

# CHRISTUS CABRINI SURGERY CENTER

## REQUEST AND APPROVAL OF PRIVILEGES – Registered Nurse

**Applicants Name:** \_\_\_\_\_

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

**R=Requested**

**NR=Not Requested**

**TA = Temporary Privileges**

**A=Approved**

**D=Denied**

Procedure	R	NR	TA	A	D
Implement verbal and telephone orders as specifically directed by the physician.					
Counsel the patient and family as to preventive and follow-up care, use of prescribed treatment and drugs as specifically directed by the physician.					
Assist employing physician with diagnostic procedures.					
Gather chart data for communicating with responsible physician.					
Record on progress notes.					
Care of wounds and dressing applications/changes.					
Correlate care of patients with other physicians and areas of the facility as specifically directed by the physician.					
Assist on surgical procedure:					
Suctioning					
Holding and cutting of sutures					
Coagulation of identified vessels					
Holding retractors					
Assist with positioning of patients					
Application of dressings/cast/splints					
Suture of wound					
Removal of drain					
Other requested procedures as ordered by the physician within the scope of practice for an RN.					
Other:					

### PHYSICIAN'S APPROVAL

I have reviewed the privileges requested by my employee. I understand that I am totally responsible for the performance of all activities of this applicant at the Facility while functioning under my direct supervision. I certify that this individual has liability coverage in the minimum amount required for privileges.

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

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

### Applicant's Signature

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

### Medical Director Approval of Temporary Privileges

\_\_\_\_\_  
 Yes     No    Date: \_\_\_\_\_

### Administrator's Approval of Temporary Privileges

\_\_\_\_\_  
 Yes     No    Date: \_\_\_\_\_

### Credentialing Committee Approval of Privileges

\_\_\_\_\_  
 Yes     No    Date: \_\_\_\_\_

### Governing Board Approval of Privileges

\_\_\_\_\_  
 Yes     No    Date: \_\_\_\_\_

### Category of Staff

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

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

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

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

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