

**GENERAL SURGERY**  
**NURSE PRACTITIONER**

**ADVANCED PRIVILEGES**

\_\_\_\_\_  
Name of Nurse Practitioner (Print)



To be eligible to apply for privileges as a Nurse Practitioner in General Surgery, the applicant must currently possess Nurse Practitioner Core Privileges as a member of the Kaleida Health Medical/Dental Staff.

**GENERAL SURGERY NURSE PRACTITIONER CORE PRIVILEGES**

Provide care, treatment, and services consistent with the General Surgery practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and prescribing medications in accordance with New York State law for patients within the age group of patients seen by the collaborating physician. Nurse practitioners may write orders that include ongoing orders, discharge orders and admission orders under the physician's service to the hospital. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the Nurse Practitioner Core privileges and such other procedures that are extensions of the same techniques and skills.

**INITIAL APPLICANTS**

To be eligible to apply for privileges as a NP in General Surgery, the applicant must meet the following criteria:

- Completion of a master's, post-master's, or doctorate from a nurse practitioner program accredited by the Commission on the Collegiate of Nursing Education, Accreditation Commission for Education in Nursing (ACEN) or the Nation League for Nursing Accrediting Commission with emphasis on the NP's specialty area, **AND**
- Current active licensure to practice as an advanced practice registered nurse in the practitioner category in New York State, **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Medical/Dental Staff Bylaws, **AND**
- Current ACLS certification

**REAPPOINTMENT REQUIREMENTS**

To be eligible to renew privileges as a NP in General Surgery, the applicant must meet the following criteria:

- An adequate volume of experience with acceptable results for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested. **AND**
- Current active licensure to practice as an advanced practice registered nurse in the practitioner category in New York State, **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Medical/Dental Staff Bylaws, **AND**
- Current ACLS certification

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Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable by the initial applicant or reappointment. Each time a new privilege is requested, it may be requested by the Nurse Practitioner and recommended by the collaborating physician and forwarded to the Kaleida Health Medical Staff Office to be approved and appended to the advanced list of privileges.

**Advanced Privileges – The applicant must provide written documentation of current competence (as noted below) for all procedures requested:**

- a) **Recent graduate** – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.
- b) **All Others** – A list of requested procedures performed within the previous 2 years.

**OR**

A signed statement from the collaborating physician confirming that he/she has personally observed the applicant successfully perform the procedure(s) and can attest to his/her competence.

- c) **If neither of the above requirements can be met**, the applicant may request approval to perform the procedure(s) under direct supervision until such time as the above noted attestation can be submitted. This request must be co-signed by the collaborating physician.

Advanced Privileges	Requested		Approved	*Not Approved	With Direct Supervision
Anoscopy					
Arterial blood gases					
Insert and remove arterial catheters					
Insert and remove central venous catheters					
Insert and remove chest tubes					
Insert and remove drains					
Insert and remove pulmonary artery catheters					
Lap Band Adjustments					
Participate in volume replacement or auto-transfusion techniques as appropriate.					
Perform field infiltrations of anesthetic solutions.					

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\_\_\_\_\_  
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**To be completed for reappointment only:**

**I attest that I have reviewed the Practice Agreement previously submitted.**  
(check one of the following)

- No revisions are necessary; the agreement reflects current practices and protocols.**  
 **Revisions have been made and an updated copy is attached.**

**THE COLLABORATING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:**

- \_\_\_\_\_ a) I, as collaborating physician, have personally observed \_\_\_\_\_ (applicant's name) in the clinical setting and can attest he/she has the cognitive skills appropriate.
- \_\_\_\_\_ b) I, as collaborating physician, **have not** personally observed \_\_\_\_\_ (applicant's name) in the clinical setting and recommend he/she be given a six (6) month provisional approval with direct supervision at the end of which an attestation as to competence will be required.
- \_\_\_\_\_ c) I, as collaborating physician, **have not** personally observed \_\_\_\_\_ (applicant's name) in the clinical setting but will waive the six (6) month provisional approval period based on commensurate experience.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collaborating Physician's Name (Print)

\_\_\_\_\_  
Collaborating Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Service Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advanced Practice Provider Committee

\_\_\_\_\_  
Date