



ALLIED HEALTH PROFESSIONAL STAFF

Delineation of Privileges

ORTHOPEDIC SURGICAL TECHNOLOGIST

Name: _____ Date of certification exam: _____

Supervising Physician: _____ Specialty: _____

A surgical technologist acquires basic skills necessary to establish, maintain and coordinate the methods required for good patient care in the operating room through appropriate education/training. All applicants to the Allied Health Professional Staff at Teche Regional Medical Center are non-employees and must be a Registered Nurse, Licensed Practical Nurse, or Certified Surgical Technician. Listed and approved duties may be performed only under the direct supervision of the sponsoring physician.

| Privileges Requested | Privileges Granted | |
|----------------------|--------------------|---|
| _____ | _____ | <u>IN SURGERY</u> |
| _____ | _____ | Checks supplies and equipment needed for surgical procedure |
| _____ | _____ | Scrubs, gowns, and gloves |
| _____ | _____ | Sets up sterile table with instruments, supplies, equipment, and medical/solutions needed for procedure |
| _____ | _____ | Gowns and gloves for surgeon and assistants |
| _____ | _____ | Helps in draping sterile field |
| _____ | _____ | Passes instruments and other appropriate items to surgeon and assistants during procedure |
| _____ | _____ | Maintains highest standard of sterile technique during procedure |
| _____ | _____ | Prepares sterile dressings |
| _____ | _____ | Positions patient, using appropriate equipment and safety measures |
| _____ | _____ | Positions and operates equipment needed for the procedure |
| _____ | _____ | Prepares the patient's skin prior to draping by surgical team |
| _____ | _____ | Anticipates additional supplies needed during the procedure |
| _____ | _____ | Holds retractors or instruments as directed by the surgeon |
| _____ | _____ | Sponges or suctions operative site |
| _____ | _____ | Cuts suture material as directed by the surgeon |
| _____ | _____ | Connects drains to suction apparatus |
| _____ | _____ | Applies dressing to the closed wound |
| _____ | _____ | Secures dressings after incision closure |
| _____ | _____ | <u>ON NURSING UNIT</u> |
| _____ | _____ | Apply casts |
| _____ | _____ | Apply traction apparatus |
| _____ | _____ | Split casts as ordered by physician |
| _____ | _____ | Accompanies physician on rounds |
| _____ | _____ | Remove sutures as required by physician |
| _____ | _____ | Make entries on Progress Notes, signs appropriately |
| _____ | _____ | Other: _____ |

Signature of Applicant Date: _____

Signature of Supervising Physician Date: _____

Requested Privileges: **Approved as indicated** _____ **Denied** _____

*If denied, please provide explanation on separate sheet

Signature of Service Chief Date: _____



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO

If yes, please give date of positive skin test. _____

If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE