



**RN/LPN Nursing  
Delineation of Privileges**

\*Required for all non-employed nurses who interact with patients\*

**Name:** \_\_\_\_\_  
(Please print)

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (*reappointment, on 2-year specialty cycles*)
- \_\_\_\_\_ Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education:** Graduate from an accredited RN or LPN school of nursing.

**Required current experience:** Licensed as an RN or LPN in the state of Tennessee.

Current BLS certification required.

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Clinical Nursing Core Privileges:**

Interview to obtain health history

Record information in patient's legal record

Perform physical assessments

Provide health counseling and guidance

Write progress notes, if countersigned within 24 hours by supervising physician

Instruct patients regarding diet, medications, exercises, discharge planning, follow-up plan

Remove sutures and perform dressing changes

Insert, remove and/or change indwelling bladder catheters

Remove drains, other than chest tubes

Dictate discharge summaries, if signed by the supervising physician when transcribed  
Write orders only when supervising physician is present to countersign

Remove wound packing

Assist supervising physician with diagnostic procedures

***Request for Privilege Not Listed*** (please list the privilege and provide justification as well as any accompanying certifications or case logs)

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***Department Chief Recommendation:***

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date