

**PRACTICE GUIDELINES/POSITION SUMMARY**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

<b>PERSONNEL:</b>	<b>Adult Nurse Practitioner</b>
<b>RESPONSIBLE PARTY:</b>	Works in collaboration and under the direction of sponsoring physician(s). “Direction” shall mean authoritative policy or procedural guidance for the accomplishment of a function or activity. Reports through the Department of Medicine.
<b>LICENSURE/CERTIFICATION:</b>	Must hold current Arizona RN licensure; Masters Degree in Nursing; current ANP certification; current BCLS certification.  Adult Nurse Practitioner (ANP) must provide the Credentials Committee, the Department, and the Medical Executive Committee a list of additional functions, if any, the applicant is requesting to perform at JCLH-DV, as identified and signed by the physician/employer sponsor.
<b>INSURANCE:</b>	Proof of current malpractice insurance in the amount of \$1,000,000.
<b>DUTIES:</b>	The State Board of Nursing issues certificates extending the limits of nursing practice in certain specialty areas. The Board authorizes specific acts within the practitioner’s specialty in collaboration with and under the direction of a licensed physician. Specific activities, if so authorized by the ANP’s license may include activities as delineated on the delineation of privileges form (attached).
<b>MEDICAL STAFF BYLAWS:</b>	The ANP shall be subject to all applicable provisions of the Bylaws of the Medical Staff at John C. Lincoln Hospital – Deer Valley.

- Prohibited Functions (including but not limited to):**
- 1. Will not substitute for a required daily visit by the attending physician.**
  - 2. Is not permitted to substitute for an attending or on-call physician for the Emergency Department.**

DEPARTMENT OF MEDICINE APPROVAL: November 23, 1998

MEDICAL EXECUTIVE COMMITTEE APPROVAL: November 23, 1998

BOARD APPROVAL: December 3, 1998

**ADULT NURSE PRACTITIONER – ACTIVITIES**

Name: \_\_\_\_\_ Please Print Name  
New appointment privileges approved through \_\_\_\_\_ Reappointment

Req	App	Activity	Req	App	Activity
		Examine patients and establish diagnoses by H&P.			Refer to and consult with appropriate health care providers.
		Order, perform and interpret orders (including, but not limited to, laboratory, diagnostic imaging, and medications/treatments)			Suture minor lacerations using local anesthetics.
		Initiate entry into the health care system.			Identify, develop, implement and evaluate a plan of care for the patient to promote, maintain and restore health.
		Prescribe prescription only drugs, over the counter drugs, medical devices and appliances.			Prescribe controlled substances. (DEA license is required.)
		Special Procedures – if requesting any of the following, please contact Medical Staff Services to complete request form: 1. Arterial Venous Sheath Removal Procedure 2. Cardiac Nuclear Stress Testing 3. Intra Aortic Balloon Pump Removal			

Special diagnostic or therapeutic procedures requested below that represent the specialty or subspecialty of the sponsoring physician must be accompanied by documentation of education/training, and/or a sufficient number of procedures performed prior to be granted by the Department of Medicine. (Please write in procedures requested.)

<u>Requested</u>	<u>Approved</u>	<u>Requested</u>	<u>Approved</u>
<u>CARDIOLOGY</u>	[ ] _____ [ ] _____	<u>HEMATOLOGY/ONCOLOGY</u>	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____
<u>GASTROENTEROLOGY</u>	[ ] _____ [ ] _____	<u>PULMONARY</u>	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____
<u>NEPHROLOGY</u>	[ ] _____ [ ] _____	<u>FAMILY PRACTICE</u>	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____
[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____	[ ] _____ [ ] _____

Signature of Applicant	Date
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**Sponsoring Physician** – As sponsoring physician of the applicant, I understand it is my responsibility to ensure that the applicant abides by the Medical Staff Bylaws, Rules and Regulations, and/or any policies and procedures established by the Hospital, and practices within the scope of his/her privileges.

\_\_\_\_\_  
Name of Sponsoring Physician (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsoring Physician \_\_\_\_\_  
Specialty of Sponsoring Physician

<b>APPROVED BY:</b>	<b>DATE</b>
<b>Signature: Credentials Committee Chairman/Designee</b>	
<b>Signature: Department Chairman</b>	
Date: _____ <b>Medical Executive Committee Deer Valley</b>	Date: _____ <b>Network Board of Directors</b>

**JOHN C. LINCOLN DEER VALLEY HOSPITAL**  
**Nurse Practitioner/ Physician Assistant**  
**Special Procedure Criteria**

**Arterial Venous Sheath Removal**

**Criteria**

Must provide the following documentation:

- Current ACLS Certification **AND**
- Training and Education that include:
  - ✓ Prior cardiac background either as a bedside intensive Cardiac Nurse for a minimum of (2) two years **OR**
  - ✓ Have Cardiac Nurse **or** Physician Assistant experience for at least (1) one year.

**Supervision**

The applicant must satisfactorily complete the initial (3) three arterial venous sheath removals under observation at a John C. Lincoln Health Network Facility by his/her supervising physician or an unsupervised Nurse Practitioner **or** Physician Assistant before being considered for unobserved status. The responsible physician is to be available to respond in a timely manner if so need when the procedure is performed.

**Cardiac Nuclear Stress Testing – (Exercise, Adenosine, Persantine or Dobutamine)**

**Criteria**

Must provide the following documentation:

- Current ACLS Certification **AND**
- Training and Education that include:
  - ✓ Prior cardiac background either as a bedside intensive Cardiac Nurse for a minimum of (2) two years **OR**
  - ✓ Have Cardiac Nurse **or** Physician Assistant experience for at least (1) one year.

**Supervision**

The applicant must satisfactorily complete the initial (3) three nuclear stress tests under observation at a John C. Lincoln Health Network Facility by his/her supervising physician or an unsupervised Nurse Practitioner **or** Physician Assistant before being considered for unobserved status. The responsible physician is to be available to respond in a timely manner if so need when the procedure is performed.

**Intra Aortic Balloon Pump Removal**

**Criteria**

Must provide the following documentation:

- Current ACLS Certification **AND**
- Training and Education that include:
  - ✓ Prior cardiac background either as a bedside intensive Cardiac Nurse for a minimum of (2) two years **OR**
  - ✓ Have Cardiac Nurse **or** Physician Assistant experience for at least (1) one year.

**Supervision**

The applicant must satisfactorily complete the initial (3) three IABP catheter removals under observation at a John C. Lincoln Health Network Facility by his/her supervising physician or an unsupervised Nurse Practitioner **or** Physician Assistant before being considered for unobserved status. The responsible physician is to be available to respond in a timely manner if so needed when the procedure is performed.

**Vein Harvesting**

**Criteria**

- Attendance at an approved course for vein harvesting, with certificate of proof of course completion **OR**,
- Written documentation of direct supervision and direct instruction of (10) ten cases at another hospital.

**Supervision**

Once approved, (3) cases to be observed at a John C. Lincoln Health Network Facility by his/her supervising physician.

**Endoscopic Vein Harvesting**

**Criteria - DV**

- Unobserved vein harvesting privileges at JCL-DV **AND**
- Attendance at an approved course for endoscopic vein harvesting, with certificate of proof of course completion

**Criteria – NM**

- Attendance at an approved course for endoscopic vein harvesting, with certificate of proof of course completion

**Supervision: NM and DV**

Once approved, (3) three cases to be observed at a John C. Lincoln Health Network Facility by his/her supervising physician.

**IV Conscious Sedation**

**Criteria – Adult and Pediatric Patients**

- Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation; **AND**
- Training and Education that include:
  - ✓ Evaluation and care of Adult and Pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
  - ✓ Documentation of at least five (5) adult and five (5) pediatric cases performed during the past two years, in which conscious sedation was performed.