

**University of Utah
Salt Lake City, Utah 84132
Cardiology Allied health Professional Privilege Delineation**

Applicant Name: _____ Date: _____

I request clinical privileges at the University of Utah hospital, as indicated below, for advanced nursing practice in care of adult medical patients.

Applicant Signature: _____

GENERAL PRIVILEGES-INPATIENT/OUTPATIENTS

- I. Physical assessment of adult medical patients:
 - a. Obtain and document patient family histories.
 - b. Perform physical exams and document findings
 - II. Establish baseline, initial and subsequent diagnostic findings.
 - a. Evaluate patients presentations and determine differential diagnoses.
 - b. Assess family psychological needs related to short term and long term diagnosis and prognosis.
 - c. Order appropriate treatment and care in accordance with professional references:
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- III. Order tests appropriate to medical diagnosis and care in accordance with Approved standards of practice, including, but not limited to:
 - a. Laboratory tests: blood and body fluids
 - b. X-rays
 - c. Echocardiography
 - d. Electrocardiogram
 - e. Exercise tolerance tests (ETT, Stress echo, Thallium, etc.)
 - f. CT scans, MRI's and MUGA's
 - g. Ultrasonography
- IV. Perform therapeutic/diagnostic procedures, within approved guidelines and as Indicated by attached validations of competency.

	MD Supervised	Independent
a. Central venous catheter placement	_____	_____
b. Arterial catheter placement	_____	_____
c. Assist in heart catheterization studies	_____	_____
d. Assist in electrophysiology studies	_____	_____
e. Assist in permanent pacemaker placement	_____	_____
f. Monitor diagnostic exercise tests	_____	_____
g. Venous puncture	_____	_____

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- h. Arterial puncture _____
 - i. Assist in ICD placement _____
 - j. Percutaneous arterial line placement _____
- V. Medication Orders:
- a. May order or reorder current medications as appropriate for individual.
 - b. In consultation with attending physician and in accordance with approved protocols and established standards of care. Orders oral, parenteral and local medications appropriate to the care of medical/cardiology patients (see exclusions listed below).
 - c. Prescriptive license Yes_____ No_____
 - If no, orders are to be written and signed “NP/Attending physician” and will be co-signed by the attending internist or resident within 24 hours.
 - d. Controlled Substances: Yes_____ No_____
 - e. **IN ADDITION TO THOSE LISTED IN THE PRESCRIPTIVE PRACTICE ACT FOR NURSE PRACTITIONERS, PERSCRIPTION OF THE FOLLOWING MEDICATIONS IS EXCLUDED FOR INTERNAL MEDICINE ADVANCED NURSING PRACTICE EXCEPT AS COVERED BY ACLS PROTOCOLS:**
 - I) CNS
 - a) Pancuronium
 - b) Succinylcholine chloride
 - II) Cardiovascular – continuous infusions of vasopressor agents requiring continuous arterial pressure monitoring.
 - a) Dopamine
 - b) Dobutamine
 - c) Nitroprusside
 - d) IV Nitroglycerine
 - e) Isuprel
 - f) IV Epinephrine
 - g) Amrinone
 - h) IV Propanolol
 - i) Levophed
 - j) Neosynephrine
 - k) Brevibloc
 - l) Amiodarone
- VI. Emergency Care Certifications:
- a. Basic Life Support and Advance Cardiac Life Support certification is required.
 - b. Initiation of life-saving procedures according to ACLS standards to include CPR, administration of emergency drugs, defibrillation/cardioversion, and establishment of IVS
- VII. Referrals and consultations with other health care professionals will be made as necessary to other specialties and/or primary care physicians.
- VIII. Discharge planning in conjunction with attending and nursing staff.
- a. Makes referrals to home care.

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- b. Referrals to extend/skilled nursing care facilities.
- c. Prescription of medical supplies for home care/durable medical equipment.
- XI. Categories of drugs common to practice include, but are not limited to:
 - a. Anti-arrhythmic medications
 - b. Anti-hypertensive medications
 - c. Anti-coagulation medications
 - d. Anti-platelet medications
 - e. Coronary artery disease medications
 - f. Heart failure management medications
 - g. Diabetic management medications
 - h. Cholesterol management medications

RECOMMENDATION BY:

APPROVED BY:

Date Chair, Department of Cardiology

Date Medical Credentials Committee

Date Interdisciplinary Credentialing Committee

Date Hospital Board

Instruction for Cardiology Invasive Procedure Log Use

1. Read the enclosed Standard of Practice entitled “Performance of Procedure in Cardiology”. Questions should be directed to the attending physician or Medical Director of Cardiology.
2. Clarification: Utilize the procedure and log, when your status is changing from a Level I (supervision required), to a Level 3 (independent privileges), you must enter the date and your initials in the appropriate column. After you have completed the required number of procedures, (refer to Standard of Practice). You will be reclassified.
3. To obtain certification. (Level 3) privileges, you must have completed, dated and initialed the required number of procedures (refer to Standard of Practice). Your record must then be signed by the supervising physician. This indicates that you can perform the procedure competently, ie as well as a cardiologist.
4. Any further questions or clarifications should be discussed with supervising physician.

**University of Utah Invasive Cardiology
Individual Procedure Log**

NAME: _____ DATE: _____

PROCEDURE	STATUS**	INITIAL EACH TIME W/ SUPERVISION	DATES W/O SUPERVISION
Arterial Puncture			
Venous Puncture			
Assist in electrophysiology			
Assist in heart Catheterization			
Assist in permanent Pacemaker placement			
Assist in permanent ICD placement			
Monitor diagnostic Exercise testing			
Percutaneous Art line placement			
Simple surgical procedure			
Incision closure			
Central venous Catheterization			
Central arterial Catheterization			

**STATUS: 1-needs supervision 2-cand do w/o supervision 3-certified

Cardiology Nurse Practitioner

Supervising Cardiology Attending

Cardiology
University Hospital
University of Utah
Health Sciences Center

Standard of Practice:
Performance of Invasive Cardiology
Procedures
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1. Purpose
 - 1.1 Clearly define supervision of individuals in training (licensed NP's) who are performing procedures.
 - 1.2 Document procedures for review by Cardiology staff as required to verify Competency certification of individuals.
2. Physician/Nurse Practitioner Responsibilities
 - 2.1 The attending or on-service cardiologist is responsible for supervision of Individuals in training. Supervision of training may be delegated to Licensed NP's certified in the procedure.
 - 2.1.1 Each individual in training must perform the following procedures 4 times under supervision before being able to perform the procedure independently:
 - Arterial puncture
 - Venous puncture
 - Assist in electrophysiology; catheter placement
 - Assist in heart catheterization; dye and drug injection, catheter placement
 - Assist in permanent pacemaker placement
 - Assist in permanent ICD placement
 - Monitor diagnostic exercise testing
 - Percutaneous arterial line placement
 - Simple surgical procedures
 - Incision closure
 - Central venous catheterization
 - Central arterial catheterization
 - 2.2 Procedure Log
 - 2.2.1 A current, continuous record of procedure will be kept in the Cardiology office. Each individual in training must obtain the initials of the supervising individual to be credited. Individuals qualified to do a procedure without supervision may supervise an individual in training. They must also maintain a record of their own procedure in the log book.
 - 2.3 To become certified, an individual must demonstrate proficiency, ie:

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perform the procedure as well as a cardiologist. These procedures must be performed repeatedly, at least twice the minimum number of times. A cardiologist will then initial certification in the record book.

2.4 Certification will be maintained if the individual performs the procedure Twice yearly thereafter.

2.5 **Rules for specific situations:**

2.5.1 Licensed NP's performing invasive procedures will be supervised by an attending on all procedures unless credentialed to perform the procedure independently.

2.5.2 Certified individuals will perform emergency procedures/treatments as necessary during a code or life threatening dysrhythmia. In the case where no certified individual is available the most experienced individual will perform the procedure.

**UNIVERSITY OF UTAH
CARDIOLOGY NURSE PRACTITIONER
GUIDELINES FOR PRACTICE**

PURPOSE

To delineate privileges and establish guidelines for practice for the nurse practitioner within the Cardiology Division at the University of Utah.

JOB SUMMARY

The nurse practitioner provides quality health care which is convenient and cost-effective within prescribed guidelines.

QUALIFICATIONS

1. Licensure to practice as an Adult Nurse Practitioner with prescriptive privileges in the state of Utah.
2. Master of Nursing degree from nationally accredited program.
3. Demonstrates clinical competence and in-depth knowledge of adult cardiology.
4. Demonstrates leadership, teaching, research and communication skills.
5. Certified in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

RESPONSIBILITIES

Clinical

1. Obtain patient histories, perform appropriate physical assessments, evaluate assessment and laboratory data and establish a diagnosis.
2. Differentiate between urgent and non-urgent patients and obtain physician consultation and/or referral when appropriate.
3. Order and evaluate appropriate diagnostic studies.
4. Perform and monitor therapeutic procedures.
5. Record and document assessment data, interventions, results and patient outcomes, discharge teaching and patient instructions for follow-up.
6. Assist patient in identifying and developing individualized management plan according to their health care needs and resources.

7. Identify areas of knowledge deficits and educate patients and/or families in order to promote wellness and facilitate management of current health care needs.
8. Evaluate management plan through appropriate follow-up (IE. Clinic visit, phone contact etc.) to assess effectiveness of management plan and determine need for further intervention.

Administrative

1. Attend staff meetings, professional organizations and participate in hospital committees.
2. Maintain a collegial relationship with medical staff. Inform medical director of any clinical or management problems or concerns.
3. Maintain appropriate records and documentation of clinical and educational activities.

Education

1. Act as a resource to Cardiology Division staff.
2. Maintain and enhance a current level of knowledge relative to professional practice, including participation in continuing education.
3. Function as a resource person for the College of Nursing.
4. Participate in the education of Nurse Practitioner student.

Research/Scholarly Activities

1. Identifies the need for and participates in scholarly/research activities.
2. Maintain records to contain current Curriculum Vitae and recent continuing education.

GUIDELINES FOR COLLABORATIVE PRACTICE

The Cardiology Division is a collaborative practice environment. The nurse practitioner will function in an autonomous role within their scope of practice. A cardiology attending is in the department and available at all times for consultation. It is recognized that appropriated and timely use of consultation is essential to safe practice. Consultation shall be with a cardiology attending and other services as indicated by patient need. Consultations may occur in the following ways:

1. **Informal interaction:** The informal exchange of information and knowledge between colleagues, with written (e-mail or memo) follow-up to chart and/or to the attending. Responsibility for patient care remains with the nurse practitioner.
2. **Informal consultation:** the nurse practitioner may consult with cardiology attending but retains primary responsibility for the patient.
3. **Formal consultation:** The consulting physician evaluates the patient and makes a written report in the patient's medical record. Responsibility for patient care is collaborative.
4. **Referral:** The attending or consulting cardiologist assumes care and responsibility for the patient.

ADMITTING PRIVILEGES

1. The nurse practitioner shall consult with a Cardiology attending prior to admitting any patient.
2. The nurse practitioner shall notify the on-call admitting resident of any admission.

UNIVERSITY HOSPITAL CLINICAL PROTOCOL

Specialty: Adult Cardiology Date Developed: 21 August 1997

Subject: Protocols Date Last Reviewed: 21 August 1997

Protocols for monitoring, evaluation, consultation, referral, treatment and management
Are covered in the guidelines, responsibilities, certifications and privilege delineation
Within this application. Based on the individual patient the medical treatment will be
Treatment will be determined, and guided by the appropriate references including but
Not limited to, Manual of Medical Therapeutics, Woodley, M. & Whelan, A.,
Department of Medicine, Washington University, 1993 and Heart Disease: A Textbook
of Cardiovascular Medicine, Braunwald, E., W.B. Saunders Co., 1997.

Approved

By: _____ -

Collaborating Physician