Delineation Of Privileges

Physician Assistant Privilege Form

Provider Name:			
Privilege	Requested	Deferred	Approve
JOB SUMMARY: A physician assistant (PA) may only provide those medical services which perform and which are consistent with the physician assistant's education, training, and expelled the delegated in writing by a supervising physician who is responsible for the patient's care by	kperience, a	-	
CATEGORY 1 SERVICES - Physician Assistant: Qualifications: Requires completion of an accredited training program as a Physician Assistant Medical Board of California Physician Assistant Committee as a Physician Assistant (PA); Physician Assistant in good standing at HMH); Certification by the applicants Training director are that the applicant is competent to perform the requested services; and Current BCLS Certification.	nysician spo nd the spons	nsorship soring phy	(must be /sician
INITIAL COMPETENCY ASSESSMENT: Successful evaluation by Sponsoring Physician of at locases in which the PA has provided Category 1 Services. Category 2: 6 fo each Category 2 direct observation. Category 3: Proctoring by direct observation. PA will remain on Provision competency assessment is completed and may NOT be advanced to Active status before he period of six months.	cases procto onal status	oring is recurred	quired by nitial
CONTINUED COMPETENCY EVALUATION: Activity of at least 30 patients per year; Satisfact the Supervising Physician; Review of any applicable Quality Monitoring conducted by Hunt of any adverse events.			
CATEGORY 1 - Specified Services:			
Take a patient history; perform a physical examination and make an assessment therefrom; initiate, review and revise treatment and therapy plans including plans for those services described below; and record and present pertinent data in a manner meaningful to the physician.			
Transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.			
Transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.			
Recognize and evaluate situations which call for the immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient including BCLS, and will notify supervising physician immediately.			

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Instruct and counsel patients regarding matters pertaining to the physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging and understanding of and long term management of their diseases.			
Initiate arrangement for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.			
Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.			
Administer medication to a patient, or transmit orally, or transmit in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. Must have DEA and have Formulary on file approved by the IDP Committee			
Assist Code Blue Team			
Apply Splints and Casts			
Suture minor lacerations			
Deliver care under pre-approved protocols that have been reviewed and accepted by the Supervising Physician and the IDP Committee. Requires 10% Chart Review with counter signature by the Supervising Physician			
CATEGORY 1 - Specified Services that may ONLY be performed in the presence of the sponsoring MD.			
Assist in Surgery			
Assist in deliveries			
Assist in management of injuries			

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Assist in acute emergencies			
Assist in Critical Care Units			
CATEGORY 2 - Services			
Spinal Tap / Lumbar Puncture			
Paracentesis			
Thoracentesis			
Bone Marrow Aspiration / Biopsy			
Pap Smear			
Percutaneous Venous Lines			
Percutaneous arterial lines			
Venous Cutdowns			
Arterial Cutdowns			
First Assist			
Insertion Balloon Pump			
Open Vein Harvesting			
Removal Pacemaker wires			
Insertion / removal chest tubes			
CATEGORY 3 - Services			
Endoscopic Vein Harvesting			

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Privilege	Requested	Deferred	Approved
ACLS (Current Certification Required)			
PALS (Current Certification Required)			
ACKNOWLEDGEMENT OF THE ALLIED HEALTH PROFESSIONAL:			
I have requested only those privileges for which I am qualified to perform, based upon my experience and demonstrated performance. I understand that in exercising my practice proposition of the constrained by hospital and medical staff policies and rules, including those outlined in the Rules and Regulations.	rivielges gr	anted, I a	m
Signature of AHP: Date:			
Signature of Supervising Physician: Date:			
INTERDISCIPLINARY PRACTICE COMMITTEE RECOMMENDATION:			
I have reviewed the requested practice privileges and supportive documentation for the abrecommend action on the privileges as noted above.	ove name	s applican	t and
Applicant may perform practice privileges as indicated: YES	NO		
Exceptions/Limitations (Please Specify):			
APPROVALS			
Interdisciplinary Practice Committee: Date:			

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Provider Name:			
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Medical Executive Committee Date:			
Board of Directors Date:			