

MIDLAND MEMORIAL HOSPITAL – Midland, Texas 79701
ALLIED HEALTH STAFF PRIVILEGES

DEPARTMENT: **Hospital-Based**
SECTION: **Emergency/Ambulatory**

CORE CATEGORY: **ADVANCED PRACTICE NURSE**
(NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST)

The following privileges and procedures are as applicable within the scope of practice of and as directed by the supervising physician in addition to as allowed by state licensing agency and hospital policies and bylaws.

REQUESTED	GRANTED	DENIED	Privileges:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive history and physical exam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment, workup, diagnosis, and provision of initial treatment to patients of any age who present with any condition, illness, or injury, to ameliorate signs and symptoms, provide stabilization and determine more definitive services as appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribe medications and treatments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Print prescriptions in EDITH w/o sponsoring physician signing first
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop treatment plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write orders for ambulatory care patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write admission orders for review and countersignature by supervising physician within 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dictate as necessary for review and countersignature by supervising physician within 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon communication with and approval of supervising physician, consultations with sub-specialty/on-call physicians and staff may be initiated to facilitate quality and continuity of care for patients determined to be in stable condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Render emergency medical care without direct supervision in cases where immediate evaluation and treatment are necessary to avoid disability or death, pending arrival of supervising physician

REQUESTED	GRANTED	DENIED	Core Procedures:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply, remove and change dressings and bandages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasogastric and orogastric intubation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder catheterization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precipitous delivery of newborn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform arterial and peripheral venous punctures for blood sampling, cultures and intravenous catheterization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administer subcutaneous, intramuscular and intravenous injections (therapeutic, routine, immunizations)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cervical immobilization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nail trephination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastric lavage

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REQUESTED	GRANTED	DENIED	Core Procedures (continued):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture simple lacerations; suture and staple removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain appropriate cultures (throat, urine, wound)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incise and drain superficial skin infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debride, repair and care for superficial wounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid and electrolyte replacement therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strap or splint sprains and minor fractures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial ordering and interpretation of imaging and other diagnostic studies to include performance and <u>initial</u> interpretation of EKG

Special Procedures:

(must provide evidence of competency and number of procedures performed or documentation of special training)

REQUESTED	GRANTED	DENIED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply standard ACLS protocols in the care of patients as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonometry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital nerve block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergent cardiac pacing (external only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraosseous infusion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needle thoracostomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal jugular ultrasound guided central line placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign body removal - specify type(s): _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specific to specialty): _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Moderate Sedation</u> – Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and completion of “Requirements for Moderate Sedation Privileges” Form.

Practitioner's Printed Name

Supervising Physician's Printed Name

Practitioner's Signature

Supervising Physician's Signature

Section Chief/Department Chair

Date

**MIDLAND MEMORIAL HOSPITAL ALLIED HEALTH PROFESSIONALS
GUIDELINES FOR PERFORMING AS AN ADVANCED PRACTICE NURSE
(NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST)**

I. DEFINITION

The advanced practice nurse is a registered nurse approved by the board to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the board. The advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse. The term includes a nurse practitioner, nurse-midwife, and a clinical nurse specialist. The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area.

II. QUALIFICATIONS

An Advanced Practice Nurse must meet the following qualifications to be considered for appointment to the Allied Health Professional staff:

- Current Texas State RN license.
- Completion of all requirements of an advanced educational program that meets the following criteria:
 - Programs in states other than Texas shall be accredited by a national accrediting body recognized by the board or by the appropriate licensing body in that state. A state licensing body's accreditation process must meet or exceed the requirements of accrediting bodies specified in board policy.
 - Programs of study shall be at least one academic year in length and may include a formal preceptorship.
 - All APNs who have completed an advanced educational program after January 1, 2003, must be a graduate from a program of study at the master's degree level.
- Basic Cardiac Life Support (minimum).
- Current TB screening (required upon initial application and at reappointment), and if applicable, one-time mask fit-testing.
- Professional liability/malpractice insurance coverage issued by a recognized company and a type and in an amount equal to or greater than the limits established by the governing board.
- Able to make independent decisions of a technical or professional nature.
- Capable of performing research and analysis of information that concerns issues of a routine nature.
- Able to complete non-routine procedures in conformance with instructions from supervising physician or written guidelines.
- Capable of applying principles of logic and scientific thought to a wide range of intellectual problems.

III. DESCRIPTION OF DUTIES

The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas as well as that which is consistent with Midland Memorial Hospital's policies, regulations, the Allied Health Professional Bylaws and any established written protocols.

A core privileging form, with the signature of the applicant as well as the approval of the supervising or sponsoring physician must be submitted with the application and upon reappointment. The addition of special procedures or privileges may be granted upon request of the supervising physician, demonstration of competency and submission of proof of training, provided the aforementioned guidelines are met and maintained.

IV. ORIENTATION

These Allied Health Professionals must be oriented to Midland Memorial Hospital's policies and procedures of the department or unit to which they will be primarily assigned and complete the MMH Allied Health Professionals orientation. If the Advanced Practice Nurse will be assisting in surgery, he/she must complete the orientation as discussed above and have their sterile technique assessed by the Surgical Educator.