UCSF Medical Center

UCSF Benioff Children's Hospital

AHP - Certified Nurse Midwife Privileges Form

MEDS   MEDICATION

administer, dispense and prescribes drugs and provide treatment within the CNM's scope of practice, as designated in the standardized formulary and consistent with the CNM's skill, training, competence, professional judgment and policies of the medical center.
(Refer to Appendix A).

Initial Criteria:
Current Licensure and Furnishing
Certificate as CNM in the state of
California AND
Current DEA Certificate and/or federal drug enforcement agency certificate with Schedules II-V

Maintenance/Renewal Criteria:
Maintenance of Licensure, Furnishing Certificate and DEA license

Gener   General Formulary

Contr   Controlled Substance Formulary

Speci   Specialty Formulary

Speci   Anticoagulants

Speci   Antipscyhotics

Speci   Antiseizure

Speci   Biological and Immunological Agents

Speci   Blood Modifiers

Speci   Hematopoietic

Speci   TPN/Lipid

Speci   Transplant Immunosuppressants

Speci   Chemotherapy – Oncologic (Standardized Procedure Required)

Speci   Chemotherapy – Non Oncologic (Standardized Procedure Required)

Speci   General Anesthetics

Speci   Neuromusclar Blocking Agents (Standardized Procedure Required)

Speci   Sedation Agents (Standardized Procedure Required)

CORE   CORE PRIVILEGE

BASIC   CORE CNM PRIVILEGES

These privileges apply to all CNM's.
Initial and ongoing assessment of a patient's medical, physical and psychosocial status including:
1. Completing History & Physical
2. Developing a treatment plan

3. Recording of progress notes as per required by the medical center policies and procedures.
4. Ordering diagnostic tests, and therapeutic modalities, such as medications, treatments and, examinations.
http://manuals/AdminManual/IndividualPolicies/MedMgmtOrderingTranscribing.pdf
5. Providing primary health care for women and infants during pregnancy, child birth, postpartum period, care of infant and the family planning and gynecological needs of women throughout the life cycle.
6. Writing of discharge summaries as mandated by HIMS.

Initial Criteria:
Formal Training: Successful completion of a CNM program AND
National Certification: Current certification by the American
Midwifery Certification Board.
BLS/NRP Certification
Assessment of Competency will be conducted by the supervising physician or designee until the level of performance is determined to be satisfactory.

Maintenance/Renewal Criteria:
Maintenance of National Certification AND
Continuing Medical
Education: Documentation of compliance with the Board of Registered Nursing of California CEU requirements for re-licensure.
Educational activities must relate, in part, to the privileges requested and granted AND
Competency Assessment: Current demonstrated competence
and documentation of successful treatment to a minimum of
patients, set forth by the Chair/Chief of Department, for the past
24 months
based on results of quality assessment/improvement activities and outcomes.

OBTA   **Obtaining Blood Consents**

SPEC   **Specical Privileges**

PPM   **Provider Performed Microscopy**
Initial Criteria:
Competency Test Required.

Maintenance/Renewal Criteria:
Annual competency testing required

PPM   **Fern**

PPM   **KOH**

PPM   **Wet Prep**

STAN_   **STANDARDIZED PROCEDURES**

010   **Administration of Nitrous Oxide to Women in Labor**
Initial Criteria:
3 Procedures

Maintenance/Renewal Criteria:
3 Procedures

020   **Episiotomy & Repair of Laceration of the Perineum (1st and 2nd Degree)**

Initial Criteria:
Performed:(3) procedures
Observed: (3) procedures

Maintenance/Renewal Criteria:
3 Procedures

030   Certified Nurse Midwife as First Assistant at Surgery (Adult, Peds)

Initial Criteria:
Completion of an approved registered nurse first assistant (RFNA) course or American College of Nurse Midwives (ACNM) first assistant course.
AND
Performed:(3) procedures
Observed: (3) procedures

Maintenance/Renewal Criteria:
(3) procedures per year/(6) procedures at reappointment

PRINT NAME - APPLICANT   SIGNATURE   DATE

PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN SIGNATURE - SUPERVISING PHYSICIAN DATE

PRINT NAME - DEPARTMENT CHIEF   SIGNATURE - DEPARTMENT CHIEF   DATE

PRINT NAME - DEPARTMENT CHAIR   SIGNATURE - DEPARTMENT CHAIR   DATE