



### FAMILY NURSE PRACTITIONER DELINEATION OF PRIVILEGES

NAME: \_\_\_\_\_

#### Criteria To Apply for Privileges:

- Completion of an approved accredited nurse practitioner program that teaches the expanded nursing skills and knowledge relative to adult persons in the area of primary health care.
- Current Arizona RN licensure
- Current active certification by the Board of Nursing as an FNP
- National Certification as recognized by the Arizona State Board of Nursing – ANCC or AANP
- Professional liability coverage issued by a recognized company (\$1/3 million). This coverage may be independent coverage or as an endorsement on the supervising physician's malpractice declaration.
- Must have been granted prescribing and dispensing authority by the AZ state board of nursing
- Proof of Drug Enforcement Administration (DEA) number in accordance with A.R.S. 32-2532
- Employment by or an agreement with a physician currently appointed to the Banner Gateway Medical Center Medical Staff to supervise the NP's practice in the hospital. See attached sponsoring physician statement.

#### Supervision

The Nurse Practitioner works in collaboration with and under the direction of supervising physician(s). At Banner Gateway Medical Center NPs are considered dependent practitioners whose practice is directed by a sponsoring/supervising physician. The sponsoring physician agrees to assume responsibility for supervision and monitoring of the NPs practice as stated in the Allied Health Rules and Regulations. The supervising physician must be available by electronic communication or on the hospital premises for consultation/direction of the FNP.

A "supervising physician" means a physician currently licensed by the State of Arizona Medical Board and is a current member of the Banner Gateway Medical Center Medical Staff.

#### Medical Record Charting Responsibilities

Clearly, legibly, completely, and in a timely fashion, described each service he or she provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. The supervising/sponsoring physician shall personally review all charts and coauthenticate all dictated reports.

#### Duties and Tasks That May NOT Be Performed By A Family Nurse Practitioner

- Cannot independently admit.
- May not enter orders pertaining to patient's resuscitation status or withdrawal of life support.

#### Expectation of the Family Nurse Practitioner

The FNP must identify themselves to the patient as a representative of the sponsoring physician(s). The FNP must wear a photo identification badge and authenticate all entries within the medical record with an "FNP."

#### Qualifications

Only Nurse Practitioners with the corresponding specialty certification may be privileged for the corresponding essential functions, core privileges and population. Family NP (FNP) assesses health status, diagnoses health status, and plans care to address healthcare needs of individuals and families across the lifespan. Population focus for the FNP is individuals and families across the lifespan and communities whose healthcare needs include disease prevention, health promotion, management of acute self-limited and chronic stable single or multisystem health problems and end of life care.

Please ✓ requested privileges and complete # of hospitalized patients in past two (2) years

Request	Approved	Tabled	# Performed Past 2 Yrs	FAMILY NURSE PRACTITIONER ESSENTIAL FUNCTIONS AND CORE PRIVILEGES
			# _____	<b>Privileges including in the core:</b> Conducts health interviews and physical exams, assigns a diagnosis, planning and implements treatment, orders and interprets diagnostic tests, performs noninvasive and monitors invasive diagnostic, therapeutic, and interventional measures and tests, prescribes medications, consultations with and to other healthcare professionals, provides counseling and teaching for patients, families, communities, and other healthcare professionals, referrals to other members of the healthcare team for concurrent and/or continuing care. suturing, splinting, removal of minor foreign bodies from skin excluding ophthalmic area, enter orders related to the patients restraint status.

**BANNER GATEWAY MEDICAL CENTER**  
**FAMILY NURSE PRACTITIONER**  
**DELINEATION OF PRIVILEGES**

**Special Procedure Privileges:**

The applicant must demonstrate successful completion of an approved and recognized course; and provide documentation of competence in performing that procedure consistent with the criteria set forth below.

Request	Approved	Tabled	# Performed Past 2 Yrs	Special Procedure Privileges
			# _____	Moderate Sedation privileges – see credentialing criteria
			# _____	Reduction of fractures/dislocations
			# _____	Certify death (sign death certificate) – requires evidence of completion of Arizona Nursing Board module)
			# _____	Oncologic Treatment, Consultation and Management – Applicant must be contracted or employed by the BMDACC to apply for privileges to treat, consult and manage oncology patients within their specialty.
			# _____	Assist Supervising/Sponsoring physicians in surgery – requires documentation of training & experience.

Request	Approved	Tabled	If you wish to exclude a procedure privilege within the core and/or special procedure privileges requested, list those privileges below:

I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff. I will be held accountable and responsible for patient care provided independent of my collaborating physician(s). I will authenticate all entries into the medical record with "NP" followed by my advance practice certification specialty "FNP".

I hereby request the above listed privileges. I am requesting privileges and procedures commensurate with my training and/or experience.

\_\_\_\_\_  
 Applicant's Signature

Date: \_\_\_\_\_

I hereby certify that I have reviewed the privilege request as supported by documentation of training and experience, and clinical competence and feel the applicant is qualified to perform privileges as designated above.

\_\_\_\_\_  
 Chair's Signature

Date: \_\_\_\_\_

Approved: May 6, 2007  
 Revised: May 17, 2007, October 9, 2008, January 15, 2009, June 11, 2009, July 9, 2009; November 2, 2009, Format Change 4/2010, June 9, 2010; August 12, 2010, September 8, 2011