

NATCHITOCHEs REGIONAL MEDICAL CENTER
SCOPE OF SERVICES
NURSE PRACTITIONER

QUALIFICATIONS:

- (1) Be currently licensed in the State of Louisiana as a Nurse Practitioner 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 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 | _____ | _____ | _____ |
| D. Administer injections | _____ | _____ | _____ |
| E. Clean/Dress Wounds | _____ | _____ | _____ |
| F. Remove sutures | _____ | _____ | _____ |

EXCLUDED: ANGIOGRAMS, VENOGRAMS, MYLOGRAMS, and INTRAVENOUS CHOLANGIOGRAMS. CRITICAL CARE UNITS ARE EXCLUDED.

(5) PATIENT CONTACT DUTIES:

- | | <u>Requested</u> | <u>Granted</u> | <u>Deferred</u> |
|---|------------------|----------------|-----------------|
| A. Instruct patients on properly obtaining specimens. | _____ | _____ | _____ |
| B. Provide counseling on health habits; exercise, tobacco, and alcohol. | _____ | _____ | _____ |
| C. Provide instruction on physician's orders: | | | |
| 1. Diet | _____ | _____ | _____ |
| 2. Physical Therapy-lumbar flexion exercises, range of motion, home arthritis therapy, activities of daily living: use of crutches or walker. | _____ | _____ | _____ |
| 3. Use of physical adjuncts to therapy-nebulizer, vaporizer, etc. | _____ | _____ | _____ |
| 4. Prenatal instructions. | _____ | _____ | _____ |
| 5. Child care instructions. | _____ | _____ | _____ |

(6) DUTIES THAT MAY BE PERFORMED:

- | | | | |
|--|-------|-------|-------|
| A. Assist in management of injuries. | _____ | _____ | _____ |
| B. Manage non-urgent medical emergencies. | _____ | _____ | _____ |
| C. Burns: first and second; third degree (less than 10% of body and excluding face, hands, and feet) | _____ | _____ | _____ |
| D. Incision and drainage (minor skin abscesses) | _____ | _____ | _____ |
| E. Suture – uncomplicated wounds | _____ | _____ | _____ |
| F. Simple removal of foreign body from eye under supervision from ED Physician | _____ | _____ | _____ |
| G. Treatment of non-displaced fractures (with consult of orthopaedic surgeon or ED Physician) | _____ | _____ | _____ |
| H. Reduction of dislocation of digits w/o fracture (with consult of ED Physician) | _____ | _____ | _____ |
| I. Skeletal trauma except spine or pelvis not to include reduction of fractures. | _____ | _____ | _____ |
| J. Apply and remove cast/splint. | _____ | _____ | _____ |
| K. Nerve blocks and local anesthesia for primary repairs | _____ | _____ | _____ |
| L. Removal of foreign body in nose and ear | _____ | _____ | _____ |
| M. Nail trephination/removal | _____ | _____ | _____ |
| N. Disorders of menstruation | _____ | _____ | _____ |
| O. Infections of GU Tract | _____ | _____ | _____ |
| P. Venereal diseases | _____ | _____ | _____ |
| Q. Dressing changes | _____ | _____ | _____ |

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DUTIES TO BE PERFORMED...continued....

	<u>Requested</u>	<u>Granted</u>	<u>Deferred</u>
R. Suture removal	_____	_____	_____
S. Administer injections	_____	_____	_____
T. Place nasogastric tube for parental feeding/aspiration	_____	_____	_____
U. Bladder Cath/Irrigation	_____	_____	_____
V. OTHER: <u>Competency validation for RN's</u>	_____	_____	_____
W. OTHER: _____	_____	_____	_____

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

(To request procedures not listed above, but for which you are qualified, please add a separate sheet with your additional requests.)

ANESTHESIA:

_____ CLASS 1: Privileges granted to those physicians/providers to perform local infiltration anesthesia, topical application and minor nerve blocks without intravenous, intramuscular sedation and/or narcotics.

DUTIES NOT ALLOWED: SPINAL TAPS, PARACENTESIS, THORACENTESIS, BONE MARROW ASPIRATION, OR BIOPSY.

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

Application's Signature

Date