Name of Nurse Practitioner (Print)

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

**EMERGENCY MEDICINE - NURSE PRACTITIONER CORE PRIVILEGES**

Assess, evaluate, diagnose, and treat patients who present in the ED with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries. Stabilize patients with major illnesses or injuries and assess patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Nurse practitioners may write orders that include ongoing orders, discharge orders and admission orders. 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 Emergency Medicine, 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 or the National League for Nursing Accrediting Commission with emphasis on the NP’s specialty area, **AND**
- Current certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or an equivalent body, **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**
- ACLS certification within two years, **AND**
- Effective 2014 per NYS Health Code 405.19, PALS certification is required for all NP’s working in the Emergency Department except Adult Nurse Practitioners.
DEPARTMENT OF EMERGENCY MEDICINE  
NURSE PRACTITIONER (Adult) 

ADVANCED PRIVILEGES

REAPPOINTMENT REQUIREMENTS

To be eligible to renew privileges as a NP in Emergency Medicine, 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, **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**
- ACLS certification, **AND**
- Effective 2014 per NYS Health Code 405.19, PALS certification is required for all NP’s working in the Emergency Department except Adult Nurse Practitioners.

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.

<table>
<thead>
<tr>
<th>Advanced Privileges – The applicant must provide written documentation of current competence (as noted below) for all procedures requested:</th>
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<tbody>
<tr>
<td>a) <strong>Recent graduate</strong> – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.</td>
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<td>b) <strong>All Others</strong> – A list of requested procedures performed within the previous 2 years.</td>
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<td>OR</td>
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<td>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.</td>
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<tr>
<td>c) <strong>If neither of the above requirements can be met</strong>, 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.</td>
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<table>
<thead>
<tr>
<th>Requested</th>
<th>Approved</th>
<th>*Not Approved</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Airway management including:</td>
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<tr>
<td>1. Oral and nasal airway placement</td>
<td></td>
<td></td>
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<tr>
<td>2. Orotracheal intubation</td>
<td>1,2</td>
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Emergency Medicine NP SOP  
January 2015  
2
**Advanced Privileges continued…** | **Requested** | **Approved** | **Not Approved** | **Comment**
--- | --- | --- | --- | ---
CPR |   |   |   |   
Defibrillation/Cardioversion |   |   |   |   
Venipuncture/cannulation & Arterial puncture |   |   |   |   
Peripheral arterial/peripheral and central venous access |   |   |   |   
Bladder catheterization |   |   |   |   
Re-implantation of avulsed teeth |   |   |   |   
Lumbar puncture |   |   |   | 1,2 
Slit Lamp Exam, Tonometry |   |   |   |   
Decompression of subungal hematomas |   |   |   |   
Reduction of joint dislocation - Shoulder |   |   |   | 1,2 
Reduction of joint dislocation - Hip |   |   |   | 1,2 
Reduction of joint dislocation - Finger(s) |   |   |   |   
Regional block anesthesia to include local/digital |   |   |   |   
Administration of IV contrast |   |   |   |   
Splinting & immobilization techniques |   |   |   |   
I & D abscess |   |   |   |   
Foreign body removal (soft tissue, nose, ear canal, throat, rectum, vagina) |   |   |   |   
Superficial foreign body removal from cornea |   |   |   |   
Trephination and removal of nail |   |   |   |   
Treatment of anterior epistaxis |   |   |   |   
Nasogastric intubation |   |   |   |   
Replacement of percutaneous feeding tube |   |   |   |   
Arthrocentesis |   |   |   |   
Thoracentesis |   |   |   |   
Paracentesis |   |   |   | 1,2 
Change tracheostomy tubes |   |   |   |   
Intra-osseous Needle Device: Placement (documentation of KH training required) |   |   |   |   
Intra-osseous Needle Device: Medication administration (documentation of KH training required) |   |   |   |   
Intra-osseous Needle Device: Removal (documentation of KH training required) |   |   |   |   
Wound repair (suturing/wound glue/staples) – Adding and Removal |   |   |   |   
Perform preliminary interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist) |   |   |   |   
Conscious Sedation  
1. Initial Request: Must have completed a Kaleida Health approved training course (documentation required) |   |   |   |   
2. Maintenance of privilege: The course needs to be taken again every 4 years. |   |   |   |   
3. The course can be found at: [www.kaleidahealth.org/physicians/ModerateSedation/](http://www.kaleidahealth.org/physicians/ModerateSedation/) |   |   |   |   

**Name of Nurse Practitioner (Print)**

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### Advanced Privileges continued…

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<th>Description</th>
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<tbody>
<tr>
<td>Ultrasonography for specific indications:</td>
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<tr>
<td>1. Abdominal pain to exclude abdominal aortic aneurysm</td>
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<td>2. Exposure to exclude hemoperitoneum</td>
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<td>*Not Approved</td>
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<td>3. Right upper quadrant pain to exclude cholelithiasis</td>
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<td>4. Abdominal pain to exclude ruptured ectopic pregnancy</td>
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<td>5. Acute shock secondary to exclude cardiac tamponade</td>
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#### Comments:
1) Under direct supervision only
2) Must consult with attending physician prior to procedure

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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.**

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**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.

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Practitioner’s Name (Print) __________________________ Practitioner’s Signature __________________________ Date ____________

Collaborating Physician’s Name (Print) __________________________ Collaborating Physician’s Signature __________________________ Date ____________

Chief of Service Name (Print) __________________________ Chief of Service Signature __________________________ Date ____________

Chairman, Allied Health Professional Committee __________________________ Date ____________