

# NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice

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Creation of exclusive age limits for the provision of health care in pediatric, adolescent, and young adult patients may unnecessarily create barriers and limit access to care continuity for this population (American Nurses Association, National Association of Pediatric Nurse Practitioners [NAPNAP], & Society of Pediatric Nurses, 2015; Hardin, Hacknell, & Committee on Practice and Ambulatory Medicine, 2017; Licensure, Accreditation, Certification and Education [LACE] APRN Network, 2012). Pediatric nurse practitioners (PNPs) have the education, certification, and

licensure to provide comprehensive care to all children from birth through young adulthood. This includes providing screening, evaluation, and diagnosis for patients in both primary and acute care settings (American Nurses Credentialing Center, 2017; Pediatric Nursing Certification Board, 2018). NAPNAP historically defined the age population cared for by PNPs as all children from birth through 21 years of age. In specific situations, individuals older than 21 years can continue to receive health care from PNPs until care can be successfully transitioned to adult health care providers. Adolescents with complex health care needs can face limited access to appropriate adult care and require additional coordination and guidance to ensure an optimal care transition (Hardin et al., 2017). The PNP is educated to meet the psychosocial and physical care needs of these patients, participate in health promotion, deliver preventive care, and provide medical continuity to all children as they transition into young adulthood (American Nurses Association, NAPNAP, & Society of Pediatric Nurses, 2015).

Pediatric providers are uniquely qualified to manage developmental and physical health care needs into young adulthood. The importance of transition planning for adolescents to adult health care services has been widely acknowledged (Betz, 2017; Linebarger, Ajayi, & Jones, 2014). Transition of care includes the use of comprehensive support processes to provide coordinated movement of

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All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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adolescents and young adults with chronic health conditions from child-centered to adult-oriented health care systems (Davis et al., 2014). Education, planning, and support are needed for all young people preparing to transition to adult systems of health care.

The World Health Organization (2014) categorizes *young people* as individuals 10 through 24 years of age. The upper age limit of 24 years considers that there are higher rates of unemployment and high costs to establishing an independent household, leading to a prolonged period of dependency (United Nations Educational, Cultural and Scientific Organization, 2017). Gaps in insurance coverage and inconsistent adherence to care regimens for existing conditions and follow-up can lead to poorer health outcomes in young people (Cuomo & Rome, 2017). Sawyer, Azzopardi, Wickremarathne, and Patton (2018) suggested that defining *adolescence* as ages 10 through 24 aligns more clearly with an improved understanding of adolescent growth patterns and social role transitions.

Age parameters should not be the sole arbiter for optimal, safe, and quality care in pediatric practice. Multiple evidence-based publications underscore circumstances in which a patient falls outside the traditionally defined population focus of a pediatric health care provider (American Academy of Pediatrics, American Academy of Family Physicians, & American College of Physicians, 2011; Society of Adolescent Health & Medicine, 2017). In these circumstances, the PNP may manage the patient or provide expert consultation to ensure the provision of high-quality and evidence-based care to those patients (LACE APRN Network, 2012).

PNPs provide developmentally appropriate, family-centered care to adolescent parents and their infants to meet their special health care needs (Dumas, Terrell, & Gustafson, 2018). PNPs play a significant role in establishing a child's medical home by conducting pediatric prenatal visits and by continuing care delivery for term and preterm infant care across health care settings (Yogman, Lavin, Cohen, & Committee on Psychosocial Aspects of Child and Family Health, 2018). Preterm infants are a unique population with specialized health care needs that may continue across the lifespan, and PNPs are educated to care for these specialized needs.

In the acute care setting, patients of all ages present with health care issues that originate in or that normally occur during childhood and adolescent years. Because of the unique health care needs of young persons with acute and/or chronic life-threatening illnesses, patients outside the traditionally defined pediatric age parameters may require ongoing pediatric health services and may be best served by acute care—certified PNPs (Pediatric Nursing Certification Board, 2016).

NAPNAP is an organization whose mission is to empower PNPs, pediatric-focused advanced practice registered nurses (APRNs) and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education, and research. NAPNAP firmly supports

the scope of practice for PNPs to include prenatal consultations and care of newborns, infants, children, adolescents, and young adults. The American Academy of Pediatrics (Hardin et al., 2017) has recently left the decision about receiving pediatric-based care to individual patients, in concert with their provider, in consideration of the patient's physical and psychosocial needs. NAPNAP supports the PNP's role as a provider of health care for young adults with unique needs during the transition to adult health care providers, especially among those with limited access to health care (AAP et al., 2011; Scher, 2015).

## REFERENCES

- American Academy of Pediatrics, American Academy of Family Physicians, & American College of Physicians, Transitions Clinical Report Authoring Group. (2011). Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*, 128, 182–200.
- American Nurses Association, National Association of Pediatric Nurse Practitioners, & Society of Pediatric Nurses. (2015). *Pediatric nursing: Scope and standards of practice*. Silver Spring, MD: American Nurses Association.
- American Nurses Credentialing Center. (2017). Test content outline: Pediatric primary care nurse practitioner board certification examination. Silver Spring, MD: Author. Retrieved from <https://www.nursingworld.org/~4acbba/globalassets/certification/certification-specialty-pages/resources/test-content-outlines/pediatricprimarycarenp-tco.pdf>
- Betz, C. (2017). SPN position statement: Transition of pediatric patients into adult care. *Journal of Pediatric Nursing*, 35, 160–164.
- Cuomo, C., & Rome, E. S. (2017). Translation of the six core elements of healthcare transition: A primary care approach. *Journal of Adolescent Health*, 60(2), S77–S78.
- Davis, A., Brown, R., Taylor, J., Epstein, R., & McPheeters, M. (2014). Transition care for children with special health care needs. *Pediatrics*, 134, 900–908.
- Dumas, S. A., Terrell, I. W., & Gustafson, M. (2018). Health and social needs of young mothers. *MCN*, 43, 146–152.
- Hardin, A. P., Hackell, J. M., & Committee on Practice and Ambulatory Medicine. (2017). Age limit of pediatrics. *Pediatrics*, 140(3), e20172151.
- Licensure, Accreditation, Certification and Education (LACE) APRN Network. (2012). *Clarifying statement on age parameters for APRNs (2012)*. LACE APRN Network. Retrieved from [http://login.icohere.com/connect/d\\_connect\\_itemframer.cfm?vsDTTI=Clarifying%20Statement%20on%20Age%20Parameters%20for%20APRNs&dseq=11071&dtseq=63052&emdisc=2&mk ey=public935&vDTA=0&vINA=0&vDTA=&PAN=1&bDTC=0&blog=0&vsSH=A](http://login.icohere.com/connect/d_connect_itemframer.cfm?vsDTTI=Clarifying%20Statement%20on%20Age%20Parameters%20for%20APRNs&dseq=11071&dtseq=63052&emdisc=2&mk ey=public935&vDTA=0&vINA=0&vDTA=&PAN=1&bDTC=0&blog=0&vsSH=A)
- Linebarger, J., Ajayi, T., & Jones, B. (2014). Adolescents and adults with life-threatening illnesses: Special considerations, transitions in care, and the role of pediatric palliative care. *Pediatric Clinics of North America*, 61, 785–796.
- Pediatric Nursing Certification Board. (2016). *Acute Care Pediatric Nurse Practitioner Certification Exam: Detailed content outline*. Rockville, MD: Author. Retrieved from [https://www.pncb.org/sites/default/files/2017-02/2014\\_CPNP-AC\\_Content\\_Outline.pdf](https://www.pncb.org/sites/default/files/2017-02/2014_CPNP-AC_Content_Outline.pdf)
- Pediatric Nursing Certification Board. (2018). *Primary Care Pediatric Nurse Practitioner—Primary Care Exam: Detailed content outline*. Rockville, MD: Author. Retrieved from [https://www.pncb.org/sites/default/files/resources/2018\\_CPNP-PC\\_Exam\\_Content\\_Outline\\_FINAL.pdf](https://www.pncb.org/sites/default/files/resources/2018_CPNP-PC_Exam_Content_Outline_FINAL.pdf)
- Sawyer, S., Azzopardi, P., Wickremarathne, D., & Patton, G. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2, 223–228.

- Scher, E. (2015). Transition: Changing old habits. *Pediatrics*, 135, 958–960.
- Society of Adolescent Health & Medicine. (2017). Young adult health and well-being: A position statement of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health*, 60, 758–759.
- United Nations Educational, Scientific and Cultural Organization. (2017). *Learning to live together: What do we mean by “youth”?* Paris, France: Author. Retrieved from <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/>
- World Health Organization. (2014). *Adolescence: A period needing special attention*. Geneva, Switzerland: Author. Retrieved from [http://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/second-decade/en/](http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/en/)
- Yogman, M., Lavin, A., Cohen, G., & Committee on Psychosocial Aspects of Child and Family Health. (2018). The prenatal visit. *Pediatrics*, 142(1), e20181218.