

REGISTERED NURSE FIRST ASSIST PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Jax/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										All privileges are performed under the direct supervision of the surgeon.	
										Preoperatively: Interviewing the surgical patient for a comprehensive health history; performing a nursing physical assessment; educating the patient and offering emotional support; and evaluating the needs of the patient and the surgical team on a continuum, throughout the surgical encounter.	
										Intraoperatively: Collaborating with the surgeon and other healthcare professionals; assisting the anesthesiologist when applicable; assisting with patient positioning, skin preparation, and draping; providing wound exposure; handling tissue appropriately to reduce the potential for injury; using and manipulating surgical instruments; controlling blood loss; and suturing tissue.	
										Postoperatively: Assisting in the safe delivery of the patient to the recovery room; communicating to appropriate healthcare personnel and family members; performing follow-up care to evaluate patient condition; participating in discharge planning and postoperative teaching, changing dressings; and removing casts, drains, catheters, IV's or staples/sutures.	
										May accompany supervising physician on patient rounds and record verbal orders.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that are not routinely part of training, and may require proof of training or experience.	APPR
										Chest Tubes – Removal [++Hospitals 4, 5, 10]	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (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 each hospital's Medical Staff Bylaws.

Applicant Signature: _____ *Date:* _____

Acknowledgment of Supervising Physician: The above named practitioner shall be under my supervision in the exercise of clinical privileges. I acknowledge that above named practitioner is competent and qualified to perform the requested privileges.

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.