## LIST OF CLINICAL PRIVILEGES - ADULT 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 military service.

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, 3, 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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.

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## NAME OF MEDICAL FACILITY:

## ADDRESS:

I Scope		Requested	Verified
P385082	The scope of privileges for adult nurse practitioners includes the evaluation, diagnosis and treatment of adult patients with common illnesses, diseases, and functional disorders. Providers perform invasive and non-invasive procedures, initiate and evaluate treatment regimens which may include prescribing, monitoring and altering medications. Educate and counsel patients on the promotion and maintenance of well- being. Adult nurse practitioners assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis a	nd Management (D&M)	Requested	Verified
P385086	Manage behavioral or psychosocial problems, including crisis intervention and short- term individual, family and marriage counseling		
P388880	Minor burn management		
P391984	Electrocardiogram (EKG) preliminary interpretation		
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
Procedures		Requested	Verified
P385092	Care and debridement of wounds		
P387759	Incision and drainage of cysts and minor abscesses		
P388387	Cryosurgical removal of skin lesions		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P388882	Repair of simple laceration		
P388380	Arthrocentesis		
P388382	Joint injection		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
P388411	Suprapubic bladder aspiration		
P388669	Anoscopy		
P388600	Vaginal diaphragm fitting		
P388610	Endometrial biopsy		
P388840	Endocervical curettage		
P388604	Cervical biopsy		

LIST OF CLINICAL PRIVILEGES – ADULT NURSE PRACTITIONER (CONTINUED)				
Procedures (Cont.)		Requested	Verified	
P388884	I&D of Bartholin's gland abscess			
P388886	Biopsy of vulva			
P388888	Intrauterine device (IUD) insertion			
P388890	Removal of intracervical or intrauterine device			
P385367	Subcutaneous contraceptive rod insertion/removal			
P388608	Culdocentesis			
P388366	Abdominal paracentesis			
P388359	Lumbar puncture			
P388364	Thoracentesis			
P388432	Slit lamp examination			
P388496	Removal of ocular foreign body			
P388457	Laryngoscopy; direct, indirect			
P388585	Placement of posterior nasal packs or balloons			
P388587	Anterior nasal packing			
P388892	Emergency intubation			
	Anesthesia privileges	Requested	Verified	
P387317	Topical and local infiltration anesthesia			
P387323	Peripheral nerve block anesthesia			
	Skin Biopsies	Requested	Verified	
P388391	Punch biopsy	Troquoctou	70111100	
P388393	Shave biopsy			
P388395	Excisional biopsy			
	ity- or provider-specific privileges only):	Requested	Verified	
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SIGNATURE	DF APPLICANT	DATE		
SIGNATURE (	OF ALL EIGHT	DATE		

LIST OF CLINICAL PRIVILEGES – ADULT NURSE PRACTITIONER (CONTINUED)					
II CLINICA	CLINICAL SUPERVISOR'S RECOMMENDATION				
	COMMEND APPROVAL WITH MODIFICATION cify below)	RECOMMEND DISAPPROVAL (Specify below)			
STATEMENT:					
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE			