

**UNIVERSITY OF UTAH HOSPITAL AND CLINICS
SALT LAKE CITY, UTAH 84132**

**DIVISION OF UROLOGY
Privilege Delineation for Adult Nurse Practitioner**

Applicant Name (Please Print)

Date

I request clinical privileges at the University of Utah Hospitals and Clinics as a non-physician provider in the care of adult urology in- and outpatients. These privileges will include evaluation, treatment, education, and follow-up of patients with bladder dysfunction including incontinence, neurogenic bladder, retention, obstruction, pain syndromes, cystitis, benign prostatic hyperplasia, as well as those patients with erectile dysfunction.

Applicant Signature

Utah License Number

Expiration Date

Utah Controlled Substance License

Expiration Date

DEA

Expiration Date

GENERAL PRIVILEGES-INPATIENT/OUTPATIENT

- I. Physical assessment of adult urology patients.
 - A. Obtain and document patient and family histories.
 - B. Perform physical exams and document findings.

- II. Establish baseline initial and subsequent diagnoses. Plan, order, implement, and follow-up appropriate treatment regimen.
 - A. Evaluate patients' presentations and determine differential diagnosis and prognosis.
 - B. Assess family psychosocial needs related to short-term and long-term diagnosis and prognosis.
 - C. Order appropriate treatment and care in accordance with approved protocols.
 - D. Participate in physician/resident conferences as indicated.

- III. Order tests appropriate to medical diagnosis and care in accordance with approved protocols, including, but not limited to:
 - A. Laboratory tests: blood and body fluids
 - B. Bladder Scan
 - C. Uroflowmetry
 - D. Bio-feedback, electrical stimulation, and behavioral modification

- E. Cystometrogram/EMG
 - F. X-rays/Imaging
- IV. Performs cystometrogram procedure within approved guidelines and as indicated by attached validation of competency.
- V. Medication orders:
- A. May reorder current medications upon admission based on patients' medication "journal" or established individual regimen as appropriate, as agreed upon with attending physician.
 - B. In consultation with collaborating physician and in accordance with approved protocols and established standards of care, orders oral, parenteral, and local medications appropriate to the care of urologic patients.
 - C. Prescriptive license: Yes ___ No ___
 - D. Controlled substances: Yes ___ No ___
 - E. Medications common to the practice:
 1. Anticholinergics
 2. Antimicrobials
 3. Anti-inflammatories
 4. Analgesics
 5. Alpha-adrenergic agonists
 6. Alpha-adrenergic antagonists
 7. Beta-adrenergic antagonists
 8. Beta-adrenergic antagonists
 9. Tricyclics
 10. Calcium antagonists
 11. Anti-muscarinics
 12. Hormone replacement therapy
 13. Treatments for erectile dysfunction
- VI. Emergency Care Certification: BLS only
- VII. Referrals and consultations with other health care professionals as outlined in approved protocols:
- A. UUH&C medical and medical nursing services.
 - B. Inpatient nursing resources
 - C. Extended/Skilled Care Facilities
 - D. Home Care Agencies
- VIII. Discharge planning/Follow-up activities in conjunction with attending physicians and nursing staff.
- A. Follow-up with referring physicians/nurses
 - B. Provide patient, family, staff education as indicated
 - C. Prescription of medical supplies, adaptive equipment as indicated.

RECOMMNDATION BY:

Date Collaborating Physician

Date Chair, Division of Urology

Date Chair, Department of Surgery

APPROVED BY:

Date Medical Credential Committee

Date Interdisciplinary Committee

Date Hospital Board