

## LIST OF CLINICAL PRIVILEGES – FAMILY NURSE PRACTITIONER (FNP)

**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 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. (Unlicensed/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.

<b>NAME OF APPLICANT</b>	<b>NAME OF MEDICAL FACILITY</b>
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I Scope		Requested	Verified
<b>P386321</b>	The scope of privileges for family nurse practitioners includes the evaluation, diagnosis, treatment, disposition, and referral for patients of all ages with acute and chronic symptoms, illnesses, injuries, or conditions. FNP's provide education on health, well-being, management and prevention of disease. FNP's assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P385998</b>	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
<b>P385992</b>	Routine prenatal care for low-risk pregnancies		
<b>P385994</b>	Uncomplicated postpartum patients		
<b>P386000</b>	Initiate, continue, and terminate temporary/limited duty profile in accordance with Service policy		
<b>P386002</b>	Place patients on quarters in accordance with Service policy		
<b>P391125</b>	Cardiac stress test		
<b>P391984</b>	Electrocardiogram (EKG) preliminary interpretation		
Procedures			
	Skin	Requested	Verified
<b>P386341</b>	Laceration repair, single layer		
<b>P387759</b>	Incision and drainage of cysts and minor abscesses		
<b>P388872</b>	Excision of cysts		
<b>P388376</b>	Complete / partial nail removal with or without destruction of nail matrix		
<b>P388387</b>	Cryosurgical removal of skin lesions		
<b>P388483</b>	Thrombosed hemorrhoid incision and drainage (I&D)		
	Head and Neck	Requested	Verified
<b>P388430</b>	Tonometry		
<b>P388432</b>	Slit lamp examination		
<b>P388496</b>	Removal of ocular foreign body		
<b>P388583</b>	Removal of nasal foreign body		
<b>P388589</b>	Removal of otic foreign body		
<b>P388585</b>	Placement of posterior nasal packs or balloons		
<b>P388587</b>	Anterior nasal packing		
<b>P388591</b>	Tympanometry		

**LIST OF CLINICAL PRIVILEGES – FAMILY NURSE PRACTITIONER (CONTINUED)**

<b>Procedures (Con't)</b>			
	<b>Musculoskeletal</b>	<b>Requested</b>	<b>Verified</b>
<b>P388380</b>	Arthrocentesis		
<b>P388382</b>	Joint injection		
<b>P388500</b>	Reduction of simple closed fractures and dislocations		
	<b>GYN</b>	<b>Requested</b>	<b>Verified</b>
<b>P386389</b>	Diaphragm fitting		
<b>P388610</b>	Endometrial biopsy		
<b>P388840</b>	Endocervical curettage		
<b>P388884</b>	I&D of Bartholin's gland abscess		
<b>P388886</b>	Biopsy of vulva		
<b>P388838</b>	Colposcopy with or without cervical biopsy		
<b>P388888</b>	Intrauterine device (IUD) insertion		
<b>P388903</b>	Removal of intrauterine device		
<b>P385367</b>	Subcutaneous contraceptive rod insertion/removal		
<b>P388608</b>	Culdocentesis		
<b>P388669</b>	Anoscopy		
<b>Procedure Advanced Privileges (Require Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
<b>P386393</b>	Sigmoidoscopy		
<b>P388481</b>	Paracentesis		
<b>P388359</b>	Lumbar puncture		
<b>P388364</b>	Thoracentesis		
<b>P390346</b>	Colonoscopy with / without biopsy		
	<b>Anesthesia privileges:</b>	<b>Requested</b>	<b>Verified</b>
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
	<b>Skin Biopsies:</b>	<b>Requested</b>	<b>Verified</b>
<b>P388391</b>	Punch biopsy		
<b>P388393</b>	Shave biopsy		
<b>P388395</b>	Excisional biopsy		
<b>Other (Facility- or provider-specific privileges only)</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – FAMILY 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