

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL (RMCH)
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS)
CLINICAL PRIVILEGES APPLICATION**

NURSE PRACTITIONER

APPLICANT NAME: _____

CORE INPATIENT AND OUTPATIENT PRIVILEGES:

Nurse practitioner privileges include at least the following duties:

- Admit & discharge to or from Medical/Surgical Floor
- Admit & discharge or transfer to or from Intensive Care Unit with Physician consultation
- Admit to Women's Health Unit
- Perform Internal Medicine consults within scope of practice
- Obtain a relevant health and medical history
- Perform a physical examination based on age and history
- Conduct preventive screening procedures based on age and history
- Identify medical and health risks and needs
- Update and record changes in health status
- Formulate the appropriate differential diagnosis based on history, physical examination, and clinical findings
- Identify the needs of the individual, family, or community as a result of the evaluation of collected data
- Order appropriate diagnostic tests
- Prescribe pharmacologic agents, limited to New Mexico nurse practitioner license
- Make appropriate referrals to other health professionals and community agencies
- Determine the effectiveness of the plan of care through documentation of client care outcomes

The core privileges do not include any privilege listed under Special Privileges.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

___ Graduate of an nurse practitioner master's degree program and certified by the American Nurses Credentialing Center (ANCC); or

___ Graduate of a formal certificate (non-graduate) nurse practitioner program and certified by the ANCC.

Other training, please explain:

Applicants must check the categories of specialty reflected by training:

___ Acute Care Nurse Practitioner

___ Adult Nurse Practitioner

___ Family Nurse Practitioner

NURSE PRACTITIONER PRIVILEGES APPLICATION

NAME: _____

EXPLANATION FOR REQUESTING PRIVILEGES:

RMCHCS is an integrated health care delivery system which operates both a hospital that provides inpatient care and some outpatient services, RMCH, and clinics or other outpatient facilities such as dialysis centers, home health services, hospice services, day care services, etc. Employed practitioners of RMCHCS may need to apply for privileges in either inpatient or outpatient setting, or both. Non-RMCHCS employed physicians may need to apply for privileges at the hospital only. Therefore, RMCHCS uses a single application that will allow practitioners to request privileges for hospital (RMCH on the application) and/or outpatient care (RMCHCS on the application) as appropriate. On the following page(s) appear the privileges appropriate for your specialty and location(s) of practice. If a privilege is desired that is not listed, please list it in the space designated. For all special privileges, an applicant is required to identify education and/or experience before privilege(s) will be evaluated.

CORE PRIVILEGES

REQUESTED

INPATIENT/OUTPATIENT

Yes No /Yes No

___ ___/___ ___ Core nurse practitioner privileges (see page 1)

RECOMMENDED

INPATIENT/OUTPATIENT

Yes No /Yes No

___ ___/___ ___

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

Yes No /Yes No

___ ___/NA NA Assist at general surgery

Training/Experience: _____

___ ___/NA NA Assist at orthopedic surgery

Training/Education: _____

___ ___/NA NA Assist at obstetrical and/or gynecological surgery

Training/Education: _____

NA NA/___ ___ Performing basic lab tests, including Strep screen, Urinalysis, KOH prep, wet prep

Yes No /Yes No

___ ___/NA NA

___ ___/NA NA

___ ___/NA NA

NA NA/___ ___

ADDITIONAL PRIVILEGES (Specify inpatient and/or outpatient, stated with training/experience):

___ ___/___ ___
 ___ ___/___ ___
 ___ ___/___ ___

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Rehoboth McKinley Christian Hospital and RMCHCS and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation
- (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

APPLICANT SIGNATURE: _____

DATE: _____

NURSE PRACTITIONER PRIVILEGES APPLICATION

NAME: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____

Medical Staff Department Chairperson

Date of Review

Medical Staff Department

Must have consultation with Internal Medicine Physician or Hospitalist or; if outpatient with available physician, under the following patient circumstances:

- Unstable airway
- Altered mental status
- Unstable cardiovascular occurrence
- Respiratory rate >25/min or increasing o2 of >2L/min or cannot maintain O2 saturation of >90%, unless otherwise specified by physician
- Active/uncontrolled bleeding
- Lack of bowel sounds/acute abdomen
- Progressing cellulitis on antibiotics
- Any patient that decompensates
- Any patient that requires changes to ventilation protocols
- Chest pain or changes in cardiac enzymes or changes in EKG
- Clinical Hypotension

Revised: 09/08