

**UNIVERSITY OF UTAH HOSPITALS AND CLINICS ALLIED HEALTH
PRACTITIONER PRIVILEGE DELINEATION FORM
DEPARTMENT OF PALLIATIVE CARE**

Name: _____ Date of Application _____

I request clinical privileges at the University of Utah Hospitals and clinics, as indicated below, for an Advanced Practice Nurse practicing in the care of: **pediatric** **adult** patients.

GENERAL PRIVILEGES

Provides high-quality palliative health care within the accepted standards of professional practice of the Hospice and Palliative Nurses Association, American Nurses Association, and State of Utah Division of Occupational and Professional Licensing. Will independently:

- Perform comprehensive history and physical examination;
- Diagnose health problems;
- Order and interpret diagnostic studies pertinent to diagnoses;
- Prescribe and administer therapeutic measures, tests, procedures;
- Prescribe drugs and devices as allowed by the Utah Division of Occupational and Professional Licensing
- Provide health care education and counseling to patient and family regarding disease and medical management.
- Assess patient and family psychosocial needs related to short term and long term diagnosis and prognosis.

Contacts primary collaborating physician if patient needs exceed nurse practitioner's scope of practice. If primary collaborating physician unavailable, the nurse practitioner will contact designated back-up collaborating physician. The physicians are available, by phone, during normal business hours and when the Nurse Practitioner is on call.

Order tests appropriate to diagnosis and care in accordance with professional practice of the Hospice and Palliative Nurses Association, American Nurses Association, and State of Utah Division of Occupational and Professional Licensing.

- Lab tests; blood, body fluids
- X-rays
- Echocardiography
- Electrocardiograph
- CT scans, MRIs
- Ultrasonography
- _____
- _____

After successful completion of online tutoring session supplied by Acute Pain Service, the practitioner will order opioid PCA medications.

Date of successful completion _____

1. Medication Orders

- a. Prescriptive license:
 - Utah Controlled Substance License? Yes No
 - DEA Yes No
- b. Depending upon the preference of the referring practitioner will either order or make recommendations for medications which are in accordance with approved standards of care, including oral, parenteral, rectal, and topical dosage routes.
- c. Provide prescriptions for medications to address pain and symptom management. This is to be done in coordination with patient's primary physician/team.
- d. When converting oral morphine equivalent daily doses to methadone all conversions must be confirmed by another practitioner on the Palliative Care Team.

2. Emergency Care:

- a. Initiation of lifesaving procedures according to ACLS standards to include CPR, administration of emergency drugs, defibrillation/cardioversion, and establishment of IVs.

3. Discharge planning in conjunction with referring physicians and case management;

- a. Make referrals to home care and hospice
- b. Referrals to extended/skilled nursing care facilities.
- c. Prescription of medical supplies for home care durable medical equipment.
- d. Give verbal reports to medical directors who will be assuming care of discharge patients.

APPROVALS:

Requested by

Date

Collaborating Physician

Date

Department Head

Date

Chair, Medical Board

Date

Chair, Governing Body

Date

Approved by ICC November 13, 2009