

INTERNAL MEDICINE NURSE PRACTITIONER
PRIVILEGE DELINEATION
UNIVERSITY OF UTAH HOSPITAL

Applicant Name: _____ Date: _____
(Please Print)

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

Applicant Signature: _____

GENERAL PRIVILEGES – INPATIENT

1. Physical

- a. Obtain & document pertinent patient/family histories.
- b. Perform Physical exams & document findings

2. Establish baseline initial and subsequent diagnosis-plan, order, implement and follow-up appropriate treatment regimen:

- a. Evaluate patients presentation and determine differential diagnoses.
- b. Assesses family psychosocial needs related to short term and long term diagnoses.
- c. Order appropriate treatment & care in accordance with professional standards, and practice guidelines included in, but not limited to:

The Washington Manual: Manual of Medical Therapeutics, 28th edition by Gregory A. Ewald & Clark, R. McKenzie. Little Brown and Company, Boston, 1995.

Harrison's Principles of Internal Medicine, 13th edition, McGraw Hill, New York, 1995

The Sanford Guide to Antimicrobial Therapy, 27th edition, by Jay P. Sanford, David N. Gilbert, Robert C. Moellering, and Merle A. Sande, 1997.

3. If at any point the N.P. has concerns regarding the patient's status or clinical presentation, the N.P. initiates a consult.

- a. Informal Interaction: The informal exchange of information and knowledge between colleagues. Responsibility for patient care remains with the N.P.
- b. Informal Consultation: The nurse practitioner consults with a physician, but retains responsibility for the patient.
- c. Formal Consultation: The physician evaluates the patient with in the hospital and makes a written report in the patient's medical record. Responsibility for

patient plan of care is collaborative.

- d. Referral: The patient is directed to a consulting physician or a collaborating physician for formal evaluation. Care and responsibility for the patient is assumed by the consulting service.

4. Order tests appropriate to Medical diagnosis and care and in accordance with practice guidelines, including, but not limited to:

- a. Lab tests: blood, body fluids
- b. X-rays
- c. Echocardiography, 12 lead ECG
- d. CT scans, MRI's
- e. Ultrasonography

5. Perform diagnostic/therapeutic procedures within approved guidelines and as indicated by attached validations of competency.

	MD Supervised (Certification in Progress)	Independent (Certified)
a. Thoracentesis	_____	_____
b. Paracentesis	_____	_____
c. Lumbar Puncture	_____	_____
d. Simple Laceration Repair	_____	_____
e. Joint Aspiration	_____	_____
f. Central Line Placement	_____	_____
g. Arterial Puncture	_____	_____
h. Punch Biopsy	_____	_____

6. Prescriptive Practice

- a. May prescribe medications as authorized by the Utah State Nurse Practice Act
- b. Prescriptive practice license: YES _____ NO _____
- c. DEA registration: YES _____ NO _____
- d. In accordance with practice guidelines, will order medications appropriate to the care of the patient.

7. Emergency Care Situations:

- a. Initiates life-saving procedures according to ACLS guidelines to include CPR, administration of emergency drugs, defibrillation/cardioversion, transcutaneous pacing and establishment of intravenous access.

8. Discharge planning in conjunction with attending physicians, nursing staff and interdisciplinary team.

a. Makes referrals to home care and extended/skilled nursing care facilities.

b. Prescribes medical supplies for home care/durable medical equipment.

Recommendation by:

**UNIVERSITY OF UTAH
INTERNAL MEDICINE PROCEDURE LOG
(COMPETENCY VALIDATION)**

Applicant Name: _____ Date: _____
(Please Print)

PROCEDURE	CERTIFICATION Initial of supervisor and date	ACTIVE PROCEDURE LOG Initial and date	PROCTORED PROCEDURES Initial and date
Thoracentesis			
Paracentesis			
Lumbar Puncture			
Simple Laceration Repair			
Joint Aspiration			
Central Line Placement			
Arterial Puncture			
Punch Biopsy			

**Nurse Practitioner Practice Guideline
Internal Medicine Division
University of Utah Health Sciences Center**

It is recognized that within the Internal Medicine Division a collaborative practice environment exists. The nurse practitioners function in an autonomous role within their scope of practice. An Internal Medicine or Subspecialty Service Attending, Fellow, or Resident is available at all times for consultation. It is understood that appropriate and timely use of consultation is essential to safe practice. Consultation shall be with the Internal Medicine or Subspecialty Attending, or Fellow, or Resident, and/or other services as indicated by patient need.

- A. **INFORMAL INTERACTION:** The formal exchange of information and knowledge between colleagues. Responsibility for patient care remains with the N.P.

- B. **INFORMAL CONSULTATION:** The nurse practitioner consults with a physician, but retains responsibility for the patient.

- C. **FORMAL CONSULTATION:** The physician evaluates the patient within the hospital and makes a written report in the patient's medical record. Responsibility for the patient plan of care is collaborative.

- D. **REFERRAL:** The patient is directed to a consulting physician or a collaborating physician for formal evaluation. Care and responsibility for the patient is assumed by the consulting service.

**POLICY FOR PERFORMANCE OF INVASIVE
PROCEDURES BY INTERNAL MEDICINE
NURSE PRACTITIONERS**

General Rules: The Attending/Fellow/Resident/Nurse Practitioner will provide the supervision of nurse practitioners performing procedures at the University of Utah Hospital. Procedures may be delegated to nurse Practitioner once certified in that procedure.

1. Certification: A procedure will be performed three times under supervision. After the third procedure is performed, the individual supervising will determine if the practitioner is competent and therefore certified to perform the procedure independently r if any additional practice is required.
2. Active Procedure Log: An ongoing record of procedures will be kept. Each N.P. must record their initials and the date the procedure was performed to be credited with performing a procedure.
3. Proctored Procedures: An N.P. certified to do a procedure may supervise a person in training. These procedures will also be documented in the N.P.'s procedure log.
4. Certification will be maintained if the N.P. performs the procedure at least twice yearly thereafter.