

**Stanford Hospital and Clinics
Nurse Practitioner
DEPARTMENT OF SURGICAL DERMATOLOGY
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>CORE PRIVILEGES</p> <ul style="list-style-type: none"> • 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. • Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new patients according to written standardized procedures. • Obtains interval histories and performs pertinent examinations on return patients. • Performs diagnostic studies as indicated upon evaluation of the patient according to written standardized procedures. • Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable. • Recognizes and considers age-specific needs of patients. • Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds. • Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary. • Facilitates the coordination of inpatient and outpatient care and services as needed. • Facilitates collaboration between providers and coordination of community resources. • Ensures compliance with legal, regulatory, and clinical policies and procedures. • Participates in quality improvement initiatives. • Provides and coordinates patient teaching and counseling. • Other duties as assigned. <p>Service specific job descriptions can be located within specific departments.</p> <p>Functions also include diagnostic evaluations as appropriate. This may include but is not limited to the ordering of ECG, MRI, PET/CT, radiographs, laboratory studies, laboratory, etc.</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 6 months of their hire date.</i></p> <p>Current BCLS</p> <p>SUPERVISION: Personal</p>	<p>_____# of patient contacts in two years</p> <p>Minimum of 10 patient contacts required in the past two years</p> <p>SUPERVISION: General</p>

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<p>Additional Functions Management of common acute disorders related to dermatology such as cellulitis, sepsis, wound care, acute infection and side effects of chemotherapy for dermatology-related cancers. In addition, management of common chronic disorders related to dermatology. These may include but are not limited to such conditions as acne, nevi, dermatitis, mycosis fungoides, cutaneous lymphomas, psoriasis, onchomycosis, eczema, melanoma, basal cell carcinoma, squamous cell carcinoma, warts and tinea.</p>	<p>Same as above</p> <p>SUPERVISION: Personal</p>	<p>Maintenance of initial criteria</p> <p>SUPERVISION: General</p>
	ADVANCED PROCEDURES (above criteria must also be met)	INITIAL CRITERIA	RENEWAL CRITERIA
<input type="checkbox"/>	<p>FORMULARY 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.</p>	<p>Current Furnishing Licensure in the State of California AND Current Valid DEA</p>	<p>Maintenance of initial criteria</p>
<input type="checkbox"/>	<p>Staple and Suture Removal The purpose of this procedure is to allow the NP or PA, after training and demonstration of competency, to safely remove surgical staples and sutures</p> <p>Sutures and/or staples should be removed 10-14 days postoperatively</p>	<p>Must perform at least 2 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>____# of procedures performed in past two years</p> <p>Minimum of 1 procedure required per year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Punch Biopsies The purpose of this procedure is to enable the NP or PA to safely obtain a specimen of skin by punch biopsy in order to make a diagnosis. Punch biopsies are quick, convenient and usually only produce a small wound. They allow the pathologist to get a full thickness view of the skin. More than one punch biopsy may be required depending on the condition being investigated. The punch biopsy blade takes a small round core of tissue ranging from 2mm-6mm in diameter although 4mm is the usual size. A suture is placed to ensure optimal wound healing.</p>	<p>Must perform 3 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>____# of procedures performed in past two years</p> <p>Minimum of 2 procedures required per year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Incision and Drainage of a Subcutaneous Abscess This procedure allows the Emergency/Clinical Decision Area NP or PA, after training and demonstration of competency, to treat a subcutaneous abscess with an incision and drainage (I&D) procedure.</p>	<p>Must perform 2 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>____# of procedures performed in past two years</p> <p>Minimum of 1 procedure required per year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Epidermal Chemical Peel This procedure allows the NP or PA to safely perform epidermal chemical peels. This facial skin treatment procedure involves the use of low concentration of glycolic acid (30-50%) or lactic acid (14%) in order to affect an epidermal skin peel. Anesthesia (local, topical or general) is not required. These peels thin or remove the stratum corneum, and do not create a wound below the stratum granulosum. This depth is considered "exfoliative" and "very superficial" by some classifications. By comparison, over-the-counter alpha hydroxyl acid (AHA) compounds contain 5-30% glycolic acid; true superficial peels contain 51-70% acid, and are performed only by a physician.</p>	<p>Must perform 20 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency</p> <p>SUPERVISION: Personal</p>	<p>____# of procedures performed in past two years</p> <p>Minimum of 12 procedures required per year</p> <p>SUPERVISION: General</p>

<input type="checkbox"/>	<p>Microdermabrasion This procedure allows the NP or PA to safely perform microdermabrasion of the skin. This facial skin treatment procedure involves the use of crystals, vacuum or a burr to effect a very superficial skin abrasion. Anesthesia (local, topical or general) is not required. In normal mode, microdermabrasion removes the stratum corneum, and does not create a wound below the stratum granulosum. This depth is considered "exfoliative" and "very superficial" by some classifications. Some microdermabrasion units also infiltrate very superficial compounds such as hydroquinone to help diminish sun damage. Some microdermabrasion units have higher settings ("turbo" modes), and these settings should be used only by a physician because of the epidermal injury that is caused</p>	<p>Must perform at least 10 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency</p> <p>SUPERVISION: Personal</p>	<p>___# of procedures performed in past two years</p> <p>Minimum of 5 procedures required per year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Sclerotherapy Sclerotherapy is the injection of a sclerosant into superficial leg veins. Effective injection will ablate these spider veins. This procedure is considered cosmetic; usually these spider veins distress the patient because of their appearance rather than being symptomatic. The purpose of this procedure is to allow the NP or PA to safely perform sclerotherapy.</p>	<p>Must perform at least 10 procedures under the direct supervision of the faculty, and such additional procedures as necessary to verify clinical competency</p> <p>SUPERVISION: Personal</p>	<p>___# of procedures performed in past two years</p> <p>Minimum of 5 procedures required in a year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Epidermal Sutures for Linear Closures, Skin Flaps and Grafts This procedure allows the Dermatology NP or PA, after training and demonstrating competency, to safely perform placement of epidermal sutures for linear closures, skin flaps and grafts not requiring more than two layers of suturing.</p>	<p>Must perform at least 3 procedures under the direct supervision of the faculty, and such additional procedures as necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>___# of procedures performed in past two years</p> <p>Minimum of 1 procedure required in a year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Shave Biopsy The purpose of this procedure is to enable the NP or PA to safely obtain a specimen of skin by shave biopsy in order to make a diagnosis. The shave biopsy gives a specimen of the epidermis and upper dermis. It is generally useful for lesions that are elevated in relationship to the plane of the surrounding normal skin.</p>	<p>Must perform at least 3 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>___# of procedures performed in past two years</p> <p>Minimum of 1 procedure required in a year</p> <p>SUPERVISION: General</p>
<input type="checkbox"/>	<p>Laser Procedures This procedure allows the NP or PA to safely assist in outpatient laser procedures as well as to perform them under physician supervision. Laser procedures are performed in an outpatient setting. Lasers are used to eradicate vascular lesions, pigmented lesions and multi-colored tattoos, remove hair, diminish rhytides and eliminate actinically damaged skin.</p>	<p>Must perform at least 10 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency.</p> <p>SUPERVISION: Personal</p>	<p>___# of procedures performed in past two years</p> <p>Minimum of 5 procedures required in a year</p> <p>SUPERVISION: General</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