

Privileges for: **APRN - Critical Care Medicine**

Request

ST. ELIZABETH EDGEWOOD
ST. ELIZABETH FLORENCE
ST. ELIZABETH FT. THOMAS
ST. ELIZABETH GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: 6.22.2017

Board Approval: 9.11.2017

Department/Section Chair Signature

Date

Nursing Administration Approval

Sr. V.P. of Nursing or Designee Signature

Date

Must be sponsored by a physician who is a member of the Medical Staff of St. Elizabeth Healthcare

SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. _____

Sponsoring Physician Signature

Date

MINIMUM REQUIREMENTS

- " Current license to practice nursing in Kentucky
- " Successful completion of an accredited nurse practitioner training program in Acute Care or Adult, Gerontology - Acute Care and Certification by Kentucky as a Nurse Practitioner
- " Specialty certification by the American Association of Critical Care Nurses in acute care or critical care or equivalent training and experience and demonstrated current competence and provision of care, treatment, or services, to at least 20 patients in the past 12 months, or completion of master's / post-master's / doctorate degree program in the past 12 months. Experience must correlate to the privileges requested.
- " Current Advanced Cardiac Life Support (ACLS) certification is required for initial applicants

I am privileged to collaborate with more than one physician group.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services. NOTE: For each privilege that the practitioner requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise. His/her signature on the document indicates his/her recommendation.

- For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), identify the "A" level of supervision in the COMMENTS box .
- For privileges requiring on site supervision, identify the "O" level of supervision in the COMMENTS box.
- For privileges requiring direct supervision, identify the "D" level of supervision in the COMMENTS box.

If a supervision level is not offered, the MEC and Board have determined that that level of supervision may not be employed.

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DEFINITIONS OF LEVELS OF SUPERVISION

Direct Supervision: This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of AHPs to ensure that the AHP is competent to perform the task.

On site supervision: Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

Available by phone: The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location.

DESCRIPTION OF CORE PRIVILEGES

Core privileges as a Medical Nurse Practitioner include the care, treatment or services listed immediately below. I specifically acknowledge that my certification and training alone do not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

CORE Privileges for APRNs in Critical Care

Assess, diagnose, monitor, promote health and protection from disease, and manage patients within age group of collaborating/supervising physician. NPs may not admit patients to the hospital. They may provide care to patients in the intensive care setting in conformance with unit policies as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

Perform history and physical and document in the medical record; Apply, remove, and change dressings and bandages; Counsel and instruct patients, families, and caregivers as appropriate; Debridement and general care for superficial wounds and minor superficial surgical procedures; Direct care as specified by medical staff-approved protocols; Implement therapeutic intervention for specific conditions when appropriate; Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient; Initiate appropriate referrals; Insert and remove nasogastric tube; Make rounds on hospitalized patients; Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, IV fluids and electrolytes, electrocardiogram, and radiologic examinations, ultrasound, CT, and MRI; Perform incision and drainage of superficial abscesses; Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coude, Foley; Perform venous punctures for blood sampling, cultures, and IV catheterization;and provide epistaxis treatment;

The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

Administer medications and perform other emergency treatment; emergent management of acute cardiopulmonary arrest following ACLS criteria; and removal of arterial catheters, central venous catheters, chest tubes (A or O or D)

Prescription of controlled substances within scope of authority and within the scope of the supervising physician's area of expertise and training (KY Board of Nursing eligibility and CAPA CS, DEA) (A or O or D)

NON-CORE "ADDITIONAL" PRIVILEGES

In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (training course certification, letter from supervising physician) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

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Direct supervision of 20 cases is required before "onsite supervision" (O) or "available by phone (A) is granted for all privileges listed below.

_____ Administration of sedation and analgesia (A or O or D)

_____ Perform thoracentesis with direct supervision (A or O or D)

_____ Perform lumbar puncture (A or O or D)

_____ Insert chest tubes (A or O or D)

_____ Insert arterial lines (A or O or D)

_____ Central venous catheter placement (A or O or D)

_____ Insert PICC lines (A or O or D)

_____ Perform endotracheal extubation and intubation (A or O or D)

Renewal of privileges: The performance of at least 20 without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes

Please submit collaborative practice agreement with this document.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____