

**Atrium Health Kings Mountain**  
**(a campus of Atrium Health Cleveland)**

**Privileges: Nurse Practitioner**

Name \_\_\_\_\_

**Qualifications**

**Anesthesia (Pain Management) Nurse Practitioner**

- Must successfully complete a recognized and accredited NP course;
- Obtain a passing grade on the NP examination;
- Have a supervising physician(s) on the active Medical Staff; and
- Obtain a license and be registered with the Board of Nursing for the State of North Carolina.

<b>Privileges</b>	<b>Requested</b>
1. Obtain and record patient history	
2. Collect and record data for consultation	
3. Dictate discharge summaries	
4. Write patient orders, as specified, in approved standing orders	
5. Accept, record and carry out verbal orders	
6. Write progress notes, with appropriate countersignature	
7. Perform or assist with therapeutic procedures and tests routinely accepted, within the practice of the supervising physician, according to demonstrated training and competence	
8. Provide patient teaching and instructions, and interpretation of physicians orders to patient/family and hospital staff	
9. Performing Trigger Point Injections Lumbar region (none above diaphragm)	
10. Minor joint and bursa injections	
11. Greater trochanteric bursa injections	
12. Shoulder injections	
13. Knee injections	
14. Prescribing appropriate medications	
15. Prescriptive Authority	
16. Reprogramming spinal cord and peripheral nerve stimulators	
17. Perform Cardiopulmonary Resuscitation (CPR)	
18. Assist/Perform Advanced Cardiac Life Support (ACLS) in accordance with certification.	
19. Ordering other therapies when indicated	
20. <b><i>Additional privileges requested:</i></b>	

**\* Supervising physician on site during procedures\***  
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**Identification of Nurse Practitioner:**

*In accordance with Regulations and hospital bylaws, the nurse practitioner will display on his/her name tag or garment the title of "Nurse Practitioner" when providing clinical services.*

Comments: \_\_\_\_\_  
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**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health Kings Mountain (a campus of AH Cleveland), and

I understand that:

In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Sponsoring Physician (s):**

In my opinion, this applicant is physically and mentally capable of performing the current privileges requested.

\_\_\_\_\_  
Sponsoring Physician (Signature)

\_\_\_\_\_  
Date