

ST. ELIZABETH MEDICAL CENTER
DELINEATION OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS - II

I, _____, do hereby apply for privileges at St. Elizabeth Medical Center in the following specialty as checked below:

SPONSORING STAFF PHYSICIAN'S NAME:

- Nurse Practitioner
 Physician Assistant
 Other _____

The listing of functions for Allied Health Professionals is not all-inclusive and may be changed from time to time through addition or deletion. For functions not designated, please describe and request on a separate sheet of paper.

Check Functions Requested:

ACCESS TO MEDICAL RECORDS:

- Dictate/Write History and Physical
 Dictate/Write Progress Notes
 Dictate Discharge Summaries

MEDICAL HISTORY AND PHYSICAL:

- Interview patient for Medical History
 Perform general screening physical exam (as approved by physician employer)
 Perform Special Physical Exam and Evaluations:
 Respiratory
 Cardiovascular
 Gastrointestinal
 ENT
 Eye
 Neurological
 Initial Psychiatric Evaluation
 Skeletal
 Obstetrical and Gynecology
 Genito-urinary
 Pediatrics

ORDERS:

- Initiate and Transcribe Orders of Sponsoring Physician (to be written as a phone order from the physician and countersigned by employer physician)
 (ARNP only) Prescriptive Authority (Initiate prescriptions within their scope of practice without sponsoring physician countersignature)

ROUTINE THERAPEUTIC DUTIES:

- Cleanse and dress wounds
 Remove sutures

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ROUTINE THERAPEUTIC DUTIES: continued

- ___ Remove fecal impaction
- ___ Apply splints and casts

Other: _____

PATIENT-CONTACT DUTIES:

- ___ Provide counseling on health habits; exercise, tobacco, alcohol.
Supportive counseling.
- ___ Provide instruction on physician's orders:
 - ___ Diet
 - ___ Instruct patients on how to properly collect specimens
 - ___ Physical Therapy-lumbar flexion exercises, range of motion, home arthritis therapy, activities of daily living: use of crutches or walker
 - ___ Use of physical adjuncts to therapy-nebulizer, vaporizer and so forth
 - ___ Prenatal instructions
 - ___ Child care instructions
 - ___ Assist employer surgeon with surgical procedures in the operating room and emergency department.

Other: _____

CLERICAL DUTIES:

- ___ Fill out certifications for necessity of care
- ___ Schedule hospital admissions
- ___ Schedule hospital tests

OTHER: _____

Applicant's Signature DATE

Sponsoring Physician's Signature

Sr.Vice President, Nursing or Designee

Dept. Chairman's Signature DATE