

**University of Utah Hospital and Clinics
Salt Lake City, Utah 84132**

NEONATAL NURSE PRACTITIONER PRIVILEGE DELINEATION

Applicant Name (Please Print): _____

The exercise of all privileges may occur only in the context of the medical staff bylaws, rules and regulations, and hospital policies and within education/certification. Expanded scope of practice may be requested with documentation of education, training and competency to support special privileges requested. The request should be done prior to performing the procedures and upon attaining competency the applicant must submit appropriate paperwork for approval to exercise the privilege independently.

CORE CRITERIA:

- Successful completion of an accredited nurse practitioner training program
- Continuous certification as a neonatal nurse practitioner by the National Certification Corporation
- Unrestricted Utah APRN license
- Unrestricted Utah controlled substance license
- Federal DEA certificate with Utah practice address
- Continuous NRP certification

Please check the appropriate boxes for only the patient care services to be provided at the University of Utah Hospitals and Clinics. If the required volume statistics are not met, the practitioner must provide appropriate documentation of a skills lab or ongoing training as per department established guidelines in order to be granted the privilege.

GENERAL PRIVILEGES

- Neonatal nurse practitioners may practice within the generally recognized scope and standards as defined by rule and consistent with professionally recognized preparation and education standards and in accordance with the consultation and referral plan. Neonatal nurse practice includes:
- Physical assessment of the neonate to include maternal/family histories, infant history, physical examination and documentation of findings.
 - Establishment of baseline initial and subsequent diagnoses and the planning, ordering, and implementation of an appropriate treatment regimen. This includes evaluating the patient's presentation and recommending a differential diagnosis; assessing the family psychosocial needs related to the short-term and long-term prognosis; ordering appropriate treatment therapies in accordance with established protocols to include but not limited to: initiation and direction for support of the respiratory system including oxygen therapy, ventilator management and associated drug therapy; selecting and instituting fluid and nutrition support including appropriate supplements; and ordering of blood and blood products.
 - Implementation of palliative and end of life care.
 - Order tests appropriate to neonatal diagnosis and care, including but not limited to laboratory tests and imaging tests.
 - Referrals and consultation with other health care professionals (in conjunction with attending neonatologist).
 - Medication orders including narcotics appropriate to the care of neonates and in accordance with DEA guidelines

SPECIALTY SPECIFIC PRIVILEGES

For any specialty specific privileges requested any combination of the following documentation – education, training, procedure logs, proctoring, etc. – is required to establish competency. For any practitioners that cannot document current competency for a requested privilege, the Focused Professional Practice Evaluation (FPPE) policy shall be initiated which requires a minimum of three proctored cases of the requested privilege within the first 90 days following approval of the privilege. Approval by the NNP's collaborating physician is also required.

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|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arterial Puncture (ABG) (Initial and Reappointment – 2 within the last 24 months) | <input type="checkbox"/> Supervised | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Chest tube insertion (Initial and Reappointment – 2 within the last 24 months. | <input type="checkbox"/> Supervised | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Endotracheal intubation (Initial and Reappointment – 4 within the last 24 months. | <input type="checkbox"/> Supervised | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Exchange transfusions/reductions (Initial and Reappointment – | <input type="checkbox"/> Supervised | <input type="checkbox"/> Independent |

- 1 within the last 24 months
- Lumbar puncture** (Initial and reappointment, 2 within the last 24 months) Supervised Independent
- Moderate Sedation** (Must complete University of Utah Moderate Sedation training and pass the post test with a score of 100%.) Supervised Independent
- Needle Pneumopericardium** (Attending must be present unless emergent.) Supervised Independent
- Needle Pneumothorax** (Initial and Reappointment – 2 within the last 24 months) Supervised Independent
- Newborn Resuscitation** (Requires NRP certification as noted above AND 12 cases within the last 24 months) Supervised Independent
- Percutaneous Central Line (PICC)** (Initial and Reappointment – 5 within the last 24 months) Supervised Independent
- Peripheral Arterial Line** (Initial and Reappointment – 2 within the last 24 months) Supervised Independent
- Peritoneal Aspiration** (Attending must be present unless emergent.) Supervised Independent
- Pre and Postoperative surgical care** (Initial and reappointment – 4 within the last 24 months) Supervised Independent
- Suprapubic Bladder Aspiration** (Initial and Reappointment – 1 within the last 24 months) Supervised Independent
- Thoracentesis** (Initial and reappointment 2 within the last 24 months) Supervised Independent
- Umbilical Artery Catheter** (Initial and reappointment – 4 within the last 24 months) Supervised Independent
- Umbilical Venous Catheter** (Initial and reappointment – Initial and reappointment – 4 within the last 24 months) Supervised Independent
- Ventricular Reservoir Tap** (Initial and reappointment – 1 within the last 24 months) Supervised Independent

Applicant

Date

Applicant's Collaborating Physician

Date

Division Chief

Date

Department Chair

Date

Interdisciplinary Credentials Committee

Date

Division Chief

Date

Approved by:

Medical Board

Date

Hospital Board

Date