



LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Nurse Practitioner

R G A

___ ___ ___ Access to Medical Records:

___ ___ ___ Dictate/Write History and Physical MUST BE COUNTERSIGNED BY PHYSICIAN
WITHIN 24 HOURS

___ ___ ___ Dictate/Write Progress Note MUST BE COUNTERSIGNED BY PHYSICIAN WITHIN
24 HOURS

___ ___ ___ Dictate Discharge Summaries MUST BE COUNTERSIGNED BY PHYSICIAN WITHIN
24 HOURS

___ ___ ___ Medical History and Physical (May not serve as substitute for
physician's H&P)

___ ___ ___ Interview patient for Medical History

___ ___ ___ Perform general screening physical exam

___ ___ ___ Perform Physical Exam and Evaluations

___ ___ ___ Cardiovascular

___ ___ ___ Skeletal

___ ___ ___ ENT

___ ___ ___ Eye

___ ___ ___ Gastrointestinal

___ ___ ___ Genitourinary

___ ___ ___ Neurological

___ ___ ___ Obstetrical and Gynecology

___ ___ ___ Pediatrics

___ ___ ___ Respiratory

___ ___ ___ Medical Orders/Protocols:

___ ___ ___ Initiate estab. protocols for med. tx and transcribe standing order
MUST BE SIGNED BY DR

___ ___ ___ Order diagnostic test & procedures-under direction of sponsoring
physician-LIST BELOW

___ ___ ___ Laboratory test:

CBC
 CMP
 Drug levels
 Urinalysis

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Hepatitis
 HIV
 Thyroid
 CE-ER
 INR
 PT
 PTT
 GI Scopes (EGD, Colonoscopy, etc.)
 X-Ray
 Ultrasound - Venous and Arterial
 CT
 MRI
 Bone Scan
 Joint/Aspiration within the scope of orthopedic service
 Respiratory treatments:
 ABGs
 V Q scan
 PFT
 Rounds on patients (not to substitute for physician's daily rounds)
 Routine Therapeutic Duties:
 Administer injections (subcutaneous, intramuscular intravenous)
 Cleanse and dress wounds
 Suture minor wounds and lacerations (after evaluation by supervising physician)
 Remove sutures/staples
 Insert and change foley catheters
 Insert nasogastric tubes

__ __ __ Administer IV fluids (under physician's order)

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__ __ __ Apply splints and temporary casts

__ __ __ Patient Education

__ __ __ Provide information related to exercise, diet, etc., equipment, ROM,
and ADL.

__ __ __ Develop individualized patient teaching plans based on patient needs

__ __ __ Special/Other Request:

__ __ __ Orthotics & Prosthetics

__ __ __ PTT

__ __ __ PTT

Applicant signature _____ Date _____



LANE REGIONAL MEDICAL CENTER
NURSE PRACTITIONER - PHYSICIAN=S ASSISTANT
DELINEATIONS

Print Name: _____

Check One: Nurse Practitioner _____ Physician Assistant _____

To be eligible to apply for privileges in Nurse Practitioner/Physician Assistant privileges, the applicant must meet the following qualifications:

Education/

Training: Documented successful completion of an accredited NP or PA program and completion of training for the procedures for which privileges are sought.

Licensure: Have a current license, certification, or registration to practice in the State of Louisiana. Have current certification in ACLS and PALS.

Supervising physician must be available at all times to co-sign charts as required by state law.

Experience: Documentation of provision of services for at least 50 patients in the past twelve (12) months.

Reappointment: Satisfactory Performance Improvement findings at Lane Regional Medical Center or primary hospital of practice. Provide documentation showing evidence of providing services for at 50 patients annually over the reappointment cycle. Continuing education as required by licensing body.

NP - A COPY OF PRACTICE PROTOCOL AGREEMENT MUST BE SUBMITTED WITH APPLICATION.

SPONSORING PHYSICIAN'S NAME (S): (Please Print) In the absence of primary sponsoring physician, list physician who will be covering NP/PA. **At no time can NP/PA be without physician back-up.**

Primary _____ Secondary _____

The Nurse Practitioner/Physician=s Assistant functions under the direct supervision of the sponsoring physician carrying out protocols established by the sponsoring physician as approved by the Medical Staff Executive/Bylaws Committee. The physician retains ultimate responsibility for directing the specific course of medical treatment. Any medical situation or condition that arises that is not addressed by a protocol or other physician directive is to be referred immediately to the directing physician.

Nurse Practitioners/Physician=s Assistants shall adhere to all Medical Staff Bylaws, Rules and Regulations. Failure to comply may result in withdrawal or modification of privileges for nurse practitioner/ physician assistant and sponsoring physician.

NURSE PRACTITIONERS/PHYSICIAN=S ASSISTANTS MAY ONLY REQUEST, AND MAY ONLY BE GRANTED, PRIVILEGES WHICH HAVE ALREADY BEEN EXTENDED TO THEIR EXPLICITLY DESIGNATED SUPERVISING PHYSICIAN(S).

CHECK FUNCTIONS REQUESTED:

		Requested	Approved
1.	Access to Medical Records:		
	A. Dictate/Write History and Physical (to be countersigned by physician within 24 hours)	_____	_____
	B. Dictate/Write Progress (to be countersigned by physician within 24 hours)	_____	_____
	C. Dictate Discharge Summaries (to be countersigned by physician within 24 hours)	_____	_____
2.	Medical History and Physical: (May not serve as a substitute for a physician=s H&P)		
	A. Interview patient for medical history and perform physical examinations, including medical screening exams (MSE) as required by EMTALA	_____	_____
	B. Perform Physical Exam and Evaluations	_____	_____
	1. Cardiovascular	_____	_____
	2. ENT	_____	_____
	3. Eye	_____	_____
	4. Gastrointestinal	_____	_____
	5. Genitourinary	_____	_____
	6. Neurological	_____	_____
	7. Obstetrical and Gynecology (including pelvis exam)	_____	_____
	8. Pediatrics	_____	_____
	9. Respiratory	_____	_____
	10. Skeletal	_____	_____
3.	Medical Orders/Protocols:		
	A. Initiate established protocols approved by the Medical Staff Executive/ Bylaws Committee for medical treatment and transcribe standing orders (to be countersigned by physician within 24 hours)	_____	_____
	B. Perform or assist in the performance of laboratory and patient screening procedures to include the ordering and interpreting diagnostic laboratory tests and radiological studies (to be countersigned by physician within 24 hours)	_____	_____
4.	Rounds on Patients (not to substitute for physician=s daily rounds)		_____
5.	Routine Therapeutic Duties:		
	A. Administer injections (subcutaneous, intramuscular intravenous), local anesthesia, may include digital block	_____	_____
	B. Cleanse and dress wounds	_____	_____
	C. Suture minor wounds and lacerations	_____	_____
	D. Remove sutures/staples	_____	_____

- E. Insert and change Foley catheters _____
- F. Insert nasogastric tubes _____
- G. Administer IV fluids (under physician=s order) _____
- H. Order medications & therapies _____
- I. Reduction of toe or finger dislocation _____

- _____ J. Minor burn care _____
- K. Nail trephaning _____
- L. I & D abscesses _____

6. Patient Education

- A. Provide information related to: exercise, diet, tobacco and alcohol intake, range of motion, use of crutches or walker, activities of daily living _____
- B. Develop individualized patient teaching plans based on patient needs _____

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

Acknowledgement of practitioner

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 Lane Regional Medical Center. I understand that in exercising any clinical privileges granted, I am constrained by hospital policies and the medical staff bylaws, rules and regulations.

Signature - Applicant

Signature - Primary Sponsoring Physician

Date

Signature - Secondary Sponsoring Physician

Credentials Committee Recommendation

The Credentials Committee has reviewed the requested clinical privileges and supporting documentation for the above-named applicant and makes the following recommendation(s):

- î Recommend all requested privileges
- î Do not recommend the following requested privileges:
 - 1.
 - 2.

Chair Signature: _____ Date: _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name _____
(Please Print)

Signature

Date