



### ACUTE CARE 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 acute health care.
- Current Arizona RN licensure
- Current active certification by the Board of Nursing as an ACNP
- 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 ACNP.

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 An Acute Care Nurse Practitioner

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

#### Expectation of the Acute Care Nurse Practitioner

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

#### Qualifications

Only Nurse Practitioners with the corresponding specialty certification may be privileged for the corresponding essential functions, core privileges and population. Acute Care NP (ACNP) assesses health status, diagnoses health conditions, and plans care to address acute and critical patient care needs. The ACNP plans and initiates treatment to achieve and maintain physical system stability during an episode of acute, unstable, and/or critical illness. Population focus for the ACNP is adult patients with acute, unstable, and/or critical illnesses; individuals with complex chronic illnesses who are experiencing episodic illness or an exacerbation of one or more chronic illnesses; and their families with goal of treatment to restore the patient to previous or optimal level of physical function and health.

Please ✓ to request privileges and complete # of hospitalized patients in the past two (2) years.

Request	Approved	Tabled	# Performed Past 2 Yrs	ACUTE CARE NURSE PRACTITIONER ESSENTIAL FUNCTIONS AND CORE PRIVILEGES Place line through individual core privileges not requested
			# _____	<b>Privileges including in the core:</b> Conducts health interviews and physical exams, assigns a diagnosis, orders and interprets diagnostic tests, performs and monitors noninvasive therapeutic interventions and tests, monitors invasive therapeutic interventions and test, prescribes medications, provides consultations, counseling and teaching to patients, families and other health care professionals, and initiates referrals to other professionals for concurrent and continuing care, inserts and manages arterial catheters, central and peripheral and arterial punctures, manages hemodynamic monitoring, performs suturing, removes drains (JP, Hemovac, ventriculostomy, lumbar, subdural), removes minor foreign bodies excluding ophthalmic area, enter orders related to the patients restraint status.

**BANNER GATEWAY MEDICAL CENTER**  
**ACUTE CARE 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
			# _____	Inserts and manages central venous catheter
			# _____	Lumbar punctures
			# _____	Places and removes chest tubes
			# _____	Needle thoracotomy
			# _____	Intubation
			# _____	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 "ACNP".

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: \_\_\_\_\_

**Oncology Section Chief Recommendation**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted 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 12, 2009, Format Change 4/2010, June 9, 2010, August 12, 2010, September 8, 2011