

## LIST OF CLINICAL PRIVILEGES – ACUTE CARE NURSE PRACTITIONER (ACNP)

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Uncensored/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

I Scope		Requested	Verified
<b>P391549</b>	The scope of privileges for acute care nurse practitioners includes the evaluation, diagnosis, treatment and consultation of adult patients with various acute, chronic, critical and complex health problems. The ACNP initiates and evaluates treatment regimens which may include ordering, performing and monitoring medication regimens and invasive/non-invasive procedures. Acute Care Nurse Practitioners admit and assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P385759</b>	Order and initially interpret basic radiological films (skull, spine, chest, abdomen, and extremities)		
<b>P385763</b>	Pulmonary function testing and preliminary interpretation		
<b>P385767</b>	Compartment pressure monitoring		
<b>P385769</b>	Ventilator management		
<b>P385771</b>	Intracranial pressure monitoring		
<b>P385773</b>	Therapeutic hypothermia management		
<b>P385775</b>	Clinical clearing of c-spine injuries		
<b>P385779</b>	Focused Assessment with Sonography for Trauma (FAST) exam		
<b>P388353</b>	Central venous pressure monitoring		
<b>P388880</b>	Minor burn management		
<b>P391984</b>	Electrocardiogram (EKG) preliminary interpretation		
Procedures		Requested	Verified
<b>P385793</b>	Tracheostomy tube insertion		
<b>P385809</b>	Hemodialysis catheter insertion/removal		
<b>P385811</b>	Intraosseous cannulation/removal		
<b>P385813</b>	Perform percutaneous endoscopic gastrostomy		
<b>P385815</b>	Perform post pyloric enteral tube placement		
<b>P385819</b>	Manage dislocations, reduction and splinting		
<b>P385821</b>	Pelvic exams/pap smears		
<b>P385825</b>	Suture lacerations and wounds		
<b>P385827</b>	Insert nasal packing		
<b>P385829</b>	Placement of wound vac		



**LIST OF CLINICAL PRIVILEGES – ACUTE CARE NURSE PRACTITIONER (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

**RECOMMEND APPROVAL**

**RECOMMEND APPROVAL WITH MODIFICATION**  
(Specify below)

**RECOMMEND DISAPPROVAL**  
(Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**