

**NATCHITOCHEs REGIONAL MEDICAL CENTER
SCOPE OF SERVICES
PHYSICIAN'S ASSISTANT**

QUALIFICATIONS:

- (1) Be currently certified in the State of Louisiana as a Physician's Assistant by the Louisiana State Board of Medical Examiners.
- (2) Be currently supervised by a physician or supervising group, who is a member of the active professional staff of **Natchitoches Regional Medical Center**.

SCOPE OF SERVICES:

| Procedures/Activities | Managed by the PA | Requires prior consultation | Requires Sponsoring Physician's presence |
|-------------------------------------------------------------------------------------------|-------------------|-----------------------------|------------------------------------------|
| (1) ACCESS TO MEDICAL MEDICAL RECORDS (all to be countersigned within 24 hours) | X | | |
| A. Writes H&P (on all age groups) | X | | |
| B. Writes progress notes | X | | |
| C. Discharge summaries | X | | |
| D. Provides direct patient care, eval. outcomes, consults with specialist required | X | | |
| E. Write orders | X | | |
| F. Reviews patient records | X | | |
| G. Make approp. referrals | | X | |
| (2) MEDICAL H&P | | | |
| A. Interview pt. for med. Hx | X | | |
| B. Performs gen. physical exam | X | | |
| C. Perform specialty exam and evaluations | | | |
| 1. Respiratory | X | | |
| 2. Cardiovascular | X | | |
| 3. Gastrointestinal | X | | |
| 4. ENT | X | | |
| 5. Eye | X | | |
| 6. Neurological | X | | |
| 7. Skeletal | X | | |
| 8. OB/GYN | X | | |
| 9. Genital-urinary | X | | |

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|--------------------------------------------------------------------------------------|-------------------|-----------------------------|------------------------------------------|
| (3) Studies, Diagnostic Test | | | |
| A. Orders approp. Lab/Rad studies | X | | |
| B. Identifies normal and abnormal studies | X | | |
| C. Ordering spec. procedures, IVP, VCU, CT, US etc | X | | |
| D. Collection of specimens | X | | |
| E. Venipuncture | X | | |
| F. Urethral catheterization | X | | |
| G. NG intubation and gastric lavage | X | | |
| H. Peak expiratory flow measurements | X | | |
| I. Tonometry | X | | |
| J. ECG tracings | X | | |
| K. Slit lamp examinations | X | | |
| L. Anoscopy | X | | |
| M. Visual screening | X | | |
| (4) Routine Therapeutic Procedures | | | |
| A. Injections and immun. Admin. meds, IV, blood | X | | |
| B. Debridement, irrigation, Suturing, and routine Care of superficial wounds | X | | |
| C. Suture minor wounds, lacerations | X | | |
| D. Suture removal | X | | |
| E. Treatment of minor Superficial (1 st and 2 nd Degree burns) | X | | |
| F. Removal of superficial Foreign bodies (skin, Soft tissue, cornea | X | | |
| G. I and D of abscesses, wound irrigation, packing of hematomas, and nail removal | X | | |
| H. Cast removal | X | | |
| I. Application of dressing and bandage | X | | |
| J. Control of external hemorrhage | X | | |
| K. Anterior nasal packing for epistaxis | X | | |
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| Procedures/Activities | Manage by the PA | Requires prior consultation | Requires Sponsoring Physician's presence |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|------------------------------------------|
| L. Splinting sprains, fractures reduction of dislocated joints | X | | |
| M. Carry out aseptic and isolation techniques | X | | |
| N. Assist physician with spinal taps, paracentesis, thoracentesis | | | X |
| O. Counseling on health habits, exercise, tobacco, alcohol, mental health | X | | |
| P. Provide instructions on: diet, physical therapy, nebulizers/vapor | X | | |
| (5) May Perform & Initiate: | | | |
| A. Initiates appropriate evaluation and emergency management for emergency situations e.g. cardiac arrest, respiratory distress, major injuries, burns and hemorrhage | | X | |
| B. Institutes life saving measures such as: Passing an endotracheal tube, external cardiac massage, injection of IV medications defibrillation, cardioversion, chest tube insertion, establishing emergency vascular access (cutdown, central venous line) on the direct order of the supervising physician. | | X | |

SCOPE OF SERVICES REQUESTED:

I am mentally and physically capable of performing the services which I am requesting:

Application's Signature

Date

I have reviewed and agreed with the scope of services requested by the above Allied Health Professional and as the sponsoring physician to agree to assume full responsibility for his/her action in dealing with my patients who are hospitalized in **Natchitoches Regional Medical Center**. He/She will be under my direction at all times.

Sponsoring Physician's Signature

Date