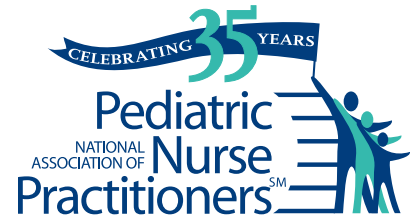


NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice



The National Association of Pediatric Nurse Practitioners (NAPNAP) broadly defines the pediatric population cared for by PNPs as all children from birth through 21 years of age and, in specific situations, individuals older than 21 years until appropriate transition to adult health care is successful (NAPNAP & Society of Pediatric Nurses [SPN], in press).

NAPNAP concurs with the age parameters of pediatrics as described by the American Academy of Pediatrics (AAP) in the 1988 position statement entitled, "Age Limits of Pediatrics." However, NAPNAP believes that the term *pediatric health care provider* should be substituted for all instances of the term *pediatrician* in the AAP statement that follows:

"The purview of pediatrics includes the physical and

psychosocial growth, development, and health of the individual. This commitment begins prior to birth when conception is apparent and continues throughout infancy, childhood, adolescence, and early adulthood, when the growth and developmental processes are generally completed. The responsibility of pediatrics may therefore begin with the fetus and continue through 21 years of age. There are special circumstances (e.g., a chronic illness and/or disability) in which, if mutually agreeable to the pediatrician, the patient, and when appropriate the patient's family, the services of the pediatrician may continue to be the optimal source of health care past the age of 21 years" (p. 736).

PNPs have the education, skills, and the support of State Boards, certifying boards, and colleges and universities for providing care to pediatric patients. NAPNAP works together with the Association of Faculties of Pediatric Nurse Practitioners and the Pediatric Nursing Certification Board (PNCB) to ensure that children and families receive quality health care and that PNPs are educated and prepared to provide that care. The organizations collaboratively use an evidence-based approach to guarantee congruency among PNP educational programs, national certification standards, and PNP practice. The National Organization of Nurse Practitioner Faculties and the American Association of Colleges of Nursing (2002) have established core competencies for graduates of NP programs in different specialty areas. These competencies for PNPs include essential knowledge and skills for providing health care to children from birth through adolescence. Nursing and medical textbooks for use in PNP educational programs focus on the care of children through young adulthood. The PNCB (2007) examination for PNPs includes items related to the PNP's role in caring for age categories of neonatal (0-30 days) to young adulthood (19-21 years). Recent studies (Brady & Neal, 2000; Jackson et al., 2001) have

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validated the diverse and expanding role of the PNP in providing health care to children of all ages.

Many PNPs work in the school health setting, where some students, particularly special needs students, may be as old as 21 years. The PNP is educated to meet the psychosocial and physical care needs of these students, perform pre-participation athletic examinations for adolescents and young adults, facilitate the transition to adulthood by performing pre-college examinations (Muscari & Berkstresser, 2001), and provide health care to young adult college students.

Adolescents and young adults with special health care needs, chronic conditions, and disabilities—a growing population—require transitional care from pediatric to adult health care settings (Betz, 1998a, 1998b). Simultaneously, some pediatric subspecialists and hospitals are lowering their patient age criteria, while adult subspecialists are raising their patient age limits. For pediatric patients who do not live in large cities, this change is especially concerning (AAP, American Academy of Family Physicians, & American College of Physicians—American Society of Internal Medicine, 2002; Rosen, Blum, Britto, Sawyer, & Siegel, 2003; Rudy, 2006). Pediatric health care providers, including PNPs, are qualified to assist patients from birth to age 21 years, special-needs adolescents and young adults older than 21 years, and young adult patients during the transition phase (Lindeke, Krajicek, & Patterson, 2001; NAPNAP & SPN, in press). Preparing youth with strategies to negotiate the complexities of the adult medical setting and ancillary health systems assures the young adult success when transitioning health care and establishing autonomy in an unfamiliar challenging health care environment. All youth benefit from health and wellness preparation and successful transitioning to adult health care settings prior to when acute care needs

arise (Geenen, Powers, & Sells, 2003; Harris, Gordon-Larsen, Chantala, & Udry, 2006).

NAPNAP firmly supports the scope of practice for PNPs to include newborns, infants, children, adolescents, and young adults. NAPNAP additionally supports the PNP's role as a provider of health care for individuals older than 21 years with unique needs and for young adults during the transition to adult health care, especially among those living in communities with limited access to health care (AAP et al., 2002; Rosen et al., 2003; Rudy, 2006). "To create an exclusive upper age limit for pediatric patients may unnecessarily create barriers and limit access to health care for this population" (NAPNAP & SPN, in press).

NAPNAP is an organization whose mission is to promote optimal health for children through leadership, practice, advocacy, education and research.

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