

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
PHYSICIAN ASSISTANT - SURGERY
SCOPE OF PRACTICE**

Name: _____

Please Print Name

REQ.	APP.	ROUTINE FUNCTIONS PERMITTED
		Facilitate admission and/or discharge of patients under the direction of supervising physician.
		Examine patients and establish diagnoses by H&P & Consultation
		Order, perform and interpret tests (including, but not limited to, laboratory, diagnostic imaging, and medications / treatments)
		Identify, develop, implement and evaluate a plan of care for the patient to promote, maintain and restore health.
		Refer to and consult with appropriate health care providers
		Surgical assisting including suturing surgical incisions and lacerations
		Suture removal
		Insertion and removal of packing
		Incision and drainage
		Administer local anesthesia
		Adjustment or removal of central and arterial lines (Excluding J-wire)
		Removal of superficial foreign bodies, percutaneous surgical hardware
		Superficial wound irrigation and debridement
		Splinting and casting of extremities
		Removal of drains
		Removal and /or biopsy of external superficial skin subcutaneous lesions
		Urinary bladder Catheterization
		Prescribe schedules II, III, IV or V controlled substances and prescription only drugs up to 72 hours, over the counter drugs, medical devices and appliances.

REQ.	APP.	SPECIAL PROCEDURES: Documentation of training/expertise must be provided. Observation required. Refer to attached criteria	Date Granted	Date Unobserved
		Vein harvesting		
		Endoscopic vein harvesting		
		da Vinci Assist		

REQ.	APP.	ANESTHESIA ACTIVITIES: Tasks which can be applied for by a Physician Assistant working under the direction of an anesthesiologist. Core Criteria Includes:
		Refill and/or reprogram implanted opiod or baclofen intrathecal infusion pump with Supervising Physician's approval
		Reprogram implanted spinal cord stimulator with Supervising Physician's approval.
		Monitor and/or adjust rate of trall opiod epidural or intrathecal infusion pumps with Supervising Physician's approval
		Make medical changes of intrathecal trial or permanent intrathecal opiod pumps with Supervising Physician's approval.
		Manage post-operative epidurals and PCAs with Supervising Physician's approval.

Requests to perform procedures not outlined in the above scope must be submitted in writing and include documentation of training/expertise.

PROHIBITED FUNCTIONS	
Will not substitute for a required daily visit by the attending physician.	
May not obtain the patient's informed consent for procedures.	
No controlled substance scheduled as Class II or Class III as defined in the Federal Controlled Substances Act shall be ordered by the Physician Assistant for a period of use to exceed 72 hours, and no other drugs shall be ordered by a Physician Assistant for a period of use to exceed 34 days.	
No authorized drug or device shall be obtained by the physician assistant from a source other than the supervising physician, or a pharmacist acting on a written order of the supervising physician.	
Is not permitted to substitute for an attending or on-call physician for the Emergency Dept.	
May not initiate "no code" orders.	

Signature of Applicant	Date
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Sponsoring Physician – As sponsoring physician of the applicant, I understand it is my responsibility to ensure that the applicant abides by the Medical Staff Bylaws, Rules and Regulations, and/or any policies and procedures established by the Hospital, and practices within the scope of his/her privileges.

Sponsoring Physician Signature	Specialty	Date
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APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
 Medical Executive Committee

Date: _____
 Board of Directors

Revised: 1/06; 8/07, 1/09

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

ALLIED HEALTH ACTIVITY CHECKSHEET PHYSICIAN ASSISTANT – SURGERY

DEFINITION

A physician assistant is a person who has been certified as such by the Joint Board on the Regulations of Physician Assistants, and who performs health care tasks at JCLH-NM under the direct supervision of a physician approved by the JCLH-North Mountain Board of Directors.

QUALIFICATIONS

- A. All physician assistants must meet minimum educational and professional criteria in order to request appointment to the Allied Health Professional Staff.
- B. **Current Arizona Licensure**
- C. Certification by the National Commission on Certification of Physician Assistants
- D. Current Basic Cardiac Life Support Certification (BCLS)
- E. Current DEA certificate
- F. Proof of current malpractice insurance in the amount of \$1,000,000.

SCOPE OF PRACTICE

Scope of Practice means those tasks authorized by the Joint Board on the Regulations of Physician Assistants to be performed by the physician assistant as defined in ARS 32-2531, and may be modified from time to time. (Refer to Physician Assistant – Surgery Activities Checksheet.)

Physician Assistants may apply for approval of activities within the hospital as Allied Health Professionals as provided by the JCLH-NM Medical Staff Bylaws, Article 13. Activities authorized shall not exceed those permitted by the physician assistant scope of practice. Moreover, activities authorized are at the discretion of the Department and may not include all those activities allowed by statute.

To assure the medical staff and the hospital that each physician assistant is qualified to perform the individual tasks for which approval is sought in his or her application, the applicant must demonstrate to the appropriate department, documented clinical competency in these tasks.

PROHIBITED FUNCTIONS

Including, but not limited to:

1. Will not substitute for a required daily visit by the attending physician.
2. Is not permitted to substitute for an attending or on call physician for the Emergency Department.

OBSERVATION

Responsibility of the sponsoring physician.

CONTINUED ON NEXT PAGE

SPECIAL PROCEDURES

CRITERIA FOR VEIN HARVESTING

1. Attendance at an approved course for vein harvesting, with certificate of proof of course completion;
OR
Written documentation of direct supervision and direct instruction of ten (10) cases

2. **OBSERVATION REQUIREMENT:**

Once approved, three (3) cases must be observed by the surgeon of record.

CRITERIA FOR ENDOSCOPIC VEIN HARVESTING

1. Unobserved vein harvesting privileges
AND
Attendance at an approved course for endoscopic vein harvesting, with certificate of proof of course completion.

2. **OBSERVATION REQUIREMENT:**

Once approved, three (3) endoscopic cases must be observed by the surgeon of record.

da VINCI ASSIST

QUALIFICATIONS

- A. Completion of an Intuitive sponsored course or online course which provides knowledge of related didactic and clinical skills.
- B. Must provide Certificate of completion

REQUIREMENTS

- A. Three observed cases
- B. Documentation of the observed cases
- C. Supervisor must have da Vinci approved privileges at John C. Lincoln Hospital
- D. Supervisor shall not be primary surgeon performing the da Vinci procedure
- E. Must provide case logs from other facilities in which applicant has assisted in the da Vinci procedures