

DEPARTMENT OF ORTHOPEDICS
NURSE PRACTITIONER

ADVANCED PRIVILEGES

Name of Nurse Practitioner (Print)

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

ORTHOPEDICS NURSE PRACTITIONER CORE PRIVILEGES

Provide care, treatment, and services consistent with orthopedic surgery practice including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, prescribing medications in accordance with New York State law, and assisting in surgery 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. May assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call 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.

ADVANCED PRIVILEGES (see specific criteria)

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant. 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:

1. A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence **OR** a case list of requested procedures performed within the previous 2 years **OR**
2. 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.

If the above requirements cannot 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.

	Requested		Approved	*Not Approved	With Direct Supervision
Administer digital block					
Application of skeletal traction pin to tibia or femur					
Apply and remove plaster or fiberglass casts					
Arthrocentesis					
Closed reduction of uncomplicated fractures/dislocations					
Injections					
Needle biopsy					
Perform compartment pressure measurements					

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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.

- _____ 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 Signature

Date

Collaborating Physician's Name (Print)

Chief of Service's Signature

Date

Advanced Practice Provider Committee

Date