

HOLY CROSS HOSPITAL  
DELINEATION OF PRIVILEGES AND CRITERIA

**NEONATAL NURSE SPECIALIST**

A Neonatal Nurse Specialist is a technically skilled and highly educated nursing professional who renders direct patient care as part of the neonatal nursing process.

During delivery and resuscitation, the NNS functions interdependently with the attending pediatrician, and through post-basic education, the NNS acquires the necessary skills, knowledge, and judgment needed to assist the pediatrician in performing a safe resuscitation that yields optimal results for the patient.

In addition to assisting the pediatrician, the NNS is involved in post-resuscitation phases of patient care in which personalized patient interaction is provided by using the neonatal nursing process to plan and implement patient care and education.

**BASIC EDUCATION: REGISTERED NURSE**

**MINIMAL FORMAL TRAINING:** The applicant must demonstrate competence by successfully completing the approved Neonatal ICU and Pediatric Skills Checklist to the satisfaction of the Chief of Pediatrics.

**REQUIRED PREVIOUS EXPERIENCE:** The applicant must have:

- Certification in CPR, NRP (neonatal resuscitation program), and PALS (pediatric advanced life support);
- A minimum of two years recent neonatal nursing experience;
- A demonstrated competence in neonatal nursing practice both as an assistant to the pediatrician during resuscitation and as an independent bedside nursing caregiver.

**REFERENCES:** Letters of reference must come from both a primary pediatrician and a nursing colleague.

HOLY CROSS HOSPITAL  
PRIVILEGE REQUEST FORM

**NEONATAL NURSE SPECIALIST**

In order to be eligible-to request clinical privileges for Neonatal Nurse Specialist, a practitioner must meet the following minimum threshold criteria:

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**IN REQUESTING PRIVILEGES, I HEREBY:**

1. State that I have read the Medics! Staff Bylaws and Rules and Regulations, and agree to abide by them;
2. Understand the criteria and supervision requirements for practice in each service and modality for which privileges are requested;
3. Acknowledge that I meet the criteria for the privileges requested. ! I understand I am responsible for providing information necessary to verify that I meet all applicable criteria, and that the burden of proof is my responsibility;
4. Confirm that I have completed the appropriate application form for appointment to the Medics! Staff;
5. Agree to adhere to the ethics and principles of my profession and participate and respond to the results of the Medical Center's Performance Improvement, and peer review systems; and,
6. State that I have signed a release of liability statement allowing representatives of Holy Cross Hospital to request or release information regarding my current competency, past professional affiliations, and credentials for the privileges requested.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_