

**Stanford Hospital and Clinics
Nurse Practitioner
VADEN HEALTH CENTER
Privileges/Advance Procedures: VADEN CLINIC**

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>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>SUPERVISION: Personal</p>	<p>____# of patient contacts in two years</p> <p>Minimum of 100 patient contacts required in the past two years</p> <p>SUPERVISION: General or Direct</p>

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<p>Additional Functions: Diagnostic evaluation as appropriate. This may include but is not limited to ordering of plain radiographs, laboratory studies, CT Scans, ECG, echocardiograms, ultrasound, cardiac enzymes, blood/urine/stool cultures. Ordering of diet, exercise, rehab services and/or durable medical equipment (DME).</p> <p>May also include the assessment and management of patients with chronic disorders. This may include conditions such as diabetes, asthma, COPD, hypertension, and CHF. Management by the nurse practitioner is provided for patients who are currently stable but whose chronic condition may cause impairment in function.</p>	<p>Maintenance of initial criteria</p>	<p>Same as above</p>
<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</p> <p>AND</p> <p>Current Valid DEA</p>	<p>Maintenance of initial criteria</p>

	ADVANCED PROCEDURES (above criteria must also be met)	INITIAL CRITERIA	RENEWAL CRITERIA
<input type="checkbox"/>	Barrier Contraceptives: Diaphragm The purpose of this procedure is to allow the Nurse Practitioner or Physician Assistant to safely and therapeutically perform the pelvic examination, manage and counsel the appropriate use of a diaphragm as indicated to reduce the risk of pregnancy.	Perform at least 3 procedures under the direct supervision of the faculty, and such additional procedures as necessary to verify clinical competency. SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 1 procedure required per year SUPERVISION: General
<input type="checkbox"/>	Cervical Polypectomy The purpose of this procedure is to allow the Nurse Practitioner or Physician Assistant to safely perform a cervical polypectomy procedure including pre and post patient care management	Perform at least 3 procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 1 procedure required per year SUPERVISION: General
<input type="checkbox"/>	Colposcopy The purpose of this procedure is to provide the Nurse Practitioner or Physician Assistant a histological clarification of abnormal Pap smears which is mandatory prior to definite therapy. Premalignant and malignant cervical conditions produce colposcopically identifiable epithelial changes that are often characteristic, and generally occur within the transformation zone, which can be carefully examined during the colposcopic examination. Ultimately, it is the pathologist who provides the histological diagnoses for abnormalities identified during the colposcopic examination. An imperative skill for the colposcopist is to distinguish the normal from the abnormal appearing changes for histological conformation. The competent colposcopist must be completely familiar with the normal findings and the visual abnormalities that correlate with dysplasia and malignancy.	Must be certified through the ASCCP or by a certifying agency following the principles of ASCCP or the American College of Obstetrics and Gynecology. and Should have at least 2 years' experience as a practicing clinician providing office gynecological care. and Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 10 procedures required per year SUPERVISION: General
<input type="checkbox"/>	Cryosurgery The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to destroy diseased tissue by freezing the lesion in a controlled manner.	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 1 procedure required per year SUPERVISION: General
<input type="checkbox"/>	Insertion and Removal of Implanon™ The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to insert or remove the contraceptive device Implanon™	Confirmation of attendance and completion of the Organon USA Inc. sponsored IMPLANON™ Clinical Training Program: a) Implanon™ clinical data overview b) Insertion Practice Session c) Removal Practice Session d) Localization and Removal/Re-insertion Review Session e) General Session f) Post-Training Follow-Up Active Monitoring Program with clinical training experts SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 1 procedure required per year SUPERVISION: General
<input type="checkbox"/>	Incision and Drainage of a Subcutaneous Abscess The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to treat a subcutaneous abscess with an incision and drainage procedure	Perform 2 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	____ # of procedures performed in past two years Minimum of 1 procedure required per year SUPERVISION: General

<input type="checkbox"/>	<p><u>Incision and Drainage of a Pilonidal Cyst</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to treat a patient with pilonidal disease or a one-time pilonidal cyst.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency SUPERVISION: Personal	<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><u>Incision and Drainage of Thrombosed External Hemorrhoids</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to treat thrombosed external hemorrhoids that are painful and have not responded to medical management.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	<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><u>Intrauterine Device Removal</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to remove an intrauterine contraceptive device.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	<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><u>Punch Biopsy</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to safely obtain a specimen of skin by punch biopsy in order to make a diagnosis.</p>	Perform at least 3 procedures under the direct supervision of the faculty, and such additional procedures as are necessary to verify clinical competency SUPERVISION: Personal	<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><u>Removal of Benign Skin Lesion</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to excise a benign skin tag or other lesion.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	<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><u>Removal of Foreign Body</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to remove a known foreign body that requires medical intervention.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	<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><u>Treatment and Excision of Ingrown Toenails</u> The purpose of this procedure is to enable the Nurse Practitioner or Physician Assistant to alleviate the discomfort and/or disability caused by an ingrown toenail by either a partial or total removal of the toenail. Palliative measures may also be indicated to relieve painful symptoms of ingrown toenails and include elevation of the involved nail edge, selective trimming, frequent soaking, and the use of loose-fitting footwear.</p>	Perform 3 or more procedures under the direct supervision of a supervising physician to verify clinical competency. SUPERVISION: Personal	<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><u>Wound Closure (Simple)</u> This standardized procedure allows the Nurse Practitioner or Physician Assistant, after training and demonstrating competency, to safely perform proper closure of wounds not requiring more than two layers of suturing.</p>	<p>Perform at least 2 procedures under the direct supervision of the faculty, and such additional procedures as necessary to verify clinical competence.</p> <p>SUPERVISION: Personal</p>	<p><u> </u> # of procedures performed in past two years</p> <p>Minimum of 2 procedures required per 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