first assistant during urologic surgery.
- Providing health and wellness counseling to patients across the lifespan, including prevention of urologic diseases (such as urinary tract infections, urinary incontinence, childhood voiding dysfunctions, urologic cancers, and kidney stones).
- Diagnosing, evaluating, and treating critical conditions (such as urinary bleeding, urinary retention, urologic injuries, and acute urinary tract pain).
- Diagnosing, evaluating, and treating ongoing conditions (such as prostate disorders, urinary incontinence, urinary issues with spina bifida, pelvic floor disorders, sexual dysfunction, and fertility issues).
- Serving as a change agent to promote and provide excellent evidence-based care.
- Educating multidisciplinary staff and serving as a role model, preceptor, and mentor to other staff.
- Developing and/or participating in research to improve patient care and each patient's quality of life.
- Providing case consultations to other disciplines.

## Resources:

American Academy of Nurse Practitioners  
American College of Nurse Practitioners  
American Nephrology Nurses' Association  
American Urogynecology Society  
National Association of Clinical Nurse Specialists  
National Association of Pediatric Nurse Practitioners  
Nurse Practitioners in Women's Health  
Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. July 7, 2008.  
Lewandowski, W. & Adamele, K. (2009). Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. *Clinical Nurse Specialist*, 23(2), 73-90.

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