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 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.

| N | ΙΔΜ | F | OF | APPI | I ICA | NT: |
|---|-----|---|----|------|-------|-----|
| | | | | | | |

NAME OF MEDICAL FACILITY:

ADDRESS:

| 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) | |
| Procedure | s Con't | | |
| P419739 | Chest tube thoracostomy | | |
| P391456 | Double volume exchange transfusion | | |
| P391454 | Partial exchange transfusion | | |
| P419740 | Peripherally-inserted arterial line (PAL) | | |
| P419742 | Percutaneous central venous line (PCVL) | | |
| P419741 | Deep sedation (sedative and narcotic medications not to include propofol and ketamine) | | |
| P390716 | Peripherally inserted central catheter (PICC) | | |
| Other (Fac | ility- or provider-specific privileges only): | Requested | Verified |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE | OF APPLICANT | DATE | |
| | | | |

| LIST OF CLINICAL PRIVILEGES – NEONATAL NURSE PRACTITIONER (CONTINUED) | | | | | | |
|---|---|---------------------------------------|--|--|--|--|
| II CLINICAL SUPERVISOR'S RECOMMENDATION | | | | | | |
| | COMMEND APPROVAL WITH MODIFICATION ecify below) | RECOMMEND DISAPPROVAL (Specify below) | | | | |
| STATEMENT: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CLINICAL SUPERVISOR SIGNATURE | CLINICAL SUPERVISOR PRINTED NAME OR STAMI | DATE | | | | |