

**UNMH Nurse Practitioner (CNP) Radiology**  
**Special Non-core Procedures (Appendix P)**

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: 07/25/2014*

### **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.

**UNMH Nurse Practitioner (CNP) Radiology**  
**Special Non-core Procedures (Appendix P)**

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***Special Procedures in Radiology***

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**Criteria:** Currently privileged with core privileges as a CNP 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 Arterial Access***

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**Criteria:** Demonstrated current competence with evidence of training and supervised arterial access for at least 3 procedures.

**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: *Arterial Access***

**Requested**

***Qualifications for Central Line Placement***

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**Criteria:** Demonstrated current competence with evidence of training and supervised placements of at least 10 placements 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: *Central Line Placement***

**Requested**

**UNMH Nurse Practitioner (CNP) Radiology**  
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Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Qualifications for Drainage tube exchange/management**

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**Criteria:** Demonstrated current competence with evidence of training and at least 5 supervised exchanges for each drain location with acceptable outcomes.

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

**NON-CORE PRIVILEGE: *Drainage tube exchange/management***

**Requested**

### ***Qualifications for Fluoroscopy***

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 10 fluoroscopic procedures specific to the procedure 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: *Fluoroscopy (under general supervision)***

**Requested**

### ***Qualifications for Fluoroscopic vascular imaging (venography only)***

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 5 fluoroscopic vascular imaging procedures.

**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: *Fluoroscopic vascular imaging - venography only (under general supervision)***

**Requested**

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Name:

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### **Qualifications for Paracentesis**

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 5 paracentesis procedures with acceptable outcomes.

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

**NON-CORE PRIVILEGE: *Paracentesis***

**Requested**

### **Qualifications for Thoracentesis**

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 5 thoracentesis procedures with acceptable outcomes.

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

**NON-CORE PRIVILEGE: *Thoracentesis***

**Requested**

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## **Qualifications for Ultrasound as adjunct to privileged procedure**

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 5 ultrasound procedures specific to the procedure requested with acceptable outcomes.

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

<b>NON-CORE PRIVILEGE: <i>Ultrasound as adjunct to privileged procedure</i></b>
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1. Central Line Placement
2. Drainage tube exchange/management
3. Fluid collection evaluation
4. Paracentesis
5. Thoracentesis

**Requested**

**UNMH Nurse Practitioner (CNP) Radiology**  
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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 07/25/2014