

LIST OF CLINICAL PRIVILEGES – ACUTE CARE 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 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.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

I. Scope		Requested	Verified
P391549	The scope of privileges for Acute Care Nurse Practitioner (ACNP) 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. ACNPs 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
P385759	Order and initially interpret basic radiological films (skull, spine, chest, abdomen, and extremities)		
P385763	Pulmonary function testing and preliminary interpretation		
P385767	Compartment pressure monitoring		
P385769	Ventilator management		
P385771	Intracranial pressure monitoring		
P385773	Therapeutic hypothermia management		
P385775	Clinical clearing of c-spine injuries		
P385779	Focused Assessment with Sonography for Trauma (FAST) exam		
P388353	Central venous pressure monitoring		
P388880	Minor burn management		
P391984	Electrocardiogram (EKG) preliminary interpretation		
Procedures		Requested	Verified
P385793	Tracheostomy tube insertion		
P385809	Hemodialysis catheter insertion/removal		
P385811	Intraosseous cannulation / removal		
P385813	Perform percutaneous endoscopic gastrostomy		
P385815	Perform post pyloric enteral tube placement		
P385819	Manage dislocations, reduction and splinting		
P385821	Pelvic exams/pap smears		
P385825	Suture lacerations and wounds		
P385827	Insert nasal packing		

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Procedures (Cont.)		Requested	Verified
P385829	Placement of wound vac		
P385208	Cardioversion, elective		
P388366	Abdominal paracentesis		
P388359	Lumbar puncture		
P385194	Bone marrow aspiration / biopsy		
P388451	Cricothyrotomy		
P388669	Anoscopy		
P388473	Needle thoracostomy		
P388364	Thoracentesis		
P388355	Arterial cannula placement		
P388411	Suprapubic bladder aspiration		
P387759	Incision and drainage of cysts and minor abscesses		
P388477	Wound care / debridement		
P388380	Arthrocentesis		
P388382	Joint injection		
P385198	Tube thoracostomy		
P390707	Central venous catheter insertion		
P388370	Endotracheal intubation		
P391858	Nasotracheal intubation		
Anesthesia privileges		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P388894	Local digital block anesthesia		
P388406	Moderate sedation		
Other (Facility or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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