

UNIVERSITY OF UTAH HOSPITAL

CERTIFIED NURSE MIDWIFE PRIVILEGE DELINEATION

Applicant Name (Please Print): _____ Date: _____

I request clinical privileges at the University of Utah Hospital, as indicated below, for certified nurse midwife practice in care of female antepartum, intrapartum, post partum and GYN patients and normal newborns up to the age of one year.

GENERAL PRIVILEGES – OUTPATIENT

- I. Physical assessment of adult and adolescent female patients and normal newborns and infants as outlined below.
A. Obtain & Document patient & family histories.
B. Perform physical exams & document findings.
II. Establish baseline initial and subsequent diagnosis- Plan, order implement and follow-up appropriate treatment regimen:
A. Evaluate patients presentations and determine differential diagnoses.
B. Asses family psychosocial needs related to short term and long term diagnosis and prognosis.
C. Order appropriate treatment & Care in accordance with approved guidelines and established reference, The University of Utah Nurse Midwifery Certified Nurse Midwife Practice Protocols, last revised 1995.
III. Order tests appropriate to diagnosis and care and in accordance with approved protocols, including, but not limited to:
A. Laboratory tests – (e.g. blood, body fluids, cultures)
B. Mammography
C. Ultrasonography
D. NST
E. CST
F. AFI-
G. BPP
H. Amniocentesis
I. Colposcopy

IV. Perform therapeutic/diagnostic procedures, in accordance with Certified Nurse Midwifery practice guidelines as outlined below:

(Applicant: Please check each privilege for which you are applying)

- A. Normal labor & spontaneous delivery of fetus >34 week gestation w. vertex presentation
B. Admin of local and pudendal block
C. Management of patients labor under Epidural/intrathecal anesthesia
D. Internal & external fetal monitoring
E. Episiotomy & Repair
F. Repair vaginal/cervical laceration
G. Repair 4th degree laceration w/consult
H. Non-stress test interpretation
I. Augmentation & Induction of labor per Consultative protocol
J. Resuscitation of newborns & infants
K. Norplant insertion & withdrawal
L. Endometrial biopsy
M. IUD Insertion
N. Breech Delivery
O. Vacuum extraction
P. Sterile speculum exam (for wet prep/KOH/ferning)
Q. Antepartum evaluation

V. Medication orders:

- A. Prescriptive license: YES
Certified Nurse Midwife Controlled Substance License
YES NO
(If yes see MLP DEA # AND copy attached to application)

VI. Emergency Care Certification:

- A. Basic Life Certification
B. Neonatal Resuscitation

VII. Referral and consultations with other health care Professionals as outlines in Certified Nurse Midwifery approved protocols.

VII. Admission and discharge of Certified Nurse patients in accordance with practice and referral guidelines

IX. Documentation may be needed for additional **Recommendation by:**
privileges; such as first assist – circumcision – etc
etc.

Other:

Applicant Signature/Date

CATEGORIES OF DRUGS COMMON TO THE
PRACTICE INCLUDE BUT ARE NOT LIMITED
TO:

Department Chair Signature/Date

1. Antibiotics and microbials
2. Sedatives and hypnotics
3. Tocolytics
4. Antipyretics
5. Analgesics and narcotics
6. Anesthetics
7. Vitamins and minerals
8. Hormones
9. Uterine stimulants
10. Psychotropics
11. Anti hypertensive

Collaborating Physician Signature/Date

Interdisciplinary Credentials Committee/Date

Medical Credentials Committee/Date

Medical Board President/Date

Hospital Board/Date