DECATUR COUNTY MEMORIAL HOSPITAL

CLINICAL PRIVILEGES FOR NURSE PRACTITIONER

| NAME: | DATE: | | |
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QUALIFICATIONS: To be eligible for privileges as a Nurse Practitioner, the practitioner must meet the following qualifications:

BASIC EDUCATION: Current, unrestricted RN license issued by Indiana Health Professions Bureau including certification as a Nurse Practitioner.

MINIMAL FORMAL TRAINING: Successful completion of a graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation, which prepares the Registered Nurse to practice as a Nurse Practitioner – or- Successful completion of a certificate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation, which prepares the Registered Nurse to practice as a Nurse Practitioner. Nurse Practitioners who complete a certificate program must be certified and maintain certification as a Nurse Practitioner by a national organization which requires a national certifying examination.

REQUIREMENTS/DUTIES: The Nurse Practitioner must practice under a written collaborative agreement and is accountable to the medical staff member for all aspects of delegated medical management of patients in collaboration with the attending physician. Nurse Practitioner will adhere to Indiana Board of Nursing Rules and Regulations and to the standards defined in the Scope of Practice for Primary Care by the American Nurses Association. Nurse Practitioners functioning in the Emergency Department will be supervised by the assigned Emergency Department physician.

REAPPOINTMENT REQUIREMENTS: Basic life Support competency, current demonstrated competence and an adequate volume of current experience (as specified in the ADMINISTRATION Medical Staff Credentialing Process) with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. **A.C.L.S. and P.A.L.S competence is required if working the Emergency Department.**

Note: If any privileges are covered by an exclusive contractual arrangement, physicians who are not party to the contract are not eligible to request the privilege(s) regardless of education, training and experience.

| | CORE PRIVILEGES | | | | |
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| | Initial and ongoing assessment of patient's medical, physical, and psychosocial status, including: | | | | |
| | conduct history and physical; perform comprehensive physical examination; develop treatment | | | | |
| | plan; perform rounds; record progress notes, dictate admission history and physical; order | | | | |
| Requested | diagnostic tests and examinations, prescribe and adjust pharmacologic agents, formulate a | | | | |
| '_ | differential medical diagnosis, write discharge summaries; interpret common laboratory tests; | | | | |
| | provide patient education and counseling covering health status, test results, disease processes and | | | | |
| | discharge planning; initiate and transcribe orders for medications, treatments, tests, IV fluids; | | | | |
| | provide pre-and postoperative surgical care; nasogastric tube insertion, endotracheal intubation | | | | |
| | assist in Code 99 situations, scrub, assist, or observe in OR and OB at the direction of the | | | | |
| | collaborating physician, repair minor lacerations (single-layer closure), perform digital blocks and | | | | |
| | local anesthesia for laceration repair, apply splints for non-displaced fractures and simple sprains. | | | | |
| | Provide Emergency Department services including performance of a medical screening | | | | |
| | examination, treating patients, including application of splints and casts for uncomplicated | | | | |
| | fractures and severe sprains, suturing lacerations, providing wound care, interpreting EKG's and | | | | |
| | facilitating transfer with consultation of collaborating physician. | | | | |
| | All privileges are conducted under the collaboration of a physician member of the | | | | |
| | medical staff and do not take the place of timely physician visits. | | | | |

SPECIAL REQUESTS

| | Pain Management Procedures – completion of proctoring program required | | |
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| | Trigger Point Injections – proctored on five procedures | | |
| | Trochanteric Bursa Steroid Injections – proctored on five procedures | | |
| | Shoulder Joint Steroid Injections – proctored on five procedures | | |
| | Steroid and Hyalgan Knee Injections – proctored on five procedures each | | |
| Requested | * Evaluate, diagnose, consult and manage patients of all ages, except where specifically excluded from practice, for direct routine wound care. Privileges include surgical debridement of wounds under direct supervision of surgeon, transcutaneous oximetry | | |

- 1. As set forth in the Bylaws, Rules and Regulations, and policies and procedures, an attending physician or another medical staff member designated by the attending physician must see all inpatients daily. As Nurse Practitioners are privileged, but not medical staff members, all care provided to hospitalized patients shall be overseen on a daily basis by a physician member of the medical staff who is ultimately responsible for the patient.
- 2. A Nurse Practitioner wishing to prescribe controlled substances must obtain an Indiana Controlled Substances Registration (CSR) and a Federal Drug Enforcement Administration (DEA) Registration
- 3. Nurse Practitioners act as independent and interdependent members of the health team. Specifically, a Nurse Practitioner uses his/her knowledge and skills to identify conditions; diagnose health problems; develop and implement nursing treatment plans; evaluate patient outcomes; and collaborate with or refer to a practitioner in managing the plan of care.
- 4. A Nurse Practitioner's responsibility to the patient includes recognizing his/her limitations and consulting or referring as necessary to other health care providers. Nurse Practitioners must function within the legal boundaries of their advanced practice area and must have knowledge of state and federal drug laws, confidentiality laws and medical records access laws.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Decatur County Memorial Hospital.

| Signed: | Date: | |
|------------------------------------------------|--------------------|--|
| Collaborating Physician Signature: | Date: | |
| I have reviewed the requested privileges and r | ecommend approval. | |
| Signed: | Date: | |

V.P. of Patient Care

| ☐ Found qualified for privileges requested.☐ Modifications recommended as follows: | | |
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| | | |
| Department Chair | Date | |

Core Privilege Form Approved:
Department Committee Date: 05-12-17 Medical Executive Committee Date: 05-19-17 **Board of Trustees** Date: 05-25-17 Board of Trustees Approved Revision Date: 11-29-18