



**QUALIFICATION FOR ADMISSION TO THE ALLIED HEALTH STAFF**  
**PHYSICIAN ASSISTANT**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Minimal Formal Training for PA's (Level I)**

Graduation from a program approved by the Accreditation Review Commission on Education for the Physician Assistant. Additional education may be required for some specialty areas.

**2. Documentation**

PA's should have the following:

- a. Successful completion of the national certifying examination given by the NCCPA or ANA credentialing services.
- b. A current license or registration in the State of New York.
- c. A current DEA (if applicable)

PA's must be employed by or have an agreement with a physician(s) currently appointed to the attending staff of the hospital with privileges in the department in which the PA will be practicing.

Not Req.	Requested	Allied Health PA Privileges — LEVEL I:
		Perform history and physical examination on patients and review patient records to determine health status ( <b>Findings, conclusions and assessment of risk must be endorsed by a qualified physician and countersigned.</b> )
		Prepare discharge summaries. Must be countersigned by supervising physician.
		Write medical orders other than for controlled substances
		Write medical orders for controlled substances
		Order routine laboratory tests
		Writes orders for administration of blood and blood products
		Perform patient teaching as required
		Counsel patients on health maintenance and other matters, according to physician's instructions.
		Make rounds and write pertinent progress notes on patients' medical records and record pertinent patient data
		Perform the following: wound care and dressings; venipuncture and starting an IV; bladder catheterization; blood collection (venous only); give injections IM, SQ, IV; CPR; Pap smear; ear lavage.
		Communicate to attending physician the results of laboratory data, including blood profile, blood chemistries, urinalysis, arterial blood gases, electrocardiograms and X-rays for patients
		Collaborate with patient, family, and hospital services to effect early discharge.

Not Req.	Requested	Allied Health PA Privileges — LEVEL II:
		Initiate and participate in BLS/CPR (with certification) <i>Hospital-wide requirement.</i>
		Program and direct advanced CPR (must be certified in ACLS). Attach certificate. <i>Emergency Department requirement.</i>
		Administer intravenous medications
		Determine death and notify the attending physician and family members
		Sign death certificates
		Perform venipuncture and place intravenous cannulas
		All of Level I, plus:
		Draw arterial blood gas samples
		Obtain other samples by nonsurgical methods
		Reinsertion of gastrostomy tubes
		Reinsertion of tracheostomy tubes
		Endotracheal intubation (with or without supervision)
		Central line placement (with or without supervision)
		Arterial line placement (with or without supervision)
		Thoracentesis (with or without supervision)
		Paracentesis (with or without supervision)
		Ventilator management (with or without supervision)
		Cricothyroidotomy, per ATLS training
		Administration of endotracheal medications, per ATLS training (attach ATLS certificate)
		Removal of tracheostomy tubes
		Insertion of enteric suctioning tubes
		Assist attending in surgery
		Suture minor lacerations
		Removal of sutures and staples
		Assist in placement, maintenance and removal of surgical drains
		Assess the trauma patient
		Incision and drainage of an abscess
		Perform venous cutdown
		Appropriate wound care to include debridements, removal of tubes, drains, sutures, staples, etc.
		Control of external hemorrhage to include suturing and cautery
		Diagnostic peritoneal lavage
		Draw arterial blood gas samples
		Ventilator management
		Administration of vasopressor agents

\*The above to exclude ICU and CCU patients, and preoperative medical clearance.

**\*\*All admissions will be discussed with the supervising physician. All histories and physicals, initial consultations and discharge summaries will be countersigned in accordance with diagnosis and treatment plan and prior to discharge.**

\*\*\*Additional privileges in specialty areas may be considered, depending on the individual's qualifications. Documentation of specialty training will be required.

Not Req.	Requested	Allied Health PA Privileges — LEVEL III:
		All of Levels I and II, plus:
		Reduce fractures/dislocations — <b>NOT IN THE OR</b>
		Applying casts and splints
		Removing casts and splints
		Adjustments and setting up of traction
		Joint aspiration and injections

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and that I wish to exercise at HealthAlliance facilities. I will perform only those privileges that are outlined above and that have been agreed upon between my supervising physician and me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Printed Name: \_\_\_\_\_

### **AGREEMENT OF SUPERVISING PHYSICIAN**

In accordance with the Medical Staff Bylaws and Rules and Regulations, I agree to accept full legal and ethical responsibility for the supervision of the above Physician Assistant's performance of the duties and acts authorized for him/her while under my supervision.

In addition, I agree to:

- a. Be continuously available, or provide an appropriate alternative, to provide consultation when requested and to intervene when necessary, as per Medical Staff Bylaws;
- b. Assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care;
- c. Cosign all orders entered by the PA on the medical record of all patients seen or treated by the PA.
- d. Maintain privileges in all areas in which I will provide supervision to the Physician Assistant.

Supervising Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Physician's Printed Name: \_\_\_\_\_

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend approval.

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_