

# Privilege Delineation for Advanced Practice Registered Nurse

## UNIVERSITY OF UTAH HOSPITALS AND CLINICS

Department of Obstetrics and Gynecology  
50 N. Medical Drive, SLC, UT 84132

I request clinical privileges at the University of Utah Hospitals & Clinics as an Advanced Practice Registered nurse provider in the care of female obstetric patients. These privileges include admission and discharge; evaluation, treatment, and education of patients with obstetric, gynecologic and general health issues.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Printed Name of Applicant

### GENERAL PRIVILEGES

- I. Physical assessment of adult and adolescent female patients and normal newborns and infants as outlined below.
  - A. Obtain and document patient and family histories
  - B. Perform physical exams and document findings.
  
- II. Establish baseline initial and subsequent diagnoses, and plan, order, implement, and follow-up with appropriate treatment regimen.
  - A. Evaluate patients' presentations and determine differential diagnosis and prognosis.
  - B. Assess family psychological needs related to short-term and long-term diagnosis and prognosis.
  - C. Order appropriate treatment and care in accordance with approved guidelines.
  - D. Participate in physician/resident conferences as indicated.
  
- III. Order tests appropriate to diagnosis and care and in accordance with approved protocols, including but not limited to: (applicant please check privileges for which you are applying)
  - A. \_\_\_ Laboratory tests (e.g. blood, body fluids, cultures)
  - B. \_\_\_ Microscopic evaluation of body fluids
  - C. \_\_\_ Mammography
  - D. \_\_\_ Ultrasonography
  - E. \_\_\_ Non-stress test (NST)
  - F. \_\_\_ Contraction stress test (CST)
  - G. \_\_\_ Amniotic Fluid Index (AFI)
  - H. \_\_\_ Biophysical Profile (BPP)
  - I. \_\_\_ Amniocentesis
  - J. \_\_\_ Colposcopy
  
- IV. Perform therapeutic / diagnostic procedures in accordance with approved protocols and established standard of care: (applicant please check privileges for which you are applying)
  - A. \_\_\_ Sterile speculum examination
  - B. \_\_\_ Sterile vaginal examination
  - C. \_\_\_ Antepartum evaluation
  - D. \_\_\_ Management of patients labor under epidural/intrathecal anesthesia
  - E. \_\_\_ Amniotomy
  - F. \_\_\_ Internal & external fetal monitoring
  - G. \_\_\_ Augmentation & induction of labor with consult
  - H. \_\_\_ Normal labor & spontaneous delivery of term, cephalic presentation
  - I. \_\_\_ Normal labor & spontaneous delivery of 35-36 week gestation, cephalic presentation

- J.  Episiotomy & repair
  - K.  Repair of vaginal & cervical lacerations
  - L.  Repair of 4<sup>th</sup> degree laceration with consult
  - M.  Non-stress test (NST) interpretation
  - N.  Resuscitation of newborns & infants
  - O.  Endometrial biopsy
  - P.  IUD insertion
- V. Medication orders
- A. Prescriptive license: Yes:
  - B. Controlled Substance license: Yes:
- (applicant please include a copy of your prescriptive license and DEA)
- VI. Medications Common to practice include but are not limited to:
- A. Antibiotics and antimicrobials
  - B. Sedatives and hypnotics
  - C. Tocolytics
  - D. Antipyretics
  - E. Analgesics and narcotics
  - F. Anesthetics
  - G. Vitamins and minerals
  - H. Hormones
  - I. Uterine stimulants
  - J. Psychotropics
  - K. Antihypertensives
- VII. Emergency Care Certifications (applicants please check all that apply to this application)
- A.  Basic Life Support
  - B.  Neonatal Resuscitation Practice
- VIII. Consultations and care in accordance with the patient's primary care provider as well as in House residents and attendings.
- IX. Admission and discharge/follow-up activities in conjunction with patient's primary care provider.
- A. Notification of admission, and patient status as outpatient and inpatient with referring provider.
  - B. Provide patient, family, staff education as indicated.
  - C. Prescription medications, supplies, and treatments as indicated.

**RECOMMENDATION BY:**

\_\_\_\_\_

Date

\_\_\_\_\_

Supervising/Consulting Physician

\_\_\_\_\_

Date

\_\_\_\_\_

Chair, Department of Obstetrics and Gynecology

## Privilege Delineation for Advanced Practice Registered Nurse

Applicant Name: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Date Interdisciplinary Credentials Committee

\_\_\_\_\_  
Date Medical Credentials Committee

\_\_\_\_\_  
Date Medical Board

\_\_\_\_\_  
Date Hospital Board