

# **DID THIS APRN CORRECTLY ACKNOWLEDGE THE PATIENT'S CONDITION WAS OUTSIDE HER SCOPE OF PRACTICE?**

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## **Avoiding Liability Bulletin - December 2025**

### **DID THIS APRN CORRECTLY ACKNOWLEDGE THE PATIENT'S CONDITION WAS OUTSIDE HER SCOPE OF PRACTICE?**

In the case that follows (Bowen v. Cassell-Harris, APRN, No. 2024-CA-1395-MR, Court of Appeals of the Commonwealth of Kentucky, September 5, 2025), an APRN's scope of practice was one of the critical issues the court evaluated.

#### Specifics of the Case

The patient came to the ED at a medical center with symptoms of shortness of breath, chest tightness, and a rapid heart rate of about 210 beats/minute. The patient was assessed by an ER APRN.

The APRN was aware of the patient's diagnosis of [Wolff-Parkinson-White Syndrome \("WPW"\)](#). The condition results in an extra electrical pathway in the heart.

Because the APRN determined that the patient's condition was outside her scope of practice and knowledge to properly treat him, she referred the patient to the ED physician.

The ED physician directed the APRN to order several medications for the patient. She did so and the medications were later administered by another nurse.

The APRN's shift in the ED ended and she left the hospital. About fifteen minutes later, the patient went into cardiac arrest. He was resuscitated within approximately three minutes, and his condition was stabilized. The patient was transferred to another medical center.

#### Patient Files Lawsuit and Proceedings

About one year later, the patient filed a medical negligence claim and named several defendants, including the APRN. All of the defendants were dismissed (removed from the case) as parties except the APRN.

The APRN filed a [Summary Judgment Motion](#) after the patient's expert witness did not "sufficiently set

forth opinions that the APRN violated the standard of care or that any action she took caused” the patient’s injuries. The Appellate Court granted the Motion

The patient filed a [Motion to Vacate the Summary Judgment](#). His Motion was denied after the court again considered the patient’s expert witness testimony.

The patient appealed that decision.

### Appellate Court Decision

The Court carefully analyzed the facts of the case and the applicable state law.

Its opinion specified several legal points, including:

- There must be proof that the negligent act was the proximate cause of the alleged injury
- “Lack of expert witness testimony is truly a failure of proof”
- The patient sustained no lasting physical injuries due to the cardiac arrest or at least “none that can be attributed to this event other than is WPW diagnosis”
- The medical record reflects that the ED doctor took over the care of the patient when the APRN determined his condition was outside the scope of her practice and expertise
- The expert witness’ allegations of professional negligence learn more toward a case against the ED physician rather than the APRN, even though the ED physician was never named as a party or his [deposition](#) taken
- Although the incident was stressful for the patient, the fact that the APRN left the facility and before the cardiac arrest occurred and anything that took place afterward did not involve her, as the ED physician was in charge of the patient’s care.

The Court affirmed the decision of the circuit court in denying the patient’s Summary Judgment Motion.

### Points to Consider in Your APRN Practice

This case clearly supports the importance of knowing your scope of practice, not only as defined by the state nurse practice act but also when your expertise does not extend to a patient condition that exceeds your expertise.

Keep in mind that it is the state nurse practice act that defines your scope of practice. Your professional associations may indicate that your scope of practice provides you with the authority to treat a particular condition or conditions, but that authority is *only* present if your state nurse practice act provides you with that authority.

The APRN did what was legally—and ethically—correct in passing the care of the patient to the ED

physician.

The case also stresses the importance of documentation in the medical record when a transfer of care occurs. Although truthful testimony about such a transfer can be compelling, the essential support of the transfer documented in the patient medical record is invaluable.

The documentation should include to whom the transfer occurred, the time it occurred, and what patient information was given to the team member for the transfer to take place, along with that team member's acceptance of the transfer.

Likewise, any medication orders given by a physician to an APRN to order must also be carefully documented, including the medications ordered by the physician, the time they were ordered by the physician, and when and where the order was provided by the APRN.

The case also stresses the importance of expert witness testimony in any case alleging professional negligence on the part of any nurse, including an APRN. Without adherence to the strict mandates of an acceptable expert opinion based on state law, the assessment will fail.

It is not known why the ED physician was not a named defendant in the case. As the opinion suggests, the expert's opinion supported the potential for professional negligence by the ED physician more than that of the APRN. However, since he was not named in this suit, the plaintiff is forever barred from filing a case against him unless new facts, not a part of this suit, are discovered and pleaded. This is why, after a careful review of all of the case facts, it is essential to name *any and all* health care provider that might have had an impact on a patient's injury be named in the initial suit filed. If named, and the provider had no part in the patient's injury, the individual can be dismissed from the suit as occurred in this case.

Last, the case was not as a "NOT TO BE PUBLISHED CASE". In the State of Kentucky, this means that the decision is not final until all appeals are taken so the case is not part of Kentucky's published case records until those appeals, if any, occur. Even so, the case provides guidance for APRNs and other nurses.

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