

CAPITAL MEDICAL CENTER  
SCOPE OF PRACTICE and DELINEATION OF PRIVILEGES  
For the

**ADULT/FAMILY NURSE PRACTITIONER - Outpatient**

(NOTE: See separate privileges for Occupational Medicine ARNP privileges)

The Adult/Family Nurse Practitioner will be granted practice privileges for the general medical patient population, both adult and pediatric at out-patient facilities owned/operated by Capital Medical Center.

**GENERAL PRACTICE PRIVILEGES**

1. Those clinical privileges that are granted to all Advanced Registered Nurse Practitioners at Capital Medical Center as determined by the State of Washington's scope of licensure.
2. Providing direct care to a selected patient population through the following activities:
  - A. Assessment of patients by taking histories, performing physical examinations and ongoing data collection
  - B. Coordination and recording of evaluation and all aspects of out-patient care and treatment.
  - C. Performing approved diagnostic and therapeutic procedures as indicated by scope of licensure.
3. Assessment and institution of measurements to promote the ability of the family to make decisions regarding patient health status.
4. Initiating referrals to other health care providers for consultation for further definitive therapy or for admission to the hospital.
5. Identification and participation in quality assurance concerns.
6. Reports directly to the appropriate Director of his/her facility. Reporting with regard to patient care issues will be to the Medical Director for that facility.

**MEDICAL DIRECTOR'S RESPONSIBILITIES:**

1. The Medical Director of each facility in concert with the Facility Director will conduct a random sampling review of the Nurse Practitioner's medical record entries and discuss those findings with the Nurse Practitioner.
2. Documentation of this review and the original copy of the Adult/Family Nurse Practitioner's Practice Agreement and Privileges will be kept in the Nurse Practitioner's file maintained by the Medical Staff Office.

**ARNP PRIVILEGES – Outpatient**

**NOTE: Order writing privileges will be in collaboration with the Medical Director.**

Please check desired privileges in the REQ (Requested) column.

<u>REQ</u>	<u>APP</u>	<u>DEN</u>	<u>GENERAL CARE</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform history and physical exam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate/assess & treat patients in the out-patient setting within the scope of licensure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify patient and family needs regarding preventative care, disease entity, medications, dietary restrictions and other therapeutic treatments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order and interpret necessary out-patient tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform diagnostic and treatment procedures within the scope of licensure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture wounds, apply dressings and perform routine wound care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribe, monitor, alter or order drug therapies within the scope of licensure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate referrals to other disciplines or specialists as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I&D of abscess
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Splinting of fracture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduction of simple dislocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Injections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date