

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

**DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE  
PRIVILEGE DELINEATION**

\_\_\_\_\_  
PHYSICIAN'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

I DESIRE CLINICAL PRIVILEGES IN THE UNIVERSITY OF UTAH HOSPITAL FOR THE PRACTICE OF FAMILY PRACTICE AS CHECKED BELOW:

\_\_\_\_\_  
Applicant SIGNATURE

**GENERAL PRIVILEGES**

GENERAL CLINICAL PRIVILEGES CUSTOMARY TO THE PRACTICE OF FAMILY PRACTICE (TO INCLUDE TAKE HISTORY, EXAMINE, PLAN AND ORDER THERAPY, LABORATORY STUDIES AND X-RAY EXAMINATIONS):

OUT-PATIENT \_\_\_\_\_ IN-PATIENT \_\_\_\_\_

**SPECIFIC PRIVILEGES (DEFINED IN LEVELS OF CARE, AND IDENTIFIED PROCEDURES)**

**I. ADULT CARE**

***A. Levels of Care***

**X**

Emergency privileges	
Illness or problem with no apparent threat to life	
Seriously ill patients	
Critically ill patients requiring consultation or referral	

***B. Procedures***

**X**

Arterial puncture	
Biopsy superficial lesions as lymph nodes, lipoma, foreign body, muscle, sebaceous cyst, etc.	
Bivalving & removal of cast or splint	
Bone marrow needle biopsy	
Bone marrow needle aspiration	
Cardiopulmonary resuscitation	
Cast & splint application	
Closed reduction simple fracture	
Closed reduction simple dislocation	
Control of nasal hemorrhage:	
anterior	
posterior (emergency)	
ECG interpretation	
Emergency thoracotomy	
Emergency tracheotomy	
Endotracheal intubation	
Endotracheal intubation (emergency)	
Exercise electrocardiography	
Gastric lavage	
Gastrointestinal tract intubation	
Hydrocele	
I&D ext thrombosed hemorrhoid	
Injection, tendon sheath, bursae, trigger point	
Injection intra-articular	
Lacerations	
Laryngoscopy:	
indirect	
direct	
Lumbar puncture	

**(Procedures continued)**

Paracentesis	
Pericardiocentesis (emergency)	
Peripheral nerve & field blocks	
Phlebotomy	
Pinch grafts	
Placement of venous catheters	
Proctosigmoidoscopy with biopsy	
Pulmonary function testing & interpretation	
Removal of foreign, nose, ear, cornea	
Removal rectal impaction or foreign body	
Skin biopsy	
Subclavian or jugular puncture or cannulation	
Subungual hematoma (I&D)	
Superficial abscesses (I&D)	
Suprapubic bladder aspiration	
Thoracentesis	
Tracheostomy (emergency)	
Transtracheal aspiration	
Tube thoracostomy	
Urinary bladder catheterization	
Vasectomy	
Venous cutdown	
Other (specify)	

***C. In Consultation With Appropriate Service***

**X**

Neoplastic chemotherapy, oral or infusion	
Split thickness grafts	
Other (specify)	



### III. Infant and Child Care

<b>A. Core Pediatric Privileges</b>	<b>X</b>
Routine pediatric/newborn care	
Emergency newborn resuscitation	

<b>B. Levels of Care</b>	<b>X</b>
Illness or problem with no apparent threat to life	
Seriously ill patient, not including infants less than 2,000 Gm in weight	
Critically ill patients requiring consultation and/or referral	

<b>C. Procedures</b>	<b>X</b>
Routine normal newborn care (>2,000 Gm)	
Umbilical artery/vein catheterization (for resuscitation only)	
Circumcision of newborn infant	
Peripheral venous cutdowns	
Simple fractures & dislocations	
Spinal tap	
Other (specify)	

### IV. Surgical Care

<b>A. Levels of Care</b>	<b>X</b>
Illness or problem with no apparent threat to life	
Seriously ill patients with condition benefiting from observation on surgical ward & possible need for surgical consultation and/or referral	

### V. Orthopedic Care

<b>A. Levels of Care</b>	<b>X</b>
Illness or problem with no apparent threat to life	
Seriously ill patients with condition benefiting from observation on the orthopedic ward & possible need for orthopedic consultation and/or referral	

### VI. Urologic Care

<b>A. Levels of Care</b>	<b>X</b>
Illness or problem with no apparent threat to life	
Seriously ill patients with condition benefiting from observation on urologic ward & possible need for urologic consultation and/or referral	

### VII. Rehabilitative Care

<b>A. Levels of Care</b>	<b>X</b>
Illness or problem with no apparent threat to life	
Seriously ill patients with condition requiring rehabilitative care & possible need for Rehab consultation and/or referral	

### VIII. Psychiatry

<b>A. Levels of Care</b>	<b>X</b>
Ambulatory care only	

**RECOMMENDATION BY:**

**APPROVED BY:**

\_\_\_\_\_  
VICE-CHAIR FOR PRIMARY CARE PROGRAMS, DFPM

\_\_\_\_\_  
CHAIRMAN, MEDICAL BOARD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHAIRMAN, DFPM

\_\_\_\_\_  
CHAIRMAN, GOVERNING BODY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CREDENTIALS COMMITTEE

\_\_\_\_\_  
DATE