DEPARTMENT OF NEUROLOGY
NURSE PRACTITIONER

ADVANCED PRIVILEGES

Name of Nurse Practitioner (Print)

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

NEUROLOGY NURSE PRACTITIONER CORE PRIVILEGES

Provide care, treatment, and services consistent with neurology 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. 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.

<table>
<thead>
<tr>
<th>Advanced Privileges – The following guidelines are required for each privilege requested:</th>
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<tbody>
<tr>
<td>1. Required previous experience: Demonstrated current competence and evidence on the performance of at least 3 (three) procedures in the past 12 months or direct supervision is required for the first 2 (two) procedures.</td>
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<tr>
<td>2. Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 5 (five) procedures within the past 24 months. Case list and documentation of current competence based on results of ongoing professional practice evaluation and outcomes.</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Requested</th>
<th>Approved</th>
<th>*Not Approved</th>
<th>With Direct Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform Lumbar Punctures</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Care, testing and maintenance of VP Shunts</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Care, testing and maintenance of Neuro Stimulator</td>
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<tr>
<td>Refill, intrathecal pump medications</td>
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NURSE PRACTITIONER
ADVANCED PRIVILEGES

Name of Nurse Practitioner (Print)

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.

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