

## UNMH Nurse Practitioner (CNP) Urgent Care Privileges

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/18/2015*

### 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 UNMHospitals 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) Urgent Care Privileges

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

### *Qualifications for Nurse Practitioner (CNP) Urgent Care*

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**Initial privileges** - *To be eligible to apply for privileges as a nurse practitioner (CNP), the applicant must meet the following criteria:*

Completion of a master's/post-master's degree in an accredited nursing program within the NP's specialty area that included 500 hours of supervised clinical practicum

AND

Current certification by the American Nurses Credentialing Center (ANCC) in Adult, Acute, or Family Practice

OR

American Academy of Nurse Practitioners (AANP) in Adult or Family Practice

OR

American Association of Critical-Care Nurses (AACN) in Acute Care or Acute Care Adult-Gerontology

AND

Current active licensure to practice professional nursing in the state of New Mexico, and current active certification by the Board of Nursing as an advanced nurse practitioner in the nurse practitioner category

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months.

**Reappointment (Renewal of Privileges) Requirements** - *To be eligible to renew privileges as a nurse practitioner (CNP), the reapplicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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### **CORE PRIVILEGES: *Nurse Practitioner (CNP) – Urgent Care***

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages, who present in the urgent care with any symptom, illness, injury or condition. Privileges do not include long-term care of patients on an in-patient basis. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

### ***Nurse Practitioner (CNP) Urgent Care***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Abscess Incision and Drainage
2. Administer Medications
3. Advanced Life Support – stabilization for transport to ED.
4. Anoscopy
5. Cast and Splint Application, Removal, and Management
6. Counsel and Instruct Patients and Significant Others as Appropriate on Medications, Disease, And Preventive Healthcare
7. Epistaxis Management Including Nasal Packing for Anterior bleed
8. Immobilization (Spine, Long Bone, Soft Tissue) and transportation to ED
9. Local Anesthesia
10. Nail Trephination and Removal
11. Ophthalmologic Evaluation (Including Slit lamp Exam, Flouroscein Stain, Tonometry and Superficial Corneal Foreign Body Removal)
12. Ordering and Preliminary Interpretation of Laboratory and Diagnostic Imaging Examinations
13. Order, Prescribe, and Dispense Orthosis, Orthotics, Braces, and Other Orthopedic Devices
14. Perform History and Physical
15. Perform Minor Outpatient Surgical Procedures Such As, But Not Limited To, Laceration Repair, Wound Management, Wound Debridement and Irrigation
16. Perform Vaginal Speculum Exam (includes wet preps)
17. Peripheral Nerve Blocks of the Following Sites: Facial, Oral, Digital, and Ulnar at the Wrist

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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 UNMH 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 \_\_\_\_\_

### **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 \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 12/18/2015