

Privileges for: **APRN - Neonatology**

Request

ST. ELIZABETH - EDGEWOOD

MEC Approval: July 28, 2011; Board approval: September 12, 2011

Department/Section Chair Signature

Date

Nursing Administration Approval

Sr. V.P. of Nursing or Designee Signature

Date

*Must be sponsored by a neonatologist 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 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 R.N. and A.P.R.N. Kentucky licenses

Successful completion of an accredited nurse practitioner training program and

Certification as a Neonatal Nurse Practitioner by The National Certification Corporation

Current NRP Certification

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 by initialing and dating each requested privilege below in the block provided:

- For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), identify "A" level of supervision in the COMMENTS box. (A Physician Assistant must have 18 months of continuous experience before this option is available.)

- for privileges requiring on-site supervision, identify "O" level of supervision in the COMMENTS box.

- For privileges requiring direct supervision, identify "D" level of supervision in the COMMENTS box.

If a supervision level is blacked out, 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 Physician Assistants to ensure that the Physician Assistant 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 Neonatal 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.

ADMISSION FUNCTIONS:

Elicit, record, and interpret the perinatal, medical, family, and psychosocial history of the neonate. Perform and record the physical and gestational assessment; Gather, interpret, and record laboratory and radiographic data in the patient's database; Order pharmacological therapies according to established guidelines and current standards for neonatal nurse practitioner practice (non-scheduled pharmacologic agents within the scope of the supervising physician's area of expertise and training-Kentucky Board of Nursing eligibility plus CAPA-NC form required); Develop an ongoing problem list based on deviations from the normal noted in the patient's history and physical assessment; Develop an ongoing differential diagnosis list and plan care based on the problem list and provide prenatal consultative services to the parents at the request of the OB / Perinatologist or Neonatologist.
(-A- or -O- or -D-)

Attend deliveries (-A- or -O- or -D-)

HEALTH CARE MAINTENANCE FUNCTIONS:

Review daily nursing documentation, laboratory reports, radiographs, and other data that pertains to the care of his/her patients. This data will be analyzed in making clinical judgments and in determining the effectiveness of a plan of care; Perform physical assessments on his/her patients on a daily basis and as the patient's condition necessitates; Formulate a plan of care in collaboration with the family, staff nurse, respiratory therapist, and other members of the health care team; Order and/or perform the following diagnostic and therapeutic intervention/procedures as appropriate according to established guidelines and current standards for the neonatal nurse practitioner practice to include phototherapy, gavage tube feedings, wound care, and central line management; Order pharmacological therapies according to established guidelines and current standards for neonatal nurse practitioner practice; Plan, implement, and evaluate pharmacological therapies; Write daily progress note reflecting the patient's course over the preceding 24 hours including, but not limited to, physical assessment, laboratory and radiographic data, diagnostic impressions, and the plan of care; Communicates with the family and members of the health care team regarding the plan of care and changing needs of the patient; Establishes and maintains a collaborative relationship with all health care team members involved in the provision of care to the patients; Requests appropriate specialty practice consults; Resuscitates and stabilizes compromised infants as indicated. The NNP will notify/consult the physician once the infant has been stabilized; The NNP will consult with the physician when a patient's condition fails to respond to the management plan within an appropriate time frame, based on the provider's clinical judgment; Seeks advice from the collaborating Neonatologist when he/she deems expertise is needed beyond the Neonatal Nurse Practitioner's scope of practice; and When requested, provides consultative services regarding an infant's condition in the well baby nursery including, but not limited to, physical assessment, laboratory and radiographic data, and diagnostic impressions. (-A- or -O- or -D-)

DISCHARGE FUNCTIONS:

Coordinate ongoing discharge planning; Collaborate with Social Services and Discharge Planning as needed; Provide prescriptions based on individual infant needs in consultation with the collaborating Neonatologist; Initiate referral based on infant/family needs; Perform and record a discharge physical assessment; Complete discharge dictation; and Coordinate transfers to other health care facilities as necessary.
(-A- or -O- or -D-)

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FAMILY CARE FUNCTIONS:

Assess family adaptation, coping skills, and the need for crisis or other interventions; Identify educational needs of the family and assist with teaching; Communicate with the family when available and when major condition changes occur to foster parental role transition; Discuss indications and complications for informed consent of needed procedures; Identify risk factors and make appropriate referrals. (-A- or -O- or -D-)

Prescribe non-scheduled pharmacologic agents within the scope of the supervising physician's area of expertise and training (Kentucky Board of Nursing eligibility plus CAPA-NS form required) (-A- or -O- or -D-)

Moderate Sedation privileges - Moderate Sedation (requires proof of (a) board certification as a Neonatal Nurse Practitioner and (b) current NRP Certification and (c) satisfactory completion of the neonatal sedation CBL course (-A- or -O- or -D-)

Section Chief of Anesthesia

Date

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.

Endotracheal intubation (-A- or -O- or -D-)

Umbilical catheter placement (arterial and/or venous) (-A- or -O- or -D-)

Peripheral arterial catheter insertion (-A- or -O- or -D-)

Needle thoracentesis (-A- or -O- or -D-)

Chest tube placement (-A- or -O- or -D-); (requires two proctored cases)

Arterial phlebotomy (-A- or -O- or -D-)

Percutaneous intravenous central catheter (PICC) placement (-A- or -O- or -D-)

Lumbar puncture (-A- or -O- or -D-)

Partial exchange transfusion (Direct supervision only)

Double volume exchange transfusion (Direct supervision only)

Paracentesis (Direct supervision only)

Prescription of controlled substances within the 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-)

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:
