

LIST OF CLINICAL PRIVILEGES – NEONATAL NURSE PRACTITIONER

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.

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P390481	The scope of privileges for neonatal nurse practitioner includes the evaluation, diagnosis, treatment for term, preterm, and critically ill newborns and infants. Management of tertiary neonatal care to include ventilatory care, patients with neurological or post-neurosurgical, postsurgical, or post-cardiac/thoracic surgical organ dysfunction, prematurity, and/or who are in need of critical care for life-threatening disorders. Neonatal nurse practitioners may manage patients in the intensive care setting in accordance with medical staff policies.		
Diagnosis and Management (D&M)		Requested	Verified
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
P390302	High frequency ventilation		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
P384774	Electrocardiogram (EKG) interpretation		
P391102	Neonatal interfacility transport		
P419768	Attend deliveries		
P390306	Extracorporeal membrane oxygenation (ECMO)		
Procedures		Requested	Verified
P390487	Umbilical artery catheter and umbilical vein catheter line insertion		
P390334	Emergency needle cricothyrotomy		
P418845	Nitrous oxide administration		
P419747	Emergency pericardiocentesis		
P419748	Emergent paracentesis		
P388370	Endotracheal intubation		
P419749	Newborn resuscitation		
P419750	Ventricular reservoir aspiration		
P419738	Needle thoracentesis		
P390711	Intraosseous line placement		
P390724	Exogenous surfactant administration		
P388537	Newborn lumbar puncture		
P385773	Therapeutic hypothermia management		
P388411	Suprapubic bladder aspiration		
P388565	Newborn circumcision		

LIST OF CLINICAL PRIVILEGES – NEONATAL 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