

**Stanford Hospital and Clinics  
Nurse Practitioner  
DEPARTMENT OF CARDIOTHORACIC SURGERY  
Privileges/Advance Procedures: Cardiothoracic Surgery**

Name \_\_\_\_\_

Check all that apply:     Infant                       Pediatric Patients         Adult Patients         Geriatric  
 Setting:                     Outpatient                 Inpatient

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<p><b>CORE PRIVILEGES</b></p> <ul style="list-style-type: none"> <li>The Nurse Practitioner provides routine care and management of the patient chronic complaints, in collaboration with the supervising physician and through implementation of standardized procedures.</li> <li>Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new patients according to written standardized procedures.</li> <li>Obtains interval histories and performs pertinent examinations on return patients.</li> <li>Performs diagnostic studies as indicated upon evaluation of the patient according to written standardized procedures.</li> <li>Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable.</li> <li>After appropriate training, assists the supervising physician in the operating room. The RN first assistant directly assists the surgeon and practices under the supervision of the surgeon during the intraoperative phase. The RN must adhere to standardized procedures and not concurrently function as a scrub nurse.</li> <li>Recognizes and considers age-specific needs of patients.</li> <li>Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.</li> <li>Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary.</li> <li>Facilitates the coordination of inpatient and outpatient care and services as needed.</li> <li>Facilitates collaboration between providers and coordination of community resources.</li> <li>Ensures compliance with legal, regulatory, and clinical policies and procedures.</li> <li>Participates in quality improvement initiatives.</li> <li>Provides and coordinates patient teaching and counseling.</li> <li>Other duties as assigned.</li> </ul> <p>Service specific job descriptions can be located within specific departments.</p>	<p>Successful completion of an approved NP program</p> <p>Current CA RN and CA NP licenses</p> <p>Certification as a Nurse Practitioner by a nationally accredited nursing organization is required.</p> <p><i>*new hires will be required to obtain certification within 12 months of their hire date.</i></p> <p>Current BCLS</p> <p><b>SUPERVISION: Personal</b></p>	<p>_____ # of patient contacts in two years</p> <p>Minimum of 50 patient contacts required in the past two years</p> <p><b>SUPERVISION: General</b></p>

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<b>ADDITIONAL FUNCTIONS</b> Assists supervising physician and resident in ICU and OR with intraoperative tissue handling, hemostasis, retraction and wound closure. Name of NP will be noted on operative note and records. Write orders for and manage patients in ICU and in intermediate and general floor care units. Assesses and treats pediatric and adult patients presenting in the ER with postoperative cardiothoracic surgery wound problems. Coordinates cardiothoracic surgery directed research protocols. Obtain and process blood and other biological samples from prospective patients according to approved protocols.	Same as above  <b>SUPERVISION: Personal</b>	Maintenance of initial criteria  <b>SUPERVISION: General</b>
<input type="checkbox"/>	<b>FORMULARY</b> Administer, dispense and prescribe legend drugs including narcotics and provide treatment within the NP's scope of practice, and consistent with the NP's skill, training, competence and professional judgment.  <b>SUPERVISION: General</b>	Current Furnishing Licensure in the State of California  <b>AND</b> Current Valid DEA	Maintenance of initial criteria
	<b>ADVANCED PROCEDURES (above criteria must also be met)</b>	<b>Initial Criteria</b>	<b>Maintenance/Renewal Criteria</b>
<input type="checkbox"/>	<b>Chest Tube Removal</b> This standardized procedure allows the Trauma & General Surgery NP or PA, after training and demonstration of competency, to safely remove a chest tube.	Must perform at least 3 procedures under the direct supervision of the faculty or senior trauma resident, and such additional procedures as are necessary, to verify clinical competence.  <b>SUPERVISION: Personal</b>	____# of procedures in past two years  Minimum of 2 procedures required per year  <b>SUPERVISION: General</b>
<input type="checkbox"/>	<b>Temporary Pacer Wire Removal</b> The purpose of this procedure is to allow the NP to safely remove temporary pacer wires on postoperative cardiothoracic surgery patients. The removal of these wires allows patients to progress through their recovery phase.	Must perform at least 5 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competence.  <b>SUPERVISION: Personal</b>	____# of procedures in past two years  Minimum of 1 procedure required per year  <b>SUPERVISION: General</b>
<input type="checkbox"/>	<b>Transthoracic Line Removal</b> The purpose of this procedure is to allow the NP or PA to safely remove transthoracic line(s) for cardiothoracic surgery patients. Transthoracic lines are used to monitor direct pressures within chambers and/or arteries inside the heart.	Must perform at least 5 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competence.  <b>SUPERVISION: Personal</b>	____# of procedures in past two years  Minimum of 1 procedure required per year  <b>SUPERVISION: General</b>
<input type="checkbox"/>	<b>Stitch Abscess Removal</b> The purpose of this procedure is to allow the NP to safely drain/remove undissolved suture material that has created an abscess or opened area along the surgical incision on cardiothoracic surgery patients. Removing the undissolved suture and any fluid accumulated around it prevents a more serious wound complication from developing.	Must perform at least 5 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competence.  <b>SUPERVISION: Personal</b>	____# of procedures in past two years  Minimum of 1 procedure required per year  <b>SUPERVISION: General</b>

**I. Supervision**

**SUPERVISION:** The exercise of these privileges requires a designated collaborating/supervising physician with clinical privileges at SHC. The supervising/collaborating physician must provide supervision as designated in the privileges per the following definitions;

**General Supervision** = physician is available either by phone or other electronic means of communication

**Direct Supervision** = physician is on premises

**Personal Supervision** = physician in the exam room or procedure area

(A physician cannot supervise more than four NP’s at one time)

Physician supervision is also provided by:

Chart audits on random charts as an integral part of departmental and practice performance improvement programs

**II. Consultation**

Nurse Practitioners will work under the supervision of the Supervising Physician in the service. In addition to general consultation, immediate physician consultation will be obtained under the following circumstances from Attending Supervising Physician or his/her designee:

- a. With emergent conditions requiring prompt medical attention;
- b. With acute decompensation of the patient situation;
- c. When there is a problem that is not resolving as anticipated with unexplained, historical, physical and/or laboratory findings;
- d. Upon request of the patient, Allied Health Professional, or physician.

Follow-up and referral:

Performed in accordance with the standard of practice and/or with the consulting physician’s recommendation.

**I attest that I have met all of the required criteria and will meet all competency requirements for each procedure that I have requested and I will follow the protocol for the advance procedures requested.**

\_\_\_\_\_  
Nurse Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physician Signature

\_\_\_\_\_  
Date