

**Stanford Hospital and Clinics  
Nurse Practitioner  
DEPARTMENT OF ANESTHESIA –PREOPERATIVE CLINIC  
Privileges/Advance Procedures:**

Name \_\_\_\_\_

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

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<p><b><u>CORE PRIVILEGES</u></b></p> <ul style="list-style-type: none"> <li>• The Nurse Practitioner provides routine care and management of the patient with acute and chronic complaints, in collaboration with the supervising physician and through implementation of standardized procedures.</li> <li>• Performs initial evaluation of patient questionnaire and medical record to determine if patient can be seen by nurse practitioner or should be referred directly to the supervising physician.</li> <li>• Obtains anesthesia history and physical and performs physical exams with assessment of normal and abnormal findings on preoperative and preprocedure patients according to written standardized procedures.</li> <li>• Performs or requests and evaluates diagnostic studies as indicated upon evaluation of patient according to written standardized procedures</li> <li>• Recognizes and considers age-specific needs of adolescent, adult and geriatric patients</li> <li>• Effectively communicates and interacts with patients, families, staff and community from diverse backgrounds.</li> <li>• Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary.</li> </ul> <p>Service specific job descriptions can be located within specific departments.</p> <p><b>SUPERVISION: General or Direct</b></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 BLS</p>	<p>_____ # of patient contacts in 2 years</p> <p>Minimum 1,800 patient contacts required in past two years</p>
<input type="checkbox"/>	<p><b><u>ADDITIONAL FUNCTIONS</u></b></p> <ul style="list-style-type: none"> <li>• Assessment and Management of Acute and Chronic patients</li> <li>• Ordering Laboratory and Radiologic Diagnostic Studies</li> <li>• Ordering Therapies</li> </ul> <p><b>SUPERVISION: General or Direct</b></p>	<p>Same as above</p>	<p>Maintenance of initial criteria</p>

**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