

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 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.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

I Scope		Requested	Verified
P386321	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. FNPs provide education on health, well-being, management and prevention of disease. FNPs assess, stabilize and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
P385992	Routine prenatal care for low-risk pregnancies		
P385994	Uncomplicated postpartum patients		
P386000	Initiate, continue, and terminate temporary/limited duty profile in accordance with Service policy		
P386002	Place patients on quarters in accordance with Service policy		
P391125	Cardiac stress test		
P391984	Electrocardiogram (EKG) preliminary interpretation		
Procedures		Requested	Verified
	Skin	Requested	Verified
P386341	Laceration repair, single layer		
P387759	Incision and drainage of cysts and minor abscesses		
P388872	Excision of cysts		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
P388387	Cryosurgical removal of skin lesions		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
	Head and Neck	Requested	Verified
P388430	Tonometry		
P388432	Slit lamp examination		
P388496	Removal of ocular foreign body		
P388583	Removal of nasal foreign body		
P388589	Removal of otic foreign body		

P388585	Placement of posterior nasal packs or balloons		
P388587	Anterior nasal packing		
P388591	Tympanometry		
LIST OF CLINICAL PRIVILEGES – FAMILY NURSE PRACTITIONER (CONTINUED)			
Procedures (Con't)			
	Musculoskeletal	Requested	Verified
P388380	Arthrocentesis		
P388382	Joint injection		
P388500	Reduction of simple closed fractures and dislocations		
	GYN	Requested	Verified
P386389	Diaphragm fitting		
P388610	Endometrial biopsy		
P388840	Endocervical curettage		
P388884	I&D of Bartholin's gland abscess		
P388886	Biopsy of vulva		
P388838	Colposcopy with or without cervical biopsy		
P388888	Intrauterine device (IUD) insertion		
P388903	Removal of intrauterine device		
P385367	Subcutaneous contraceptive rod insertion/removal		
P388608	Culdocentesis		
P388669	Anoscopy		
Procedure Advanced Privileges (Require Additional Training):		Requested	Verified
P386393	Sigmoidoscopy		
P388481	Paracentesis		
P388359	Lumbar puncture		
P388364	Thoracentesis		
P390346	Colonoscopy with / without biopsy		
	Anesthesia privileges:	Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
	Skin Biopsies:	Requested	Verified
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
Other (Facility- or provider-specific privileges only)		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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