

**APP PRIVILEGES IN SURGERY**

**SAMPLE**



Required Qualifications	
<b>Education/Training</b>	Successful completion of a PA or NP program
<b>Licensure (Initial and Reappointment)</b>	Current licensure as a PA or RN in the state of California 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 Requirements (Initial and Reappointment)</b>	Current BLS from the American Heart Association
<b>Renewal Criteria</b>	Maintenance of all the above qualifications.
<b>FPPE</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.</p> <p>3 chart reviews - CORE; First Assistant; Arterial Line Insertion; Aspiration Of Subcutaneous Fluid Collections; CVC Femoral Insertion; Removal; Removal Of Tunneled; Chest Tube: Insertion; Removal; Drain: Irrigation &amp; Stripping; Drain: Removal; Incision &amp; Drainage; Pilonidal Cyst; Subcutaneous Abscess; Thrombosed External Hemorrhoids; Injection For Tissue Expansion; Lumbar Puncture; Nipple Tattoo; Pacer Wire Removal; Permacath: Removal; Punch Biopsy; Shave Biopsy; Spine Clearance: Cervical; Thoracic-Lumbar; Wound Closure (Simple); Minor Debridement Of Wounds; Debridement</p> <p>5 chart reviews - CVC Internal External Juglar; Subclavian Insertion; Paracentesis; Thoracentesis</p> <p>10 chart reviews - Administration Of Moderate Sedation; Robotic Assisted Surgery Assistant; Lap Band Adjustment</p> <p>20 chart reviews - Medications - Chemotherapy</p>

**Patient Population**

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 Rec <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"/>	<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 Rec <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><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 Rec <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** 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 Rec <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** 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"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <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 [CRITERIA - Must meet above NP or PA requirements plus: NP's - Current Furnishing Licensure in the State of California PA's - Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<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 [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS - CHEMOTHERAPY ORDERING WITH CO-SIGNATURE [CRITERIA - The ONS Chemotherapy/Biotherapy Provider Card must be renewed every 2 years as required by ONS. Minimum 4 chart reviews annually.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - The ONS Chemotherapy/Biotherapy Provider Card must be renewed every 2 years as required by ONS. Minimum 5 chart reviews annually.]	<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"/>
<input type="checkbox"/>	ROBOTICS ASSISTED SURGERY ASSISTANT [CRITERIA - Initial - Must meet Core Criteria. Renewal - Minimum 10 procedures required]	<input type="checkbox"/>	<input type="checkbox"/>

**Division**

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 Rec  <input type="checkbox"/>
	<b>(Select division which corresponds to your Supervising Physician)</b>		
<input type="checkbox"/>	EMERGENCY MEDICINE Current ACLS from the American Heart Association	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GENERAL SURGERY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LIVER TRANSPLANT (ADULT / PEDIATRIC)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PLASTIC & RECONSTRUCTIVE SURGERY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SURGICAL ONCOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VASCULAR SURGERY	<input type="checkbox"/>	<input type="checkbox"/>

### Standardized Protocols/Standardized Procedures

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	ARTERIAL LINE INSERTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ASPIRATION OF SUBCUTANEOUS FLUID COLLECTIONS (E.G., LYMPHOCELES) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION [CRITERIA - Must complete complete "Getting to Zero" educational module. Minimum of 6 cases required for each - Internal/External Jugular; Subclavian; Femoral]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL OF TUNNELED [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE: INSERTION [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE: REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRAIN: IRRIGATION & STRIPPING [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRAIN: REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: PILONIDAL CYST [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: SUBCUTANEOUS ABSCESS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: THROMBOSED EXTERNAL HEMORRHOIDS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INJECTION FOR TISSUE EXPANSION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LAP BAND ADJUSTMENT [CRITERIA - Minimum 20 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NIPPLE TATTOO [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PACER WIRE REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PARACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PERMACATH: REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SHAVE BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINE CLEARANCE: CERVICAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINE CLEARANCE: THORACIC-LUMBAR [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	THORACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE (SIMPLE) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE & MINOR DEBRIDEMENT OF WOUNDS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND DEBRIDEMENT [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>