

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - CERTIFIED NURSE MIDWIFE

Name _____

Initial Renewed
 Effective from ___/___/___ to ___/___/___

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

R G C N POPULATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (Midwifery care of newborns is limited to normal neonates only - initial 28 days after birth) (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years

R G C N GENERAL PRIVILEGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitting Privileges (includes inpatient, outpatient procedures and observation) (1,2,3,4,5,6,7,8,9,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation Privileges (1,2,3,4,5,6,7,8,9,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Privileges (Nurse Midwives Only) (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and Physical (1,2,3,4,5,6,7,8,9,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribing Privileges (1,2,3,4,5,6,7,8,9,10,11,12)

R G C N GENERAL PRIVILEGES PERFORMED INDEPENDENTLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newborn Resuscitation (7,10,11) (*Must maintain/have current NRP certification for all sites when providing primary/regular inpatient obstetrics coverage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate appropriate evaluation and management for emergency situations (cardiac arrest, respiratory distress, hemorrhage) (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate orders for routine laboratory, radiology and other diagnostic studies and interpret the results (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate referrals and consultation (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic examination (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform venipuncture (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient instruction and education (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress Notes (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record diagnostic impression (1,2,7,11)

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- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Record plans of management (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review and document in EMR (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Triage patient phone calls (1,2,7,11) |

R G C N ANTEPARTUM PRIVILEGES PERFORMED INDEPENDENTLY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auscultation of FHT (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Collaborate with obstetrician for provision of care for patients at risk for medical and obstetrical complication (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluate and Interpret Limited Diagnostic Obstetric Ultrasound Examinations* (1,2,7,10) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oversee and evaluate antepartum testing of fetal well being (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform and interpret NST (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide routine prenatal obstetrical care (1,2,7,11) |

R G C N GYNECOLOGIC AMBULATORY CARE PRIVILEGES PERFORMED INDEPENDENTLY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contraceptive management (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contraceptive Management utilizing a contraceptive implant; placement and removal*(1,2,7,11) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contraceptive Management utilizing IUD; insertion and removal (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endometrial biopsy* (1,2,7,11) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluate and manage low complex gynecologic conditions including Abnormal uterine bleeding, Vaginal discharge, Pelvic pain, Diagnosis and treatment of STD, Counseling for sexual abuse and domestic partner violence. (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intrauterine instillation of saline at the time of diagnostic pelvic ultrasound* (1,2,7,11) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform well woman office Gyn care (1,2,7,11) |

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R G C N INTRAPARTUM PRIVILEGES PERFORMED INDEPENDENTLY

R	G	C	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administer IV fluids, medications, blood products as needed and with physician consultation as needed (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of local anesthetics (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply oxygen as necessary to patients in labor (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess patient for and with epidural anesthetic and make appropriate intervention as needed (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auscultation of FHT (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiates, applies and interprets electronic fetal monitoring (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insert intracervical foley balloon for cervical ripening (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insert intrauterine pressure transducer (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make patient rounds and write progress notes (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage dysfunctional labor (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage induction and augmentation of labor (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage labor for normal low risk pregnant women who are >36 weeks gestation (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notify physician of persistent Category II and/or Category III fetal heart tracing (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain umbilical cord blood gases (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order and manage magnesium sulfate infusion for mild pre-eclampsia (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order calcium gluconate for elevated blood level of magnesium (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform amnio infusion (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform amniotomy (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform bladder catheterization (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform CPR as needed (1,2,7,11)

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R G C N INTRAPARTUM PRIVILEGES PERFORMED INDEPENDENTLY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform newborn initial evaluation and initiate resuscitation as needed (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Place internal scalp electrode (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repair of 1st and 2nd degree perinatal laceration (1,2,7,11) |

R G C N POSTPARTUM PRIVILEGES PERFORMED INDEPENDENTLY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide routine postpartum care to mother (1,2,7,11) |
|--------------------------|--------------------------|--------------------------|--------------------------|--|

R G C N PRIVILEGES WITH SUPERVISION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manages labor and delivery for patients <36 weeks (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manages labor and spontaneous vaginal delivery for patient with one or two prior low transverse C/S who desire TOLAC and VBAC (1,2,7,11) |

R G C N PRIVILEGES WITH SUPERVISING PHYSICIAN IN ATTENDANCE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist with forceps or vacuum delivery (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First assist at cesarean section (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repair of 3rd degree perineal laceration (1,2,7,11) |

R G C N PRIVILEGES THAT REQUIRE TRANSFER OF CARE TO PHYSICIAN

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4th degree perineal laceration (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acute DVT/PE (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fetal malpresentation (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Large cervical or vaginal sulcus laceration (1,2,7,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal sepsis (1,2,7,11) |

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R G C N PRIVILEGES THAT REQUIRE TRANSFER OF CARE TO PHYSICIAN

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multifetal gestation (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessity for cesarean birth (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placental abnormalities; i.e. abruption of placenta, placenta previa (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Persistent Category III fetal heart rate pattern on EFM unresponsive to intrauterine resuscitation (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postpartum disruption of incision or vaginal/perineal repair (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postpartum infection not responding to usual treatment; i.e. febrile >24 hours postpartum (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe pre-eclampsia and eclampsia (1,2,7,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncontrolled hypertension; i.e. BP >150/105 (1,2,7,11)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - CERTIFIED NURSE MIDWIFE

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SITES OF PRIVILEGE

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 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
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono
- 19 - LVH-Carbon
- 20 - LVH-Dickson City

DEFINITIONS OF SUPERVISION

- (a) INDEPENDENT - Constant physical presence of the supervising physician is not required so long as supervising physician and the certified nurse-midwife are, or can easily be, in immediate contact with each other by telephone or pager.
- (b) SUPERVISION - Supervision requires the physical presence of the supervising physician on the premises of the hospital, so that the supervising physician is immediately available to the certified nurse-midwife when needed.
- (c) SUPERVISING PHYSICIAN IN ATTENDANCE - The performance of these privileges by the certified nurse-midwife requires the physical presence of the supervising physician in the room.
- (d) TRANSFER OF CARE - The supervising physician takes over the management of the patient after discussion with the certified nurse-midwife.

LEHIGH VALLEY HEALTH NETWORK
CLINICAL AREA AHP - CERTIFIED NURSE MIDWIFE

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 ____/____/____