

GULF COAST MEDICAL CENTER
Delineation of Privileges for Allied Health Professional
Certified Nurse Midwife

Name: _____ Physician Sponsor(s)/Contract: _____

License Number(s): _____ Certification/Re-certification Number: _____

PRIVILEGE	Currently Approved	Requested	Approved
CATEGORY I (Indirect Supervision):			
<p>Obstetrical: Pelvic exam, breast exam, pap smear, collect lab specimens, documentation in progress notes</p> <p>Labor and Delivery: Evaluate labor status/patient condition, admit patient or send patient home, assess maternal vital signs, provide pain relief (physician order), administer medication (physician order), administer IV, administer blood, Catheterization, perform cervical/vaginal/rectal exams, monitor uterine activity of palpitation, monitor fetal heart by auscultation, apply external fetal monitor, interpret fetal monitor strips, perform amniotomy if labor established, initiate non-stress test, initiate oxytocin challenge tests (physician order), apply abdominal wall transducer, apply tocodynamometer, apply fetal scalp electrode, apply internal pressure catheter, transfer patient to delivery room, perform local infiltration anesthesia, perform pudendal block anesthesia, perform median and mediolateral episiotomies, repair median and mediolateral episiotomies, manage third stage (including manual exploration), augment labor (physician order), perform vacuum extraction, perform spontaneous delivery, vertex presentation, normal vaginal delivery, manual removal of placenta, signs of pre-eclampsia, prolonged first stage, fetal demise, membranes rupture >12 hours N1</p> <p>Post-Partum: Examine/evaluate uterus, examine/evaluate perineum, obtain cultures of cervix/uterus/placenta, excise vaginal cysts, evacuate vulvar hematoma, repair minor vaginal lacerations, repair minor cervical lacerations, repair minor perineal lacerations, postpartum counseling, write orders (physician must countersign)</p> <p>Neonatal: (immediately following delivery) Implement emergency procedures, establish/maintain airway and respirations, perform APGAR scoring, examine for gross anomalies, provide eye prophylaxis, provide cord care, obtain infant cultures, perform identification of newborn, initiate pare-newborn contact.</p>			
CATEGORY II (Assist Physician Only):			
Cesarean Section, Cesarean Hysterectomy, Major Lacerations, Situation Requiring Forceps, Multiple Gestation			
CATEGORY III (Evaluate Without Treatment):			
Over 42 Weeks Gestation, Medical Complications, Other Than Vertex Presentation			
CATEGORY IV (Evaluate and Defer to Physician):			
Fetal Distress, Late or Severe Variable Decelerations, Abruptio Placenta, Tetanic Uterine Contraction, Second Stage >2 Hours (unless delivery imminent), Secondary Arrest of Labor >2 Hours; Bleeding Other Than Show			
OTHERS or EXCEPTIONS TO ABOVE:			

Comments / Modifications: _____

I hereby request that I be allowed to perform the privileges requested, as delineated above that are checked above, under the supervision of my sponsoring physician(s) and attest that I have current competence to perform each of them.

Applicant Date

I/We, the sponsoring physician(s) hereby affirm that this individual is sufficiently competent to perform the privileges requested.

Signature of Sponsoring Physician Date

Signature of Sponsoring Physician Date

Signature of Sponsoring Physician Date

Signature of Sponsoring Physician Date

Signature of Sponsoring Physician Date

Signature of Department Chairperson Date

Credentials Approval Date

Medical Executive Approval Date

Board of Trustees Approval Date