

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL  
ADULT / FAMILY NURSE PRACTITIONER  
Practice Guidelines/Position Summary**

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

<b>PERSONNEL:</b>	<b>Adult/ Family Nurse Practitioner</b>
<b>DEFINITION:</b>	<b>A NURSE PRACTITIONER MEANS A LICENSED REGISTERED NURSE WITH ADVANCED EDUCATION AND CLINICAL TRAINING IN AN AGE SPECIFIC AND SPECIALTY AREA FROM AN APPROVED ACCREDITED NURSE PRACTITIONER PROGRAM.</b>
<b>RESPONSIBLE PARTY:</b>	Works in collaboration and under the direction of sponsoring/collaborating physician(s). "Direction" shall mean authoritative policy or procedural guidance for the accomplishment of a function or activity. <b>REPORTS THROUGH THE NP's SPONSORING PHYSICIAN'S ASSIGNED DEPARTMENT.</b>
<b>LICENSURE/CERTIFICATION:</b>	Must hold current Arizona RN licensure; Masters Degree in Nursing; current Arizona NP certification; current BCLS or ACLS certification.  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-NM, as identified and signed by the physician/employer sponsor.
<b>INSURANCE:</b>	Proof of current malpractice insurance in the amount of \$1,000,000 per Claim / <b>\$3,000,000 AGGREGATE.</b>
<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 NP'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 North Mountain Hospital.

- 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.**

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Name: \_\_\_\_\_  New appointment  Reappointment  
Please Print Name

**Please indicate Clinical Area of Practice:**

- Internal Medicine     Cardiac     Interventional Radiology     Diabetic Education     Surgery

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 treatments and prescription only drugs, over the counter drugs, medical devices and appliances.			Prescribe controlled substances. (DEA license is required.)
		Signature of Death Certificates (Please see attached special criteria)			

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

Req	App	Activity	Req	App	Activity
		<b>Cardiac Procedures</b> <input type="checkbox"/> Arterial Venous Sheath Removal Procedure <input type="checkbox"/> Cardiac Nuclear Stress Testing <input type="checkbox"/> Intra Aortic Balloon Pump Removal <input type="checkbox"/> Tilt Table			
Signature of Applicant					Date

**Sponsoring/Collaborating Physician – As sponsoring/collaborating 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

APPROVED BY:	DATE
Signature: Credentials Committee Chairman/Designee	
Signature: Department Chairman	
Date: _____ Medical Executive Committee North Mountain	Date: _____ Network Board of Directors

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**Special Procedure Criteria**

**Signature of Death Certificates**

**Criteria**

Must provide the following documentation:

- ✓ Training and Education that include Nursing Board's On-Line Educational Program.

Nurse practitioners **must** complete the program before they can sign a death certificate. Once the nurse practitioner has completed the program, they are eligible to sign death certificates. No additional certification is required.

**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 sponsoring/collaborating 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 sponsoring/collaborating 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 sponsoring/collaborating 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.

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**Tilt Table**

**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 Tilt Table procedures 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 needed when the procedure is performed.

Revised: 7/2011