Texas Health Presbyterian Hospital ROCKWALL
Healing Hands. Caring Hearts.

Neonatal Nurse Practitoner Request for Delineation of Privileges

NAME:_____

QUALIFICATIONS:

1. Current licensure by the Texas State Board of Nurse Examiners.
2. Graduate of an accredited Advanced Nurse Practitioner course.
3. Current professional liability Insurance coverage.
4. Copy of registration with the Texas State Board of Medical Examiners by the Physician and the Nurse Practitioner.
5. Current NRP Certification

DEFINITION:

An Advanced Nurse Practitioner (NP) is a registered nurse who has completed a program of nurse practitioner preparation usually offered in Schools of Nursing as part of the Masters in Nursing Degree Program. The educational preparation enables the nurse practitioner to provide primary health care in collaboration with the physician and other health professionals.

SCOPE OF PRACTICE:

The Advanced Nurse Practitioner practices as an independent member of the health care team. Practice of the particular specialty area. At Centennial Medical Center the Advanced Nurse Practitioner must act in collaboration with the supervising \ sponsoring physician(s) and utilize mechanisms which provide mechanical authority when such mechanisms are indicated such as protocols, policies, practice guidelines, or other orders. Statute 185.16: It is the supervising physician who delegates medical tasks to their APN \ PA-C that are appropriate to the APN \ PA-C's level of competence and provide continuous supervision.

PRESCRIPTIVE AUTHORITY:

An approved BNE number for prescriptive authority must be issued for prescription authorization. Pre-signed Prescriptions by the supervising physician may be carried out according to the protocols that authorize diagnosis of the patient's condition and treatment.

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RESPONSIBILITY:

Regulations do not authorize the exercise of independent medical judgment by an APN or PA-C. The supervising\ sponsoring physician(s) remain responsible and liable to the patients and the BNE for acts performed under the physician's delegated authority. APN's and PA-C's remain professional responsible for acts performed under the scope and authority of their own licensure.

PHYSICIAN RESPONSIBILITY:

Supervision: The delegating physician is required to provide adequate supervision of the APN initiating medical aspects of care. Supervision may be provided by alternate supervising physicians if she / he has affirmed in writing that he/she is familiar with the APN protocols and is accountable for adequately supervising care provided pursuant to this delineation of privileges by having registered with the BME as an alternate supervising physician.

Consultations and Referrals: The physician will be available for consultation or arrange for alternate physicians to be available to the APN for consultation. The physician will be available for and accept referrals form the APN or make alternate arrangements for referrals.

Review and Revision of Protocols: APN protocols should be reviewed at least annually and revised as appropriate to reflect any changes in scope of practice or drugs to be prescribed.

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I, _____, hereby request privileges in the specialty of **NEONATAL NURSE PRACTITIONER**. I further understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

(Please check privileges desired)

R = REQUESTING FULL PRIVILEGE
N = NOT REQUESTED

(R)	**(N)**	
[ ]	[ ]	Obtain / Dictate / write history and physical ***(to be countersigned within 24 hours)***
[ ]	[ ]	Make hospital rounds and dictate/write progress notes ***(to be countersigned within 24 hours)***
[ ]	[ ]	Perform physical examination to patient's age, medical history and current condition
[ ]	[ ]	Dictate / write procedure notes ***(to be countersigned within 24 hours)***
[ ]	[ ]	Dictate / write discharge summaries ***(to be countersigned within 24 hours)***
[ ]	[ ]	May initiate consults ***(to be countersigned within 24 hours)***
[ ]	[ ]	Initiate and/or transcribe orders, including medications (continuous cardiotonic infusions, blood and blood products) ***(to be countersigned by Neonatologist within 24 hours)***
[ ]	[ ]	Utilization of Prescriptive Authority
[ ]	[ ]	Attend deliveries of normal, at risk and high risk infants and initiate appropriate resuscitation when needed
[ ]	[ ]	Order and perform advanced nursing interpretations of lab tests, X-rays and diagnostic procedures
[ ]	[ ]	Intravenous fluid management, including total parental nutrition (peripheral and central)
[ ]	[ ]	Oxygen management
[ ]	[ ]	Make appropriate referrals to other health care professionals and/or agencies (in consultation with Neonatologists)
[ ]	[ ]	Suprapubic bladder aspiration
[ ]	[ ]	Lumbar puncture (non-emergent)
[ ]	[ ]	Cleanse and dress wounds
[ ]	[ ]	Remove catheters, chest tubes and sutures
[ ]	[ ]	Venipuncture / Peripheral venous catheter insertion
[ ]	[ ]	Arterial puncture for blood gas or lab work
[ ]	[ ]	Urethral catheter insertion
[ ]	[ ]	Umbilical Catheter Insertion (venous and/or arterial)
[ ]	[ ]	Peripheral arterial catheter insertion
[ ]	[ ]	Laryngoscopy and endotracheal intubation
[ ]	[ ]	Oroduodenal and naso / orogastric tube insertion
[ ]	[ ]	Peripheral arterial catheter insertion
[ ]	[ ]	Emergent Thoracentesis (diagnostic or therapeutic)
[ ]	[ ]	Emergent Thoracotomy tube placement
[ ]	[ ]	Mechanical ventilation – conventional or high frequency (to include tracheal /r nasal positive airway pressure)
[ ]	[ ]	Intratracheal administration of exogenous surfactant
[ ]	[ ]	Initiation of blood product transfusions (in consultation with Neonatologists)
[ ]	[ ]	Exchange transfusion (partial / double volume) under supervision of Neonatologist
[ ]	[ ]	Initiation of emergency care

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SPONSORING PHYSICIAN:
I certify that the named assistant is competent to perform all delineated privileges as indicated above and I accept full responsibility for the actions of this assistant while in the performance of the privileges requested.

_____ _____/_____/_____
Signature of Sponsoring Physician Date

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 **Presbyterian Hospital of Rockwall**, and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

_____ _____ _____/_____/_____
(Applicant Name – Print) (Signature) Date

DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

☐ Recommend ☐ Recommend with Modifications ☐ Not Recommended ☐ Deferred for Committee Discussion

Comments: _____

_____

_____

_____ _____/_____/_____
Department Chairman Signature Date

_____ _____/_____/_____
President of Medical Staff Date

_____ _____/_____/_____
Presbyterian Hospital of Rockwall Administration (if applicable) Date