

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
Phoenix, Arizona
PRACTICE GUIDELINES/POSITION SUMMARY

NAME _____ DATE _____

PERSONNEL:	Obstetric-Gynecologic Nurse Practitioner
RESPONSIBLE PARTY:	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 Obstetrics/Gynecology.
LICENSURE/CERTIFICATION:	Must hold current Arizona RN licensure; Masters Degree in Nursing; current Arizona State NP certification; current BCLS certification. Obstetric-Gynecologic/Women's Health Nurse Practitioner 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 NM, as identified and signed by the physician/employer sponsor.
JCLH-	
INSURANCE:	Proof of current malpractice insurance in the amount of \$1,000,000.
DUTIES:	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 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).
MEDICAL STAFF BYLAWS:	The NP shall be subject to all applicable provisions of the Bylaws of the Medical Staff at John C. Lincoln Hospital-NM.

- 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.**

JOHN C. LINCOLN HOSPITAL - NORTH MOUNTAIN
Phoenix, Arizona

OBSTETRIC-GYNECOLOGIC NURSE PRACTITIONER
Delineation of Privileges

Practitioner Name (Please Print)

Date

In addition to the scope of practice permitted a professional nurse, a registered nurse practitioner may perform the following acts in collaboration with a physician:

Requested	Procedures	Approved	Requested	Procedures	Approved
	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, medications/treatments, nonstress test, and biophysical profile)			Provide postpartum care for women who have had uncomplicated pregnancies.	
	Initiate entry into the health care system.			Identify, develop, implement and evaluate a plan of care, to include discharge teaching, 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 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 OB/GYN. (Please write in procedure requested.)

<u>Requested</u>	<u>Approved</u>
<u>OTHER</u>	
[]	[] _____
[]	[] _____
[]	[] _____

Signature of Applicant

Date

As collaborating/sponsoring physician of the applicant, I understand it is my responsibility to ensure 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 Collaborating/Sponsoring Physician (Please Print)

Date

Signature of Collaborating/Sponsoring Physician

APPROVALS:

Department Chairman/Representative

Date

Executive Committee
Date _____

Board of Directors
Date _____