

UNMH Nurse Practitioner & Physician Assistant (CNP & PA)
Neonatal Special Procedures (Appendix I)

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 04/25/2014

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Special Procedures in Neonatology

Criteria: Currently privileged with neonatal core privileges as a CNP or PA at UNM Hospitals and clinics. Successful completion of training in requested procedure(s), or documentation of a special course for requested procedure(s) accompanied with demonstrated proctoring for requested procedures with acceptable outcomes.

Required Current Experience: Demonstrated current competence and evidence of performance of an acceptable volume of requested procedure(s) with acceptable results in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Qualifications for Circumcision

Criteria: Demonstrated current competence with evidence of training and at least 5 supervised circumcisions with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of circumcisions with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Circumcision*

Requested

Qualifications for Double volume & partial exchange transfusion

Criteria: Demonstrated current competence with evidence of training and at least 3 supervised double volume & partial exchange transfusions with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of double volume & partial exchange transfusions with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Double volume & partial exchange transfusion*

Requested

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Name: _____
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Qualifications for Chest tube insertion and removal

Criteria: Demonstrated current competence with evidence of training and supervised placements of at least 10 placements (minimum of 5 per site requested) for each of the specific site requested with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Chest tube insertion*

1. Midaxillary Tube thoracostomy

Requested

NON-CORE PRIVILEGE: *Chest tube removal*

Requested

Qualifications for Endotracheal Intubation

Criteria: Demonstrated current competence with evidence of training and supervised placements of at least 10 endotracheal intubations (5 w/ glide scope, 5 without) with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of endotracheal intubations with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Endotracheal intubation*

Requested

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Name: _____
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Qualifications for Insertion & management of umbilical artery and umbilical line catheters

Criteria: Demonstrated current competence with evidence of training and at least 5 supervised insertions with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of insertions with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: Insertion and management of umbilical artery and umbilical line catheters

Requested

Qualifications for Intraosseous line placement

Criteria: Demonstrated current competence with evidence of training and at least 3 supervised intraosseous line placements with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of intraosseous line placements with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: Intraosseous line placement

Requested

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Qualifications for Lumbar Puncture

Criteria: Demonstrated current competence with evidence of training and supervised placements of at least 5 lumbar punctures with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of lumbar punctures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Lumbar puncture*

Requested

Qualifications for Peripheral arterial catheterization

Criteria: Demonstrated current competence with evidence of training and at least 5 supervised peripheral artery catheterizations with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of peripheral artery catheterizations with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Peripheral arterial catheterization*

Requested

Qualifications for Suprapubic bladder tap

Criteria: Demonstrated current competence with evidence of training and at least 5 supervised suprapubic bladder taps with acceptable outcomes.

Renewal of Privilege: Demonstrated current competence and evidence of performance of an acceptable volume of suprapubic bladder taps with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Suprapubic bladder tap*

Requested

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Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Clinical Director/Division Chief recommendation(s) (if applicable)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action as presently requested above:

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 04/25/2014