

AHP - Nurse Practitioner Privileges Form

MEDS

MEDICATION

Administer, dispense and prescribes drugs and provides treatment within the NP's scope of practice, as designated in the standardized formulary and consistent with the NP's skill, training, competence, professional judgment and policies of the medical center.

Initial Criteria:

Current Licensure as NP in the state of California

AND

Current state furnishing license and/or federal drug enforcement agency certificate with Schedules II-V

Maintenance/Renewal Criteria:

Maintenance of NP License, Furnishing Certificate and DEA license

Gener

General Formulary

Contr

Controlled Substance Formulary

Speci

Specialty Formulary

Speci

Anticoagulants

Speci

Antipsychotics

Speci

Antiseizure

Speci

Biological and Immunological Agents

Speci

Blood Modifiers

Speci

Hematopoietic

Speci

TPN/Lipid

Speci

Transplant Immunosuppressants

CORE

CORE PRIVILEGES

Initial and ongoing assessment of patients for their medical, physical, and psychosocial status including:

Taking and recording a medication history, analyzing history and physical information to develop an appropriate medication management plan, ordering and interpreting medication related laboratory studies and assessment procedures, administration of medications as defined in the protocol, instruct, and educate patients and families concerning medications, initiate referral to appropriate physician or other healthcare professionals as defined in the protocol.

MEDICATION Formulary:

Initiate, adjust or discontinue medications and provide treatment within the clinical pharmacist's scope of practice, as designated in the standardized protocol and consistent with the clinical pharmacist's skill, training, competence

and professional judgment or any applicable jointly agreed upon standardized protocol. This shall include the prescribing of controlled substances from schedules II-V as permitted by the practitioner's DEA certification. Does not include blood products. Does not include admitting privileges

Level of supervision: Indirect

Initial Criteria:

Successful completion of a pharmacy program, AND
 Board Certification or Current California pharmacist license, AND
 Certification of completion of a Pharmacy Practice Residency or equivalent clinical experience, AND
 Current Federal Drug Enforcement Agency (DEA) certificate, AND
 Completed and approved Formulary, AND
 BLS Certification.

Maintenance/Renewal Criteria

Documentation of compliance with the California State Board of Pharmacy CEU requirement for re-licensure. Educational activities must relate, in part to the privileges requested and granted, AND
 Maintenance of a current California pharmacist license, AND
 Maintenance of a current DEA Certification, AND
 Completed and Approved Formulary, AND
 Maintenance of BLS Certification, AND
 Assessment of at least 10 patient/year

BASE BASIC CORE NP PRIVILEGES

These privileges apply to all NP'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. Making daily rounds at direction of supervising physician
4. Recording of progress notes as per required by the medical center policies and procedures.
5. Ordering diagnostic tests, and therapeutic modalities, such as medications, treatments and, examinations.
<http://manuals/AdminManual/IndividualPolicies/MedMgmtOrderingTranscribing.pdf>
6. Initiating referral to appropriate physician or other healthcare professional.
7. Instructing, educating and counseling patients and families concerning health status, results of tests, disease process and discharge planning.
8. Writing of discharge summaries as mandated by HIMS.
9. Ordering Rehab and Respiratory Therapy.
10. Including establishing primary and secondary diagnoses as well as determining complication, comorbidities, and present on admission (POA) conditions.
11. Ordering Durable Medical Equipment.
12. Ordering Home Health Services.

Does not include admitting privileges.

Initial Criteria:

Formal Training: Successful completion of an NP program

AND

National Certification:

Current certification by the American Nursing Association (American Nurses Credentialing Center- ANCC) or the American Academy of Nurse Practitioners Certification (AANP) OR by a predecessor or successor agency or actively seeking certification and achieving it on the first examination for which applicant is eligible BLS or ACLS/PALS as required.

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.

IP Inpatient

OP Outpatient

**ADLT Adult
(Including Adolescent Patient)**

**PEDS Pediatrics
(including Adult Patients with congenital disorders and/or diseases)**

OBTA OBTAINING BLOOD CONSENTS

ORDE ORDERING MED/SURG RESTRAINTS

PADL PSYCHIATRY (ADOLESCENT-ADULT)

Initial Criteria:

Documented training and competence in psychiatric and behavioral health care including biopsychosocial assessment

(including mental status exam) and DSM diagnosis for patients age 13 and older, monitoring of symptoms, initiation and continuation of medications

(including depot injections) used for psychiatric disease management (including titration and monitoring of dosing, side effects, efficacy), metabolic monitoring and treatment within scope of practice, psychotherapeutic interventions

(including individual, family, group, didactic) . Evidence of completed graduate-level Nurse Practitioner coursework in subject areas (including psychiatric and behavioral assessment and treatment) that apply to adolescents and adults.

Current certification as Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC) by the American Nursing Association (American Nurses Credentialing Center- ANCC). Evidence of completed, supervised psychiatric and behavioral clinical treatment of adolescent and adult patients and their families.

Maintenance/Renewal Criteria:

Competency Assessment:

Current demonstrated competence and documentation of successful treatment to a minimum number of patients, set forth by the Chair/Chief of Department, for the past 24 months based on results of quality assessment-improvement activities and outcome.

PCHI PSYCHIATRY (CHILD)

Initial Criteria:

Documented training and competence in psychiatric and behavioral health care including biopsychosocial assessment (including mental status exam) and DSM diagnosis for patients (0 to 13 of age), monitoring of symptoms, initiation and continuation of medications (including depot injections) used for psychiatric disease management (including titration and monitoring of dosing, side effects, efficacy), metabolic monitoring and treatment within scope of practice, psychotherapeutic interventions (including individual, family, group, didactic) . Current certification as Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC), (formally known as Family Psychiatric-Mental Health Practitioner) by the American Nursing Association (American Nurses Credentialing Center- ANCC). Evidence of completed graduate-level Nurse Practitioner coursework in subject areas (including psychiatric and behavioral assessment and treatment) that apply across the lifespan. Evidence of completed, supervised psychiatric and behavioral clinical treatment of pediatric patients and their families.

Maintenance/Renewal Criteria:

Competency Assessment:

Current demonstrated competence and documentation of successful treatment to a minimum number of patients, set forth by the Chair/Chief of Department, for the past 24 months based on results of quality assessment-improvement activities and outcome.

PPM Provider Performed Microscopy

Initial Criteria:

Competency Test Required

Maintenance/Renewal Criteria:

Annual Competency Test Required

PPM Urine

PPM KOH

PPM Pinworm

PPM Wet Prep

PPM Fern

SPEC STANDARDIZED PROCEDURE

100 Psychiatric Disease Management

Initial Criteria:

3 Procedures

Maintenance/Renewal Criteria:

6 Procedures

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