

# University of Utah Hospitals and Clinics

## OB EMERGENCY SERVICES NURSE PRACTITIONER Delineation of Privileges

**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 and based on scope of practice. Expanded scope of practice may be requested with documentation of education, training and competency to support the special privileges requested. The request should be done prior to performing the procedures and upon attaining competency applicant must submit appropriate privilege request for approval to exercise the privilege independently.

### GENERAL PRIVILEGES

Obstetric Emergency Services Nurse Practitioners may practice within the generally recognized scope and standards of advanced practice nursing as defined by rule and consistent with professionally recognized preparation and education standards. The practice of advance practice nursing includes:

- Maintenance and promotion of health and prevention of disease,
- Diagnosis, treatment, correction, consultation, and/or referral for health problems,
- Prescription or administration of prescription drugs or devices (local anesthesia, schedule IV-V controlled substances; and schedule II-III controlled substances in accordance with Division of Occupational and Professional Licensing regulations,
- Physical assessment of adult and adolescent female patients including patient and family histories as well as performance and documentation of the history and physical examination,
- Plan, order, implement and follow-up appropriate treatment regimens to include differential diagnosis, family psychosocial needs, and ordering appropriate treatment and care,
- Order laboratory and diagnostic tests.

### CORE CRITERIA:

- Completion of an accredited APRN training program
- Specialty APRN board certification
- Unrestricted Utah APRN license
- Unrestricted Utah controlled substance license
- Federal DEA certificate with Utah practice address
- BLS, ACLS, or NRP certification as required by job description or department policy

### SPECIALTY SPECIFIC PRIVILEGES

*Please check the appropriate boxes for only the patient care services to be provided at the University of Utah Hospitals and Clinics.*

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 practitioner that cannot document current competency for a requested privilege, the Focused Professional Practice Evaluation policy shall be initiated which requires three proctored cases of the requested privilege within the first 90 days following approval of the privilege. Approval by the APRN's collaborating physician is also required.

- AFI (Amniotic fluid index) with documented training
- Antepartum evaluation

# University of Utah Hospitals and Clinics

- BPP (biophysical profile)
- Internal and external fetal monitoring
- Microscopic evaluation of body fluids (urine, cervical mucus, amniotic fluid)
- NST (Non-stress test) and interpretation with documented training
- Limited obstetric ultrasound (documentation of training required)

I request the privileges as indicated and shall restrict my activities to the same. I am mentally and physically able to perform the scope of the privileges requested.

**Please note that if you are a Certified Nurse Midwife working in OBER and working in any other area of the hospital you must complete the privilege delineation for a Certified Nurse Midwife. This privileging restricts your activities to OBER only.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

# University of Utah Hospitals and Clinics

## RECOMMENDATION BY:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consulting/Collaborating Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interdisciplinary Credentials Committee

## APPROVED BY:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Board

Created: 11/5/10  
Approved by ICC: 3/19/12