

**MIDLEVEL PRACTITIONER
PRIVILEGES FOR GENERAL MEDICAL/SURGICAL/CARE**

AREA OF PRACTICE: _____

PRIVILEGE	REQUESTED	APPROVED
CATEGORY 3		
Pt education & Counseling covering such things as health status, test results, disease processes and discharge planning		
Consultation with medical staff		
CATEGORY 2		
Perform and document complete medical history		
Perform and document complete physical examination		
Record diagnostic impressions		
Write orders for diagnostic tests; activities therapies, diet and vital signs		
Drugs as on formulary ** IV fluids, blood & blood products; oxygen		
CATEGORY 1		
** Assist in endoscopic procedures		
CATEGORY 0		
Manage cardiorespiratory arrest utilizing cardiac life support		
Endotracheal intubation		
Umbilical catheterization of infant		
Venipuncture of infant		
URGENT CARE		
Urgent Care (Enclose ACLS certificate)		

All privileges that begin with asterisks are not available for Prime Care setting. I understand that in making this request, I am bound by the applicable rules and regulations of the medical staff and policies of the hospital, and hereby stipulate that I meet the threshold criteria for each request.

Applicant's Signature

Printed Name

Date

**MIDLEVEL PRACTITIONER
SPECIAL REQUESTS**

For all requested procedures, the Nurse practitioner must indicate the number her/she has performed in the past two years. Please include continuing education documentation to verify training and/or education.

To apply for the following procedures, the threshold must be met. (Through number performed or training/educational)

Privilege	Requested	number performed	Threshold	Approved
Pack & remove packing			100	
Clean & debride wounds			50	
Perform incision & drainage of superficial abscesses			25	
Remove drains			50	
The following are	Not available	in the urgent care	setting	
Applying & removing orthopedic casts of nondisplaced fx			50	
Administer local infiltrative anesthesia			50	
Suture simple lacerations			50	
Nasal packing for epistaxis			10	
Assist in the OR at the request of the operating surgeon. Such cases include: skin closure, surgical 1st assist, surgical 2nd or 3rd assist, assist in delivery room.				

I understand that in making this request, I am bound by the applicable rules and regulations of the medical staff and policies of the hospital, and thereby stipulate that I meet the threshold criteria for each request.

Applicant's Signature

Printed Name

Date