

**MIDLAND MEMORIAL HOSPITAL  
ALLIED HEALTH STAFF PRIVILEGES**

DEPARTMENT: **Medicine**  
SECTION: **Medicine**

**CORE CATEGORY: PHYSICIAN ASSISTANT (PA)**

The following privileges and procedures are as applicable within the scope of practice of and as directed by the supervising physician in addition to as allowed by state licensing agency and hospital policies and bylaws.

REQUESTED	GRANTED	DENIED	<b>Privileges:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive history and physical exam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform acts of diagnosis and treatment as determined by established, written protocols between the practitioner's scope of knowledge and training and the supervising physician's scope of clinical privileges for patients admitted to the service of the supervising physician.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop treatment plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop patient education plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribe medications and treatments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write orders in admitted patients' charts for review and countersignature by attending/supervising physician within 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dictate as necessary for review and countersignature by attending/supervising physician within 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write discharge summaries for review and countersignature by attending/supervising physician within 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with daily patient rounds in conjunction with attending/supervising physician (may not replace physician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon communication with and approval of attending/supervising physician, consultations with sub-specialty/ER physicians and staff may be initiated to facilitate quality and continuity of care for patients determined to be in stable condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Render emergency medical care without direct supervision in cases where immediate evaluation and treatment are necessary to avoid disability or death, pending arrival of attending/supervising physician

REQUESTED	GRANTED	DENIED	<b>Core Procedures:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial ordering and interpretation of imaging and other diagnostic studies to include performance and <u>initial</u> interpretation of EKG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform arterial and peripheral venous punctures for blood sampling, cultures and intravenous catheterization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administer subcutaneous, intramuscular and intravenous injections (therapeutic, routine, immunizations)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain appropriate cultures (throat, wound, urine)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary bladder catheterization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid and electrolyte replacement therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debride, repair and care for superficial wounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incise and drain superficial skin infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastric lavage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply, remove and change dressings and bandages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasogastric or orogastric intubation

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**Special Procedures:**

(must provide evidence of competency and number of procedures performed or documentation of special training)

REQUESTED	GRANTED	DENIED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture simple lacerations; suture and staple removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strap or splint sprains and minor fractures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonometry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergent cardiac pacing (external only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraosseous infusion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal jugular ultrasound guided central line placement (Refer to Criteria prior to requesting privilege)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply standard ACLS protocols in the care of patients as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign body removal – specify type(s): _____
			_____
			_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specific to specialty): _____
			_____
			_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Moderate Sedation</u> – Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete “Requirements for Moderate Sedation Privileges” form.

\_\_\_\_\_  
Practitioner's Printed Name

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

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Supervising Physician's Signature

\_\_\_\_\_  
Section Chief/Department Chair

\_\_\_\_\_  
Date

**MIDLAND MEMORIAL HOSPITAL ALLIED HEALTH PROFESSIONALS  
GUIDELINES FOR PERFORMING AS A  
PHYSICIAN ASSISTANT**

**I. DEFINITION**

The Physician Assistant provides patient services under the supervision and direction of a licensed physician, who is responsible for the performance of the Physician Assistant. The Physician Assistant may perform diagnostic, therapeutic, preventive and health maintenance services, as well as augmenting the physician's data gathering abilities necessary to reach decisions and institute patient care plans.

**II. QUALIFICATIONS**

A Physician Assistant must meet the following qualifications to be considered for appointment to the Allied Health Professional Staff:

- Graduate of Physician Assistant or Surgeon Assistant training program accredited by the Accreditation Review Committee for Physician Assistant Education.
- Licensed as a Physician Assistant with Texas State Board of Medical Examiners.
- Basic Cardiac Life Support (minimum).
- Current TB screening (required upon initial application and at reappointment), and if applicable, one-time mask fit-testing.
- Professional liability/malpractice insurance coverage issued by a recognized company and a type and in an amount equal to or greater than the limits established by the governing board.
- Able to make independent decisions of a technical or professional nature.
- Capable of performing research and analysis of information that concerns issues of a routine nature.
- Able to complete non-routine procedures in conformance with instructions from supervising physician or written guidelines.
- Capable of applying principles of logic and scientific thought to a wide range of intellectual problems.
- Have submitted to Texas State Board of Medical Examiners for approval of a supervisory physician with delegated prescriptive authority.

**III. DESCRIPTION OF DUTIES**

The Physician Assistant is limited to performance of duties which are within his/her scope of practice and those which are within the scope of practice of the supervising physician(s). Additionally, the Physician Assistant may only perform those duties which are allowable under the applicable state licensing agency as well as that which is consistent with Midland Memorial Hospital's policies, regulations, the Allied Health Professional Bylaws and any established written protocols.

A core privileging form, with the signature of the applicant as well as the approval of the supervising physician must be submitted with the application and upon reappointment. The addition of special procedures or privileges may be granted upon request of the supervising physician, demonstration of competency and submission of proof of training, provided the aforementioned guidelines are met and maintained.

**IV. ORIENTATION**

These Allied Health Professionals must be oriented to Midland Memorial Hospital's policies and procedures of the department or unit to which they will be primarily assigned and complete the MMH Allied Health Professionals orientation. If the Physician Assistant will be assisting in surgery, he/she must complete the orientation as discussed above and have his/her sterile technique assessed by the Surgical Educator.