

**NATCHITOCHEs REGIONAL MEDICAL CENTER
SCOPE OF SERVICES
NURSE MIDWIFE**

QUALIFICATIONS:

- (1) Be currently licensed as a Nurse Midwife by the Louisiana State Board of Nursing.

SCOPE OF SERVICES REQUESTED:

- (2) ACCESS TO MEDICAL RECORDS:
(all to be countersigned by collaborating physician)

	<u>Requested</u>	<u>Granted</u>	<u>Deferred</u>
A. Dictate/write history and physical	_____	_____	_____
B. Dictate/write progress notes	_____	_____	_____
C. Dictate/discharge summary & instructions	_____	_____	_____

- (3) HISTORY AND PHYSICAL:

	<u>Requested</u>	<u>Granted</u>	<u>Deferred</u>
A. Interview patient for medical history	_____	_____	_____
B. Perform general screening physical exam	_____	_____	_____
C. Perform specialty physical exam and evaluations:			
1. Respiratory	_____	_____	_____
2. Cardiovascular	_____	_____	_____
3. Gastrointestinal Diseases (w/o bleeding)	_____	_____	_____
4. ENT	_____	_____	_____
5. Eye	_____	_____	_____
6. Neurological	_____	_____	_____
7. Dermatological	_____	_____	_____
8. Musculoskeletal	_____	_____	_____
9. OB/GYN	_____	_____	_____
10. Genito-urinary	_____	_____	_____
11. Pediatrics	_____	_____	_____
12. Allergic Diseases (uncomplicated) asthma, urticaria	_____	_____	_____
13. Hematological diseases (w/o bleeding)	_____	_____	_____
14. Metabolic and Endocrine Disease -diabetes (uncomplicated)	_____	_____	_____
15. Disturbances of water and electrolyte balance-mild	_____	_____	_____

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(4) ORDERS:

- A. May write orders for non-urgent patients. _____
- B. Write treatment, diagnostic, and medication orders on the chart. _____
- C. Order skin tests, x-rays, labs, and EKGs _____

(5) TREATMENTS:

- A. Administer injections _____
- B. Clean/Dress Wounds _____
- C. Remove sutures _____
- D. Obstetrical delivery _____
- E. Induction of labor _____
- F. Episiotomy _____
- G. Fetal Monitoring (internal & external) _____
- H. Ultrasound _____
- I. Repair of episiotomies/perineal lacerations _____
- J. Cervical Ripening _____
- K. Removal of epidural catheters _____
- L. Postpartum care _____
- M. Artificial rupture of membranes _____

LIMITED PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH LA STATE BOARD OF NURSING.

I am mentally and physically capable of performing the services which I am requesting:

Application's Signature

Date