**UNIVERSITY OF CALIFORNIA DAVIS**

**Standardized Procedures/Protocol Request for privileging for Advanced Practice Providers**

**\*For New employees: This form should accompany your full credentialing application**

**Name:** **Date:**

**Department:**

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| --- |
| **Core Privileges** |
| **NP – Core Privileges/ PA-** **Practice Agreement Criteria:** To be eligible for core privileges, applicants must have completed an accredited NP/PA program and be nationally board certified in the specialty within 3 months of hire.  **Core Privileges Include the Following: (select all that apply)**  NP Core Standardized procedures  PA Standardized Practice protocol |

**STOP here unless your job requires you to perform procedures.**

**Procedural Skills:**

**APPs may only perform procedures that they are privileged to perform. Proof of proctoring and competency includes copies of Simulation/Competency logs.**

Please complete any required simulation training (**SIM lab- bolded below**) prior to completing initial procedures for competency. The initial and continued competency requirements are subject to validation and attestation of competency and requirements may be increased based on the national standards or at the supervising physicians’ discretion. Neonatal procedures are restricted to providers certified in Neonatal care.

**Re-Credentialing**

If you do not have documentation of the minimum number of successful (uncomplicated) procedural competencies, then you must complete required training or SIM lab program AND re-credential at the minimum number of supervised procedures requested.

[ ] Initial Appointment [ ] Requesting additional Skills [ ] Reappointment

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| --- | --- | --- | --- |
| Request  A=Adult  P=Peds  N= Neonate | Privilege | Initial # Annual # | |
| AP | Administration of IV clotting factors | 3 | 0 |
| AP | Adipose needle biopsy/skin punch biopsy | 3 | 1 |
| PN | Anal dilations | 3 | 3 |
| A | Anoscopy | 3 | NA |
| APN | **Arterial line insertion** | 3 | 3 |
| A | Bladder installations | 6 | 3 |
| A | Bo-tox and cosmetic dermal fillers injection | 3 | 1 |
| AP | Bone marrow biopsy | 5 | 5 |
| APN | **Central Line Insertion/PICC line** | 5 | 3 |
| A | Cardiac stress testing | 25 | 3 |
| APN | Cardioversion | 3 | 3 |
| APN | **Chest Tube/ pigtail insertion** | 5 | 3 |
| A | Colonoscopy | 140 | 20 |
| APN | CSF access and shunt tapping | 3 | 3 |
| AP | Cryopreserved stem cell infusion | 3 | 1 |
| A | Cytoscopic exam | 10 | 3 |
| A | Cytoscopic exam with stent removal | 6 | 3 |
| A  A  A  A | DBS: Adjustment of Deep Brain Stimulation Device to Control Tremor & or Control Parkinson's Disease Symptoms  DBS: Protocol for Initial Programming and Adjustment of Deep Brain Stimulation Device  DBS: Protocol for Intraoperative Neurological Assessment and Deep Brain Stimulation of the Awake Patient DBS | 3 | 3 |
| A | Dobutamine stress testing | 25 | 3 |
| A | Epicardial Pacing Wire Removal | 2 | 1 |
| A | Esophagogastroduodenoscopy (EGD) | 3 | 3 |
| A | Fine Needle aspiration/Biopsy | 5 | 3 |
| A | Fine Needle aspiration Breast health center |  |  |
| AP | First assist | RNFA program | 3 cases |
| AP | First assist in Cardiovascular Surgery Requiring Extracorporeal Bypass | 3 | 3 |
| AP | Incision and Drainage of Abscess | 3 | 3 |
| AP | Foot and Nail Care  Steroid Injection of a foot  Ingrown toenail surgery  Digital nerve block-toe | 3  3  3  3 | 3  1  1  1 |
| AP | Insertion of pacer wires | 3 | 3 |
| A | Insertion of Catheter for Regional Block, Intercostal, Multiple-On-Q Pump | 3 | 3 |
| AP | Insertion of contraceptive implant and removal | 3 | 1 |
| P | Intratempanic injection | 3 | 3 |
| APN | **Intubation** | 10 | 5 |
| A | Joint arthrodesis | 3 | 3 |
| A | Lap-Band Adjustment Gastric Band Through Access Port | 3 | 3 |
| A | Laser Treatment of Vascular Skin Lesions in ENT Clinic by Registered Nurse (Adults) | 3 | 3 |
| APN | Lumbar Puncture | 3 | 3 |
| APN | Moderate Sedation | 10 | 5 |
| P | Myringotomy and tympanostomy | 3 | 3 |
| N | ☐ Neonatal Exogenous Surfactant Administration  ☐ Neonatal Suprapubic Bladder Aspiration  ☐ Neonatal Resuscitation of The Newborn  ☐ Neonatal Exchange Transfusion by the Neonatal Nurse Practitioner | 2 | 1 |
| AP | Nasopharyngoscopy | 10 | 0 |
| APN | **Paracentesis** | 3 | 3 |
| A | Percutaneous Tibial Neuromodulation | 6 | 3 |
| APN | Physician orders of life sustaining treatment POLST | NA | NA |
| P | Pediatric cardiology anticoagulation (CNS) |  |  |
| APN | **Point of care ultrasound** | 5 | 5 |
| AP | Port removal | 3 | 3 |
| AP | Pulmonary Artery Catheter insertion | 3 | 3 |
| AP | Punch Biopsy | 1 | 0 |
| A | Removal of K wires and Arch bars | 3 | 1 |
| AP | Removal/replacement of cecostomy tube | 1 | 0 |
| APN | Removal/replacement of gastrostomy tube | 1 | 0 |
| AP | Removal neuromonitoring device | 3 | 3 |
| APN | Removal of Foreign Bodies: Wound | 3 | 3 |
| AP | Removal of epicardial pacer wires | 3 | 3 |
| APN | Removal/rewire central line | 3 | 3 |
| APN | Removal of Chest tubes | 3 | 3 |
| APN | Removal of a surgical drain | 3 | 1 |
| A | Removal of a soft tissue mass | 3 | 0 |
| APN | Shunt setting verification and programming | 3 | 3 |
| APN | Suprapubic bladder aspiration | 3 | 3 |
| AP | Splinting/casting of Extremities | 3 | 3 |
| APN | **Suturing: Simple Wound Closure** | 3 | 3 |
| AP | **Suturing: Complex Wound Closure** | 5 | 5 |
| APN | **Thoracentesis** | 3 | 3 |
| A | Tilt table test | 10 | 0 |
| A | Tissue Expander Fill of Normal Saline | 3 | 1 |
| AP | Ultrasound: Beside FAST Technique | 5 | 5 |
| APN | Urodynamic testing | 10 | 5 |
| AP | Wound debridement and washout | 3 | 3 |

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Applicant’s Signature Date

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APP Supervisor/ Manager Signature Date

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Supervising physician/ Department Chair Date

**Other Procedures:** If an Advanced Practice Nurses/PA’s would like to become credentialed in a procedure not listed above, he/she must work with the supervising physician or qualified advanced practice provider to develop an educational program, receive didactic education, and perform an agreed upon number of supervised procedures.

* Present a written standardized procedure and education plan to the advanced practice council, if approved proceed through IDPC for approval

**UCDMC Credentialing of Advanced Practice Provider for Invasive Procedures: Appendix I**

***Competency Check List***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***To obtain approval for procedures not previously approved. You may use this form to document any new procedure(s), and submit to the Medical Staff Office either with the original Delineation of privileges or with the Additional privilege form.***

*Title of Procedure****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Education Program (if new): Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Other: Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date Procedure Patient initials /MRN Evaluated By Complications Y/N***

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| 10. |  |  |  |  |

(Use additional paper if necessary)

I *certify that has performed the above procedure and is able to carry out the procedure* ***competently and*** *independently.*

Signature of Credentialed Provider Print Name Date

Indicating competency to perform procedure independently and

who witnessed the final procedure

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Signature of the Supervising provider Print Name Date