

**UNIVERSITY OF UTAH HOSPITAL
SALT LAKE CITY, UTAH 84132
NEUROLOGY NURSE PRACTITIONER PRIVILEGE DELINEATION**

Applicant Name (Please Print)

Date

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

Applicant Signature

GENERAL PRIVILEGES

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| <p>I. Physical assessment of adolescent and adult patients with neurologic complaint.</p> <p>a. Obtain & document patient & family histories.</p> <p>b. Perform physical exams & detailed neurologic exam & document findings.</p> <p>II. Establish baseline initial and subsequent diagnosis – plan, order, implement and follow-up regimen:</p> <p>a. Evaluate patient presentations and determine differential diagnoses.</p> <p>b. Assess family and psychosocial needs related to short term and long term diagnosis.</p> <p>c. Order appropriate treatment & care in accordance with professional standards, approved protocols and the established reference, but not limited to , <u>Principles of Neurology</u> by Adams, Victory & Ropper. McGraw Hill, NY. 1997. Sixth Edition.</p> <p>d. If at any point during the evaluation process the provider has concerns regarding the patient’s status or clinical presentation, the NP has direct access for consultation with collaborating physician or designee if unavailable.</p> | <p>III. Order tests appropriate to medical Diagnosis and care in accordance with approved protocols, including, but not limited to:</p> <p>a. Lab test: blood & body fluid</p> <p>b. X-rays</p> <p>c. EKG’s & echocardiograms</p> <p>d. CT and MRI scans including special studies, (SPECT, MRA, etc.)</p> <p>e. Doppler studies</p> <p>f. Ultrasonography</p> <p>g. EEG</p> <p>IV. Medication Orders:</p> <p>a. Prescriptive License:
Yes_____ No_____</p> <p>If no, orders are to be written and signed “NP/attending physician” and will be co-signed by the attending within 24 hrs.</p> <p>b. May prescribe medications as authorized under Utah State Law & Nurse Practice act for outpatient treatment.</p> <p>c. In accordance with approved protocols and established standard of care, orders oral and parenteral medications appropriate to the care of the patient.</p> <p>d. DEA License: Yes_____ No_____</p> <p>Controlled substances ordered in accordance with Utah State Law. APRN’s cannot write for schedule I narcotics but have II-V privilege</p> |
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- V. Emergency Care Certifications:
- a. Institute life-saving procedures according To BLS standards to include CPR and initiate C-Arrest team. (Hospital clinic site for patient care and clinic visits.)

- VI. Discharge Planning in conjunction with Attending physicians and nursing staff.
- a. Makes referrals to home care
 - b. Referrals to extended/skilled nursing care facilities
 - c. Prescription of medical supplies for home care/durable medical equipment

- VII. Consultation
- a. Initiate appropriate consultative services when indicated for patient care.

APPROVALS:

DATE

Collaborating Physician

DATE

Chief, Dept. of Neurology

DATE

Interdisciplinary Credential Committee

DATE

Medical Credentials Committee

DATE

MEDICAL BOARD

DATE

HOSPITAL BOARD