

UNIVERSITY OF MARYLAND MEDICAL CENTER
Specified Services for Nurse Practitioners

***This form should accompany your State Approved Nurse Practitioner Written Agreement
and must coincide with what has been approved by the State***

Name: _____ Date: _____

Department: _____ Section: _____

Area of Certification: _____ Certification Date: _____

Certifying Organization: _____

State Approved Attestation on File: _____ (to be completed by Medical Staff Services)

Specified Services	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Comprehensive Physical Assessments of Patients		
Establish medical diagnosis for common short-term or chronic stable health problems		
Orders Laboratory and/or Diagnostic Procedures		
Blood Tests		
Urine Tests		
Tests of Other Body Fluids		
X-Rays		
CAT Scans		
MRI		
ECGs		
EEGs		
Doppler Studies		
Sonograms		
Mammograms		
Colonoscopies		
Biopsies		
Interprets special laboratory and/or diagnostic procedures (<i>checking yes means that you are interpreting other than basic laboratory tests such as blood, urine, stool, sputum, exudates, and ECGs. It does not refer to reviewing a radiologist's or specialist's report and applying it to patient's plan of care</i>). Copy of New Procedure and Competency Checklist from State Agreement must be attached		
Specify:		

Name: _____

Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Performs advanced laboratory and/or diagnostic procedures (<i>copy of New Procedure and Competency Checklist from State Agreement must be attached</i>) <u>See Education and Supervision Requirements attached</u>		
Arterial Drainage		
Arterial Pressure Monitoring Catheters		
Biopsies		
Central Line Insertion		
Colonoscopies		
Endometrial Biopsies		
Incision and Drainage of Abscess		
Intra-aortic Balloon Pump Removal		
Intubation		
Joint Aspiration		
Lumbar Puncture		
Open Thoracostomy Tubes		
Paracentesis		
Peripherally Inserted Central Catheter		
Pulmonary Artery Catheters		
Seldinger (pig-tail) Thoracostomy tubes		
Splinting of Extremities		
Suturing Wound Closure		
Thoracentesis		
Ultrasound		
Vein Harvesting		
Wound Debridement and Wash-out		
Moderate (Conscious) Sedation – Individuals prescribing or administering controlled substance analgesics or sedatives during procedures must request this privilege <u>Criteria for Approval:</u> <ol style="list-style-type: none"> 1. Proof of Current BLS, PALS, or NRP certification (<i>please attach</i>) 2. Completion of Age-Appropriate Moderate Sedation Education in-service every two years. (<i>required for appointment and reappointment</i>) 3. For initial credentialing, documentation of supervised performance of 5 satisfactory procedures requiring the administration of Moderate Sedation. 		

Name: _____

Date: _____

Applicant's Signature

Date

Collaborating Physician

Date

Division Chief *(if applicable)*

Date

Chairman

Date

Applicant's Confirming Signature
(required if any requested service is not approved)

Date

UMMC Credentialing of Nurse Practitioners for Invasive Procedures: Appendix I

New Procedure and Competency Check List

Nurse Practitioner Name: _____

To obtain approval for procedures not previously approved. You may use this form to document any new procedure(s), and submit it to the Board. Do not include a procedure on the written agreement until competency has been obtained. Submission of this form will indicate that this procedure is to be added to the current agreement.

Title of Procedure: _____

Education Program: _____ **Dates** _____

Workshop: _____ **Dates** _____

Other: _____ **Dates** _____

<i>Date</i>	<i>Observed</i>	<i>Performed</i>	<i>Evaluated By</i>	<i>Comments</i>

(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 Collaborating physician or supervising nurse practitioner indicating competency to perform procedure independently	Print Name	Date
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Signature of the Physician-in-Chief of the Shock Trauma Center, the Director of Critical Care, <i>or</i> by the Director of the Medical Intensive Care Unit.	Print Name	Date
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**UMMC Credentialing of Nurse Practitioners for Invasive Procedures: Appendix II
Education and Supervised Procedure Requirements for Credentialing Nurse Practitioners**

Procedure	Education program	Minimum number of supervised procedures prior to credentialing
Central Venous Catheters	Complete the on line education pertaining to Central Venous Catheters found at http://safetycenter.umm.edu . To obtain access call 6-1859, or e-mail sseeb001@umaryland.edu .	10
Arterial Pressure Monitoring Catheters	Complete the on line education found at http://content.nejm.org/cgi/content/video_preview/354/15/e13	10
Pulmonary Artery Catheters	Complete the on line education found at http://www.pacep.org/pages/start/ref.html?xin=sccm	10
Open Thoaracostomy Tubes	Complete the on line education pertaining to open thoracostomy tubes found at http://safetycenter.umm.edu . To obtain access call 6-1859, or e-mail sseeb001@umaryland.edu .	10
Seldinger (pig-tail) Thoracostomy tubes	Complete the on line education pertaining to open thoracostomy tubes found at http://safetycenter.umm.edu . To obtain access call 6-1859, or e-mail sseeb001@umaryland.edu .	5
Thoracentesis	Complete the on line education found at http://content.nejm.org/cgi/content/short/355/15/e16	10
Intra-Aortic Balloon Pump Removal	Didactic education obtained from collaborating physician or designee	5
Suturing-wound closure	Complete the on line education found at http://content.nejm.org/cgi/content/short/355/17/e18	8
Lumbar Puncture	Complete the on line education found at http://content.nejm.org/cgi/content/short/355/13/e12	10
Incision and Drainage of abscess	Complete the on line education found at http://content.nejm.org/cgi/content/video_preview/357/19/e20	5

Other Procedures: If a NP would like to become credentialed in a procedure not listed above, they must work with their supervising physician or nurse practitioner to develop an educational program, receive didactic education, and perform an agreed upon number of supervised procedures. As with any procedure, before being performed independently, the NP must obtain approval from the Maryland Board of Nursing and the UMMC Medical Staff Office.

Examples of Other Procedures include but is not limited to:

- Bronchoscopy
- Intubation
- Peripherally Inserted Central Catheter
- Opening Sternotomy
- Vein Harvesting
- Splinting of Extremities
- Wound Debridement and Wash-out

The New Procedure and Competency Checklist (Appendix I) must be submitted along with delineation.