

FLOYD MEDICAL CENTER
NURSE MIDWIFE FUNCTIONS REQUESTED

Applicant Name _____

Supervising Physician _____

Title _____

Department _____

Please check patient care functions requested and note the degree of supervision, **direct** or **indirect**, by each.

Patient Care Functions	Direct	Indirect	Approved
Vaginal deliveries (follow through labor)			
1 st , 2 nd degree episiotomy repair			
Postpartum visits and discharge			
Antepartum triage visits			
Artificial rupture of membranes; placement internal lead			
Ordering: Cytotec, Pitocin, Methergine, Hemabate, Nubain, Stadol, Percocet, Phenergan, Zofran, Ambien, Tylenol 3, Lorcet, Morphine, Antibiotics			
Assist in Cesarean Section			
3 rd , 4 th degree episiotomy repair			
Ultrasound to confirm presentation and presence of fetal heart tones			
GENERAL CLINICAL FUNCTIONS			
Administer injections, intramuscular and subcutaneous			
Administer local infiltrative anesthetics – perineal			
Administer medical upon request of physician			
Apply, remove and change dressings and bandages			
Assist with rounds on hospitalized patients			
Carry out aseptic and isolation techniques			
Counsel patients on preventive care and family counseling			
Dictate or write notes including recording of patient data in chart and discharge summary to be signed by physician			
Facilitate physician's referral of patients to appropriate healthcare facilities, agencies, other community resources, or other clinicians			
Obtain appropriate cultures			
Order other medicinal drugs (according to approved State of Georgia protocol); Submit copy of DEA if applicable			
Patient Education			
Perform / dictate clinical evaluations including history and physical examinations (including medical / social history) and commencement of treatment according to established protocols (reviewed and approved by sponsoring or alternate sponsoring physician)			
Start IV's and administer intravenous fluids			
Urinary bladder catheterization, including insertion of Foley Catheter and irrigation			
Write orders, including standing orders for review and counter-signature of sponsoring or alternate sponsoring physician			
Suture simple lacerations; Suture removal or staple removal			

Date _____

Signature of Applicant _____

Date _____

Signature of Supervising Physician _____

Applicant

APPROVED FMC:

Department Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION
or FMC EVP and CHIEF MEDICAL OFFICER

Date

_____ Concur with Department's recommendation and forward to governing body

_____ Return to Department for clarification of the following: _____

BOARD APPROVAL: _____ YES

_____ NO

Date