



Critical Care Advanced Protocol Request to Train

Skill Request

CRNP or PA: _____ License # _____

Chest tube insertion:

_____ A total of three hours (3) of didactic instruction on proper technique and insertion of chest tubes, two hours (2) with the associated use of ultrasound guidance, along with instruction one hour (1) regarding sterile technique table set up in unit-specific equipment.

_____ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

_____ 20 procedures performed with no less than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified NP or PA or performed in a simulation laboratory.

_____ All procedures performed during the training protocol as well as those independently performed (once certified) should be recorded in electronic health record for tracking of frequency of the procedure performance and for complication occurrence.

_____ Ongoing proficiency should be demonstrated and documented every 6 months with the requirement of 10 procedures performed, half of which may be performed in a simulation laboratory. The 6-month documentation should be kept on file at your facility.

_____ Level I and level II Trauma Centers utilizing this protocol and allowing mid-levels to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the *Alabama Board of Medical Examiners*. Data submitted to the ALBME will be provided to both the Joint Committee of Advanced Practice Nursing and the PA Advisory Committee for review. The Joint Committee and PA Advisory Committee will report at least annually to the respective Boards.

Physician initials and signature indicate having read and understand the protocol for training the Advance Practice Provider named above to perform this skill.

Collaborating Physician: _____ License # _____

Signature: _____