LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - CLINICAL NURSE SPECIALIST - PSYCHIATRY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (Fairgrounds Surgical Center, LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 years

R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
☐	☐	☐	☐	Assessment - behavioral (1,2,3)
☐	☐	☐	☐	Assessment - family (1,2,3)
☐	☐	☐	☐	Assessment - intellectual (1,2,3)
☐	☐	☐	☐	Assessment - mental status (1,2,3)
☐	☐	☐	☐	Assessment - personality (1,2,3)
☐	☐	☐	☐	Assessment - psychosocial (1,2,3)
☐	☐	☐	☐	Consultation in the Department of Psychiatry (1,2,3)
☐	☐	☐	☐	Consultation to other services as requested (1,2,3)
☐	☐	☐	☐	Determine when referral to another provider is necessary (1,2,3)
☐	☐	☐	☐	Emergency room care/crisis intervention (1,2,3)
☐	☐	☐	☐	Manage client care, develop treatment plan and/or follow-up and monitor progress (1,2,3)
☐	☐	☐	☐	Obtain x-ray and laboratory data (1,2,3)
☐	☐	☐	☐	Organizational development services within the facility (1,2,3)
☐	☐	☐	☐	Perform and document patient education as appropriate (1,2,3)
☐	☐	☐	☐	Prepare patient/family for discharge (1,2,3)
☐	☐	☐	☐	Professional and community education (1,2,3)

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R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
☐	☐	☐	☐	Psychotherapy - group (1,2,3)
☐	☐	☐	☐	Psychotherapy - individual (1,2,3)
☐	☐	☐	☐	Review and document in Medical Record (1,2,3)
☐	☐	☐	☐	Take orders appropriate to the disease entities he/she diagnoses and treats according to established protocol or at direction of supervising physician (1,2,3)
☐	☐	☐	☐	Take orders for medications appropriate to the disease entities he/she diagnoses and treats according to established protocol or at direction of supervising physician (1,2,3)
☐	☐	☐	☐	Write and sign treatment plans (1,2,3)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - CLINICAL NURSE SPECIALIST - PSYCHIATRY

Name_____

Qualifications:

Will function in joint collaboration with the physician or physician group with which she/he is associated.

All verbal and telephone orders must be signed within seven (7) days.

SITES OF PRIVILEGE

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
4 – Fairgrounds Surgical Center
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
12 - LVH-Schuylkill Surgery Center

DEFINITIONS OF SUPERVISION

(a) DIRECT SUPERVISION - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.

(b) SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.

(c) SUPERVISING PHYSICIAN IN ATTENDANCE - Physical presence of supervising physician in room.

* ATTENTION SUPERVISING PHYSICIAN: Your signature, title and date are required on the first line of the signature page of this document.

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA AHP - CLINICAL NURSE SPECIALIST - PSYCHIATRY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY) _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date