

University of Utah Hospitals and Clinics  
**Internal Medicine**  
DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM  
**PRIVILEGES**

Please check all that apply to your scope of practice.

**GENERAL PRIVILEGES**

General clinical privileges customary to the practice of Internal Medicine:

- Inpatient
- Outpatient

**SPECIFIC PRIVILEGES**

- Lumbar puncture
- Arterial puncture
- Venous cutdown
- Placement of venous catheters
- Phlebotomy
- Transtracheal aspiration
- Thoracentesis
- Parietal Pleura 1 biopsy
- Paracentesis
- Peritoneal biopsy
- Bone marrow needle aspiration
- Bone marrow needle biopsy
- Pericardiocentesis
- Percutaneous needle aspiration of liver
- Suprapubic bladder aspiration
- Urinary bladder catheterization
- Gastrointestinal tract intubation
- Skin biopsy
- Cardiopulmonary Resuscitation
- Tracheostomy (emergency)
- Endotracheal intubation (emergency)
- ECG interpretation
- Proctosigmoidoscopy with biopsy
- In addition I desire privileges customary to the subspecialty practice of \_\_\_\_\_  
\_\_\_\_\_ as designated.

**Arthritis**

- Percutaneous needle biopsy of synovial membrane
- Musculoskeletal ultrasound of peripheral joints, tendons, muscle and nerve
- Ultrasound guided joint injection/aspiration/needle biopsy of synovial membrane
- Needle injection of bursa & joints
- Needle aspiration of joint

## **Cardiology**

- \_\_\_ Placement of arterial catheter
- \_\_\_ Exercise electrocardiography
- \_\_\_ Phonocardiography
- \_\_\_ Echocardiography

## **Cardiac Catheterization Procedures:**

- \_\_\_ Swan-Ganz
- \_\_\_ Right heart
- \_\_\_ Left heart
- \_\_\_ Coronary arteries
- \_\_\_ Placement of transvenous pacing electrodes
- \_\_\_ D.C. Cardioversion

## **Gastroenterology**

- \_\_\_ Flexible Sigmoidoscopy with or without therapeutics
- \_\_\_ Injection procedure for percutaneous transhepatic cholangiography
- \_\_\_ Hollander (insulin) test of gastric secretion with intubation, fluoroscopic placement  
Injection sampling and interpretation
- \_\_\_ Secretin test of pancreatic function with intubation, fluoroscopic placement, skin  
Testing, injections
- \_\_\_ Ambulatory pH testing
- \_\_\_ Gastrointestinal intubation and aspiration with or without fluoroscopy
- \_\_\_ Push enteroscopy with or without therapeutics
- \_\_\_ Biofeedback
- \_\_\_ Breath testing
- \_\_\_ Liver biopsy with or without ultrasound guidance
- \_\_\_ Percutaneous endoscopic gastrostomy
- \_\_\_ Endoscopic ultrasound examination with or without fine needle aspiration
- \_\_\_ Colonoscopy with or without therapeutics
- \_\_\_ Esophagogastroduodenoscopy with or without therapeutics
- \_\_\_ Endoscopic retrograde cholangiopancreatography with or without therapeutics
- \_\_\_ Esophageal motility testing
- \_\_\_ Anorectal motility testing
- \_\_\_ Endoanal ultrasound examination
- \_\_\_ Capsule endoscopy examination
- \_\_\_ Push enteroscopy with and without therapeutics
- \_\_\_ Endoluminal endoscopic stent placement

## **Hematology - Oncology**

- \_\_\_ Bone marrow needle aspiration or biopsy with interpretation
- \_\_\_ Radioactive isotope administration
- \_\_\_ Neoplastic chemotherapy, oral crinfusion

## **Infectious Disease**

- \_\_\_ Antibiotic tube dilution & interpretation
- \_\_\_ Determination of serum cidal levels of antibiotics

\_\_\_ Percutaneous needle aspiration of lung

**Metabolism**

\_\_\_ Percutaneous needle biopsy of thyroid

\_\_\_ Isotope administration

**Nephrology**

\_\_\_ Peritoneal dialysis

\_\_\_ Hemodialysis

\_\_\_ Stamey test

\_\_\_ Percutaneous needle bx of kidney

**Pulmonary**

\_\_\_ Percutaneous needle aspiration and/or biopsy of lung

\_\_\_ Fiberoptic Bronchoscopy, with or without biopsy

\_\_\_ Percutaneous needle biopsy of pleura

\_\_\_ Pulmonary function testing & interpretation

\_\_\_ Respiratory therapy

\_\_\_ Regional ventilation/perfusion with xenon 133

\_\_\_ 100% oxygen studies for pulmonary A-

\_\_\_ Moderate Sedation

**SIGNATURES AND RECOMMENDATIONS**

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**Applicant Signature** **DATE**

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**Division Head** **DATE**

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**Department Head** **DATE**

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**Chair, Medical Board** **DATE**

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**Chair, Governing Body** **DATE**