

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST  
SURGICAL SERVICES**

**PHYSICIAN'S ASSISTANT / SURGICAL SERVICES**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR OF BOARD CERTIFICATION/RECERTIFICATION \_\_\_\_\_

<b>PRIVILEGES CATEGORY</b>	<b>QUALIFICATIONS/CRITERIA</b>
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Successful completion of an accredited Physician Assistant training program, AND,</li> <li>2. Board Certified by The Medical Board of California</li> <li>3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity reports or other documentation acceptable to the Surgical Service.</li> <li>4. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>CATEGORY 2</b>	<b>ADVANCED PRIVILEGES</b> (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists or proctoring.)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Board Certified by The Medical Board of California</li> <li>2. AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes.</li> <li>3. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>

	R	#Done 24 mos	D**	P/O	G	CATEGORY 1 - USUAL AND CUSTOMARY PRIVILEGES
						<b>CORE PRIVILEGES:</b> Under direction of the supervising physician(s):
1.						(a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in section (b) through (h) inclusive; and record pertinent data in a manner meaningful to the physician.
2.						(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.
3.						(c) Order, transmit an order for, perform laboratory procedures, screening procedures and therapeutic procedures.
4.						(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the patient's life.
5.						(e) Instruct and counsel patients regarding matters pertaining to their 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.
6.						(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patient's at home.
7.						(g) Initiate and facilitate the referral of patients to the appropriate health care facilities, agencies, and resources of the community.
8.						(h) Administer medication to a patient, or writing on a patient's medical record a prescription from his her supervising physician, based either on a patient-specific order by the supervising physician or on written protocol, which is required for controlled substances in Schedules II through V inclusive.
						<b>CORE PRIVILEGES: Diagnosis and Emergency Management of Diseases</b>
	R	#Done 24 mos	D**	P/O	G	<b>CATEGORY 2 - ADVANCED PRIVILEGES:</b> (Procedures performed requiring special expertise and/or required documented special training and/or certification, when it exists)
1.						Bladder catheterizations/Foley catheter.
2.						Prep & drape the surgical patient.
3.						Cauterize tissue.
4.						Suture all layers of tissue.
5.						Staple anastomoses and skin.
6.						Manipulate tissue.
7.						Place & hold retractors.
8.						Control & maneuver laparoscopic camera to aid in visualizing the peritoneal tissue and organs.
9.						Apply dressings.
						OTHER: _____

STAFF CATEGORY: ALLIED HEALTH PROFESSIONAL STAFF

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF APPLICANT: \_\_\_\_\_

**APPROVALS:**

**Applicant may perform privileges and procedures as indicated: [ ]**

**Exceptions/Limitations:** \_\_\_\_\_

The Ongoing Professional Practice Evaluation (OPPE) has been evaluated. (For reappointment only)

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

\_\_\_\_\_  
Chairman, Surgical Services Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Date