

**UNIVERSITY OF UTAH HOSPITALS AND CLINICS
ALLIED HEALTH PRACTITIONER PRIVILEGE DELINEATION FORM
DEPARTMENT OF SURGERY/DIVISION OF EMERGENCY MEDICINE**

Name: _____ Date of Application _____

I request clinical privileges at the University Hospitals and Clinics, as indicated below for a Physician Assistant/Nurse Practitioner practicing in care of pediatric and adult patients:

GENERAL PRIVILEGES

1. History and physical assessment of patients: Obtain and document history of present illness, past medical, family and social history. Perform and document physical exams.
2. Establish diagnoses and treatment plan:
 - a. Evaluate patient's presentation and determine differential and/or final diagnosis.
 - b. Order appropriate treatment and care in accordance with professional and approved standards of practice.
 - c. Provide patient and family education regarding disease/injury and medication management.
3. Consult with specialty care providers as indicated by patient's illness/injury and condition.
4. Order tests appropriate to the differential diagnosis and care in accordance with approved standard of practice and within the scope of practice of the supervising physician to include but not limited to:
 - a. Laboratory tests: blood, body fluids
 - b. x-rays
 - c. electrocardiography
 - d. echocardiography
 - e. CT scans, MRIs
 - f. Ultrasonography
 - g. Nuclear medicine scans
5. Perform therapeutic/diagnostic procedures including:

	Independent	Supervised
a. Wound care and suturing	<input type="checkbox"/>	<input type="checkbox"/>
b. Topical, infiltration, and nerve block anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
c. Closed reduction of extremity fracture/dislocation	<input type="checkbox"/>	<input type="checkbox"/>
d. Incision and drainage	<input type="checkbox"/>	<input type="checkbox"/>
e. Arthrocentesis	<input type="checkbox"/>	<input type="checkbox"/>
f. Extremity splinting	<input type="checkbox"/>	<input type="checkbox"/>
g. Foreign body removal	<input type="checkbox"/>	<input type="checkbox"/>
h. Anterior nasal packing	<input type="checkbox"/>	<input type="checkbox"/>
i. Posterior nasal packing	<input type="checkbox"/>	<input type="checkbox"/>

- j. Slit lamp exam
- k. ACLS procedures
- l. Lumbar puncture
- m. Moderate Sedation
- n. Initiation of IV therapy
- o. Ultrasonography
- p. _____
- q. _____
- r. Other procedures as indicated within the scope of practice of supervising MD

Competency for procedures marked as independent at initial application have been established through the applicant’s professional training program as demonstrated by completion of an accredited Physician Assistant or Nurse Practitioner program.

All procedures marked *supervised* must have an accompanying competency log to be signed off by an attending emergency department MD prior to independent status being achieved.

5. Medication orders:

- a. May order oral, topical, and parenteral medications in accordance with approved standards of care and appropriate for patient’s condition.
- b. Prescriptive license:
Practitioner may prescribe medication as authorized by Utah law.

Controlled Substance license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DEA registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
BLS Certification?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Discharge planning:

- a. Recommend appropriate follow-up care.
- b. Referral to primary care and specialty providers.
- c. Referrals to physical therapy.
- d. Referrals for home health care.
- e. Prescriptions for medical supplies and durable medical supplies

APPROVALS:

_____ Supervising/Consulting Physician	_____ Date
_____ Department Chair	_____ Date
_____ Interdisciplinary Credentials Committee	_____ Date
_____ Medical Board	_____ Date
_____ Hospital Board	_____ Date