

**APP PRIVILEGES IN NEUROSURGERY**

**SAMPLE**



Required Qualifications	
<b>Education/Training</b>	Successful completion of a PA, NP or CNS program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current certification as a PA or NP by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS 10 chart reviews each - Administration of Moderate Sedation 3 chart reviews for each privilege selected - Core and All other Standardized Protocols/Standardized Procedures

**Patient Population**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	<b>Patient Population</b>		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Setting</b>		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

**Provide care on LPCH patients in specific areas of SHC**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	<b>Additional Request</b>		
<input type="checkbox"/>	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	<input type="checkbox"/>	<input type="checkbox"/>

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria**                      Maintenance of all the above qualifications.  
    Minimum of 22 core cases required during the past two years.

**Core Privileges - NURSE PRACTITIONER (NP)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria**      Maintenance of all the above qualifications.  
 Minimum of 22 core cases required during the past two years.

**Core Privileges - CLINICAL NURSE SPECIALIST (CNS)**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	<b>General Supervision</b>		
<input type="checkbox"/>	Provides patient care to select patients or families as an expert clinician/role model	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides specialized knowledge and skill to assist staff with management of difficult patient/family problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Manages specialty populations to improve and promote healthcare outcomes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Develops effective solutions that can be generalized across differing units, populations or specialties to improve health care outcomes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates staff in developing innovative and/or cost effective programs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates patient care transitions across the continuum of care	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria**                      Maintenance of all the above qualifications.  
    Minimum of 22 core cases required during the past two years.

**Standardized Protocols/Standardized Procedures**

**Description:** (requires selection of a core professional role above)

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>(requires selection of a core professional role above)</b>			
<b>General Supervision</b>			
<input type="checkbox"/>	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Supervision</b>			
<input type="checkbox"/>	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR. Pacemaker ICD ILR Evaluation and Programming - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>

**Division**

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>(Select division which corresponds to your Supervising Physician)</b>			
<input type="checkbox"/>	NEUROSURGERY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NEURO-FUNCTIONAL	<input type="checkbox"/>	<input type="checkbox"/>

**Standardized Protocols/Standardized Procedures**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	ARGININE HCL GROWTH HORMONE RELEASING TEST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DEEP BRAIN STIMULATION DEVICE: ADJUSTMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DEEP BRAIN STIMULATION DEVICE: INITIAL PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE RETRACTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE TISSUE AND SPECIMEN HANDLING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE WOUND CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRATHECAL PUMP REFILL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MOTOR CORTEX STIMULATOR: PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINAL CORD STIMULATOR: PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT - ASSIST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC HEAD RING: PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC HEAD RING: PLACEMENT - ASSIST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VENTRICULAR SHUNT PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VENTRICULAR SHUNT / RESERVOIR TAP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Initial Criteria**                      Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

**Renewal Criteria**                      Each Standardized Procedures requires minimum 6 cases during the past 2 years

