

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-

SIGNATURES AND RECOMMENDATIONS

Applicant Signature DATE

Department Head DATE

Chair, Medical Board DATE

Chair, Governing Body DATE