

PRACTICE GUIDELINES/POSITION SUMMARY

NAME _____ DATE _____

PERSONNEL:	Pediatric 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 Pediatrics.
LICENSURE/CERTIFICATION:	Must hold current Arizona RN licensure; Masters Degree in Nursing; current Arizona State PNP certification; current Neonatal Resuscitation certification. Pediatric Nurse Practitioner (PNP) 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 by the physician/employer sponsor.
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 practitioners specialty in collaboration with a licensed physician. Specific activities, if so authorized by the PNP's license may include activities as delineated on the delineation of privileges form (attached).
MEDICAL STAFF BYLAWS:	The PNP 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 HEALTH NETWORK
Phoenix, Arizona

PEDIATRIC NURSE PRACTITIONER
Delineation of Privileges

Practitioner Name (Please Print)

Date

Requested	Procedures	Approved	Requested	Procedures	Approved
	Examine patients (newborn & children under age of 18) 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	
	Write admission & discharge summaries			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.)	
	Manage children under the age of 18 with minor, acute non-life threatening illnesses			Manage children under the age of 18 with stable chronic illness	
	Manage common neonatal problems: hypoglycemia hyperbilirubinemia			Sign Death Certificates	
	Other :				

Signature of Applicant

Date

As 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 Sponsoring Physician (Please Print)

Date

Signature of Sponsoring Physician

APPROVALS:

Credentials Committee Designee (DV ONLY)

Date

Department Chairman/Representative

Date

Executive Committee – DV

Date _____

Executive Committee – NM

Date _____

Board of Directors

Date _____