

**SAN GORGONIO MEMORIAL HOSPITAL
PRIVILEGE DELINEATION LIST
PHYSICIAN ASSISTANT / EMERGENCY MEDICINE**

NAME OF APPLICANT: _____ DATE: _____

YEAR OF BOARD CERTIFICATION/RECERTIFICATION _____

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

San Gorgonio Memorial Hospital
 Emergency Medicine Physician Assistant Delineation

CATEGORY 1 USUAL AND CUSTOMARY PRIVILEGES	REQUESTED	GRANTED
<p>CORE PRIVILEGES: Under direction by a supervising physician(s)</p> <p>(a). Take a patient history, perform a physical examination, perform a medical screening 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.</p> <p>(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.</p> <p>(c) Order, transmit and order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.</p> <p>(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>(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.</p> <p>(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.</p> <p>(g) Initiate and facilitate the referral of patients to the appropriate health care facilities, agencies, and resources of the community.</p> <p>(h) Administer medication to a patient, or in 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. Patient specific authority by a supervising physician is required for controlled substances in Schedules II through V inclusive.</p> <p>CORE PRIVILEGES: Diagnosis and Emergency Management of Diseases and/or Conditions.</p> <p>PRESCRIPTIVE AUTHORITY: Issue or Furnish drugs or devices under the conditions listed in the Allied Health Professional Rules and Regulations. Copy of current DEA certification must be submitted.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>CATEGORY 2 ADVANCED PRIVILEGES (Procedures performed requiring special expertise and/or required documented special training and/or certification, when it exists)</p>	<p>REQUESTED</p>	<p>GRANTED after proctoring</p>
<p>CARDIAC PROCEDURES (ACLS required):</p> <ol style="list-style-type: none"> 1. Cardiopulmonary resuscitation 2. EKG Interpretation <p>DIAGNOSTIC PROCEDURES:</p> <ol style="list-style-type: none"> 1. Arthrocentesis 2. IVP contrast 3. Nasogastric/oral gastric tube 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

ANESTHESIA		
1. Local Infiltration Block	_____	_____
2. Digital	_____	_____
GENITOURINARY TECHNIQUES:		
1. Bladder catheterization/foley catheter	_____	_____
2. Incision & Drainage, Bartholin Gland Abscess	_____	_____
VASCULAR:		
1. Arterial blood gases	_____	_____
2. IV Access	_____	_____
3. Blood Draw - Venous	_____	_____
ORTHOPEDIC PROCEDURES:		
1. Immobilization of fracture/dislocation	_____	_____
2. Closed reduction of fracture/dislocation – small joints	_____	_____
3. Cervical spine traction technique	_____	_____
4. Cervical spine immobilization	_____	_____
5. Joint injection	_____	_____
6. Bivalve cast, cast removal	_____	_____
OBSTETRICS & GYNECOLOGY PROCEDURES:		
1. IUD Removal	_____	_____
ENT PROCEDURES:		
1. Tonometry	_____	_____
2. Slit lamp examination	_____	_____
3. Epistaxis control	_____	_____
4. Nasal packing	_____	_____
5. Eye exam/removal of foreign body	_____	_____
6. Ear Exam/removal of foreign body	_____	_____
7. Cauterization of the nose	_____	_____
8. Rust ring removal with corneal burr	_____	_____
OTHER TECHNIQUES:		
1. Foreign body removal	_____	_____
2. Gastric lavage	_____	_____
3. Incision and drainage	_____	_____
4. Wound management/suture techniques	_____	_____
5. Ablation of Nail Matrix	_____	_____
6. Skin Debridement	_____	_____
7. Thrombosed Hemorrhoid – enucleation	_____	_____
8. Rectal Foreign Body Removal	_____	_____
9. G Tube Replacement	_____	_____
10. Lumbar Puncture	_____	_____
11. Paracentesis	_____	_____
12. Major Joint Reduction	_____	_____
13. Central line placement	_____	_____
14. OTHER: _____	_____	_____

San Gorgonio Memorial Hospital
Emergency Medicine Physician Assistant Delineation

SIGNATURE OF APPLICANT: _____ DATE _____

PRINT NAME OF APPLICANT: _____

APPROVALS:

Applicant may perform privileges and procedures as indicated: []

Exceptions/Limitations: _____

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, Emergency Services Committee Date _____

Chairman, Credentials Committee Date _____

Chairman, Medical Executive Committee Date _____

Chairman, Board of Directors Date _____