

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
 DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF EMERGENCY MEDICINE
 NURSE PRACTITIONER**

NAME OF APPLICANT _____ **DATE** _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	Follow department guidelines and standardized procedures, policies and protocols found in the Advance Practice Nursing Policy and Procedures Manual. Core Privileges: Basic privileges in Emergency Medicine include: - Institute treatment essential for the life of the patient (i.e. ACLS), - Transfer patients to observation areas, - Obtain a history, - Perform a physical examination, - Order laboratory and diagnostic procedures, - Interpret laboratory data, - Interpret diagnostic studies, - Obtain informed consent for procedures, - Perform and/or assist in the performance of diagnostic studies within the scope of specialty services, - Perform and/or assist in the performance of therapeutic procedures within the scope of specialty services, - Monitor patients throughout procedure and during recovery period, - Determine assessment and interval for follow up, - Conduct patient and family education, - Manage and provide consultations, - Document patient interactions, - Document care rendered in medical record, and - Complete discharge summaries of patients.			
	for the following ages:			
	Neonates and Infants from 0 to 2 years of age			
	Children from 3 to 13 years of age			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	Adolescents and Adults, 14 years of age and older			
	Furnishing of written orders for medications and medical devices.			
	SPECIFIC PRIVILEGES - EMERGENCY MEDICINE			
	Medical Screening Examination			
	AIRWAY TECHNIQUES			
	1. Oral endotracheal intubation			
	ANESTHESIA			
	2. Digital nerve block			
	3. Regional nerve block			
	4. Regional intravenous (Bier) block			
	CARDIAC			
	5. Emergency cardioversion			
	DIAGNOSTIC			
	6. Lumbar puncture			
	7. Slit lamp examination			
	8. Tonometry			
	HEAD & NECK			

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

	9. Intubation - endotracheal			
	10. Laryngoscopy			
	11. Nasal packing (anterior and/or posterior)			
	OBSTETRICAL			
	12. Extrauterine fetal monitoring			
	ORTHOPEDICS			
	13. Application of casts			
	14. Aspiration of joint (excluding hip)			
	15. Aspiration of bursa			
	16. Closed reduction of dislocation			
	17. Closed reduction of fracture			
	18. Nail removal/trephination			
	19. Repair of extensor tendons			
	THORACIC PROCEDURES			
	20. Needle Thoracostomy, Placement of Heimlich valve			
	21. Thoracentesis			
	OTHER TECHNIQUES			
	22. Evacuation, thrombosed external hemorrhoid			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	23. Anoscopy			
	24. Foreign body removal (eye, ear, nose, soft tissue)			
	25. Incision and drainage			
	26. Paracentesis			
	27. Reduction of hernia			
	28. Repair of skin lacerationns			
	ULTRASOUND			
	29. Trauma (FAST)			
	49. Gynecologic (transvaginal & transabdominal)			
	30. Emergency cardiac			
	31. Abdominal aorta			
	32. Biliary			
	33. Renal			
	34. Ultrasound guided procedures			

Name: _____

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LAC+USC Medical Center			Competency	Other

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and attending staff. Privileges as granted will be practiced in accordance with department procedures.

_____ Date

Applicant's Signature

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

_____ (Signature) _____ Date

Supervising Physician (print)

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

Department Chair/Chief/Designee recommendation:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____

Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____

Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

 SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

 DATE

APPROVED BY INTERDISCIPLINARY PRACTICE COMMITTEE ON:

APPROVED BY EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING: