UNMH Clinical Nurse Specialist (CNS) Clinical Privileges

Name:
Effective Dates:_____To: _____

O Initial privileges (initial appointment)

O Renewal of privileges (reappointment)

O Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: ***07/29/2016***

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Clinical Nurse Specialist (CNS) Core

Initial privileges *-To be eligible to apply for privileges as a clinical nurse specialist (CNS), th applicant must meet the following criteria:*

Completion of a master's/post-master's degree or certification in an accredited nursing program within the CNS's specialty area that included 500 hours of supervised clinical practicum

AND

For Adult/Adolescent/Geriatric Core
Current certification by the American Nurses Credentialing Center (ANCC) in Adult Health CNS or Adult-Gerontology CNS, or Diabetes Management – Advanced CNS

OR

Current certification by the American Association of Critical Care Nurses (AACN) in Acute/Critical Care CNS

For Pediatric Core
Current certification by the American Nurses Credentialing Center (ANCC) in Pediatric CNS

AND

Current active licensure to practice professional nursing in the state of New Mexico, and current active certification by the Board of Nursing as an advanced nurse practitioner in the clinical nurse specialist category

AND

Maintain current BLS and current area specific advance life support (i.e. ACLS, PALS, NRP, etc.) as required by job if applicable

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months. Experience must correlate to the privileges requested.

Reappointment Requirements *- To be eligible to renew privileges as a clinical nurse specialis (CNS), the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Clinical Nurse Specialist (CNS)-Adolescent/Adult/Geriatric*

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the inpatient and/or outpatient settings. This includes the development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

□ **Requested**

CORE PRIVILEGES: *Clinical Nurse Specialist (CNS)-Pediatrics*

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill newborn patients through young adulthood in the inpatient and/or outpatient settings. This includes the development of treatment plans, health counseling, and appropriate child and family education. Assess, stabilize, and determine 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

□ **Requested**

Clinical Nurse Specialist (CNS) Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Make daily rounds on hospitalized patients including admission and discharge documentation
2. Initiate therapeutic modalities such as medications, treatments, IV fluids and electrolytes
3. Ordering of and preliminary interpretation of laboratory, diagnostic imaging and electrocardiographic examinations
4. Use of local/topical anesthesia for minor procedures
5. Incision, drainage and packing of superficial abscesses
6. Perform debridement, suturing, and general care for minor wounds/non facial lacerations/burns
7. Perform minor superficial surgical procedures including foreign body removal
8. Intrauterine device removal
9. Brace, cast and splint application of extremity fractures, removal, and management

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Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed_____Date _____

Clinical Director/Division Chief recommendation(s) *(if applicable)*

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action as presently requested above:

Name_____Signed_____Date _____

Name_____Signed_____Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

O Recommend all requested privileges with the standard professional practice plan

O Recommend privileges with the standard professional practice plan and the following conditions/modifications:

O Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation
Notes:

_____

_____

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 07/29/2016