



Critical Care Advanced Protocol Request to Train

Certification Statements for Initial Requirements:

Collaborating Physician should initial each area indicating understanding of the initial requirements of eligibility to request this Advanced Protocol.

_____ This Advanced Practice Provider (APP) has been previously trained in the skills selected below through the Critical Care Specialty Protocol.

_____ This APP has worked in the Critical Care Setting for at least one year after successfully completing the training for the appropriate skills in the Critical Care Specialty Protocol.

_____ Facility must be a **State Designated Level I or Level II Trauma Centers** actively participating in the Alabama Trauma System.
(<http://www.alabamapublichealth.gov/aths/assets/ATS.Master.Designation.Checklist3.pdf>)

Skill Requirements:

_____ Advanced Practice Providers in Level I or Level II trauma centers will be allowed to perform the following advanced skills **without direct physician supervision at the bedside and outside the operating theater** after documentation of supervised practice has been completed, submitted and approved.

1. Central line insertion and removal (internal jugular, femoral and subclavian) for the purpose of venous access including dialysis, extracorporeal photopheresis (ECP) and extracorporeal membrane oxygenation (ECMO).
2. Insertion of chest tube.
3. Thoracentesis both diagnostic and therapeutic including the placement and use of small indwelling catheters.

_____ Collaborating and supervising physicians for these mid-levels must be appropriate medical and surgical intensivists, interventional radiologists, anesthesiologists, and/or pulmonologists.

_____ A physician should be available (Exhibit 1- Alabama Trauma Center Designation Criteria pg 9-10) at all times to provide appropriate diagnostic consultation prior to the performance of the advanced skill and to respond to a mid-level requiring assistance and to provide surgical intervention for complications. (This supervision could be provided by the acute care or trauma surgeon.)

_____ Trauma Centers seeking such privileges for Advanced Practice Providers will submit training protocols as well as the **identified surgical supervising physicians that will provide prior procedure consultation and surgical coverage for complications.** The training protocol submitted must consist of the following minimal requirements but may exceed them as local institutional policy. *Please identify these physicians below and include license number:*

_____ / _____	_____ / _____
_____ / _____	_____ / _____

I _____ certify that I have read and understand the above requirements.
Collaborating Physician Printed Name

Collaborating Physician Signature: _____