CARLSBAD MEDICAL CENTER

NURSE PRACTITIONER
JOB DESCRIPTION

NAME OF APPLICANT: ______________________________

SUPERVISING PHYSICIAN: ______________________________

CERTIFICATION: ______________________________

LICENSURE/CERTIFICATION/QUALIFICATIONS

The Nurse Practitioner may be eligible for approved functions if the Nurse Practitioner:

a. Is licensed as a registered nurse by the New Mexico Board of Registered Nursing:
b. Is certified as a Nurse Practitioner by the New Mexico Board of Registered Nursing;
c. Is and maintains certification as a Nurse Practitioner in the applicant’s specialty area;
d. Maintains Continuing Education as required for licensure/certification;
e. Maintains liability insurance with limits of 1/3.
f. Is current BLS Certified.

APPOINTMENT/REAPPOINTMENT

Applicants for initial appointment and reappointment to the AHP Staff will be required to demonstrate sufficient training and experience to ensure competence. This assessment will include information from performance improvement activities which will include an assessment of the nurse practitioner’s clinical judgement and skills. Competence may also be documented by the following:

a. A letter from an individual with at least equal licensure and comparable training and current practice experience who has observed the applicant in the requested functions;
b. a letter from the program director of a training facility;
c. Continuing Education programs.

PROCTORING REQUIREMENTS

All provisional appointees shall undergo a period of observation/proctoring to determine clinical/technical competence. Members of the AHP staff requesting additional functions are required to be proctored for those functions. The terms and methods of proctoring are contained in the Allied Health Professional Staff Rules and Regulations, Article IV and where applicable, the Medical Staff Policy on Proctoring.

SUPERVISION

The nurse practitioner shall function in a collaborative practice arrangement under the direction and responsible supervision of a practicing, licensed physician. Supervision is defined as the responsibility of the supervising physician to review with the Nurse Practitioner the findings of the patient's history and physical examination/assessment and the performance by the Nurse Practitioner of approved tasks/procedures duties and review the Nurse Practitioner’s written record of these findings and the procedures performed. Additionally the supervising physician shall have the responsibility to document that supervision, as defined above, has been provided and to co-sign each chart as evidence.

JOB DESCRIPTION – NURSE PRACTITIONER

Please check the appropriate boxes related to those functions that you would like included in your job description.

R = Requested G = Granted D = Denied

GENERAL COGNITIVE

R	G	D	
			Medical Diagnosis and Treatment
[ ]	[ ]	[ ]	Adult
[ ]	[ ]	[ ]	Pediatric
[ ]	[ ]	[ ]	History and Physical Assessments
			Instruction and Patient Counseling
[ ]	[ ]	[ ]	Provide instruction and counsel patients regarding matters pertinent to their physical and mental health and may include topics such as medication, diet, social habits, family planning, normal growth development, aging and understanding of and long-term management of their disease.
			Prescriptive Authority
[ ]	[ ]	[ ]	Furnish drugs or devices including controlled substances schedules II to V to patients within their clinical specialty and practice setting under the conditions as listed in the AHP Rules and Regulations, Section 7.6-6.
			Facilitation of Care
[ ]	[ ]	[ ]	Facilitate hospital and outside staff in initiating referrals to appropriate health care agencies arranging community resources, facilitating continuing care and addressing other issues of long-term care placement.

PROCEDURAL FUNCTIONS

Documentation of specific training and experience is required for all procedural privileges requested.

R = Requested G = Granted D = Denied

All Routine Nursing Functions

R	G	D	
[ ]	[ ]	[ ]	Performance of tasks and functions which fall within the usual and customary scope of nursing practice

Procedures

R	G	D	
			Anesthesia:
[ ]	[ ]	[ ]	Subcutaneous local (excluding nerve blocks)
[ ]	[ ]	[ ]	Anterior Nasal Packing
			Application of:
[ ]	[ ]	[ ]	Physical Therapy Modalities
[ ]	[ ]	[ ]	Traction
[ ]	[ ]	[ ]	Arterial Puncture
[ ]	[ ]	[ ]	Burns, Debridement of
[ ]	[ ]	[ ]	Casts, Removal of

R	G	D	
			<u>Catheterization:</u>
[ ]	[ ]	[ ]	Urethral
[ ]	[ ]	[ ]	Collection and Examination of Stool
[ ]	[ ]	[ ]	Culturals, Taking of
[ ]	[ ]	[ ]	EKGs, Initial Interpretation of
			<u>Endoscopic:</u>
[ ]	[ ]	[ ]	Anoscopy
[ ]	[ ]	[ ]	Otoscopyy
[ ]	[ ]	[ ]	Rhinoscopy
			<u>Gastric:</u>
[ ]	[ ]	[ ]	Lavage
[ ]	[ ]	[ ]	Nasogastric Intubations
			<u>Infections:</u>
[ ]	[ ]	[ ]	Incision and Drainage
[ ]	[ ]	[ ]	Injections and Immunizations
			<u>Laceration Repair</u>
[ ]	[ ]	[ ]	Simple
[ ]	[ ]	[ ]	Pelvic Exams with Cultures
			<u>Removal of::</u>
[ ]	[ ]	[ ]	Foreign Bodies from skin, ear and nose
[ ]	[ ]	[ ]	Impacted Cerumen
[ ]	[ ]	[ ]	Schiotz Tonometry
[ ]	[ ]	[ ]	Skin Tests (Performance and Reading)
			<u>Sprains:</u>
[ ]	[ ]	[ ]	Casting
[ ]	[ ]	[ ]	Splinting
[ ]	[ ]	[ ]	Strapping
[ ]	[ ]	[ ]	Surgical Assisting (first or second under supervision of the supervising physician)
			<u>Wound Care:</u>
[ ]	[ ]	[ ]	Debridement
[ ]	[ ]	[ ]	Hemorrhage
[ ]	[ ]	[ ]	Removal of Sutures
[ ]	[ ]	[ ]	Suturing

I certify that I have had the necessary training and experience to perform the job description functions I have requested. I agree to abide by the Allied Health Professional Rules and Regulations, the Medical Staff Bylaws, Rules and Regulations and Hospital Policies and will provide only services within the scope of my licensure and/or practice.

Signature: ____ Date: ______________

I have reviewed the above described functions and agree to supervise _________________________________in the performance of approved functions. (Name of AHP)

Supervising Physician Signature: _____________________________________ Date: ______________

APPROVALS

All functions have been individually considered and have been recommended based upon the Practitioner's licensure/certification, specific training, experience, health status, current competence and peer recommendations.

APPLICANT MAY PERFORM THE FUNCTIONS AS INDICATED:

Exceptions/Limitations: (Specify) ____

____ ________________________
Department of Medicine Date

____ ________________________
Medical Executive Committee Date

____ ________________________
Board of Trustees Date

AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

____
Print Name

____
Signature

____
Date