

**HOLY CROSS HOSPITAL  
DELINEATION OF PRIVILEGES AND CRITERIA**

**PRACTICE AREA:** Physician Assistant

**BASIC CRITERIA:**

- **Evidence of current State license**
- \* Relevant training or experience
- \* Certification by NCCPA or registry -eligible
- \* Current competence
- \* Adequate liability insurance and,
- \* information on any past or pending professional liability or disciplinary actions.
- \* Employment by physician(s) currently appointed to the medical staff of the hospital to supervise the PA's practice in the hospital.

**BASIC EDUCATION:** baccalaureate DEGREE

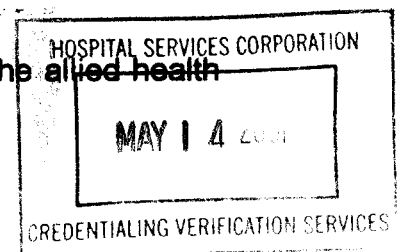
**MINIMAL FORMAL TRAINING:** Graduation from a AMA's Committee on Allied Health, Education and Accreditation approved program. Additional education may be required for specialty areas (i.e., ED may require ACLS or ATLS)

**REQUIRED PREVIOUS EXPERIENCE:** Applicable recent experience that can be part of core PA training.

**CLINICAL CRITERIA:** For all requested procedures, the PA must indicate the number he or she has performed in the past two years.

Four categories of clinical privileges exist. The categories define the level of supervision required by the physician assistant based upon individual credentials, level of competency, and the policy of the medical staff or Board of Directors.

- \* **CATEGORY 0** - Allied health professionals are not permitted under usual circumstance to exercise this privilege. It is understood that in cases of emergency all effort will be made to preserve life and prevent irreparable harm.
- \* **CATEGORY 1** - May be done by the Allied health professional when ordered by the supervision member of the medical staff when the supervisor is present in the room.
- \* **CATEGORY 2** - May be done by the Allied health professional when ordered by the supervising member of the medical staff who is available, but not necessarily present.
- \* **CATEGORY 3** - May initiated and carried out independently by the allied health professional.



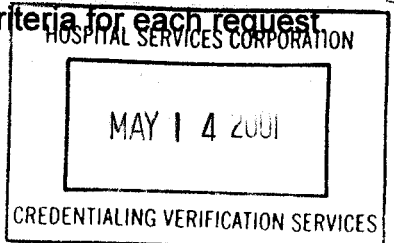
**MIDLEVEL PRACTITIONER  
SPECIAL REQUESTS**

For all requested procedures, the Nurse practitioner must indicate the number her/she has performed in the past two years. Please include continuing education documentation to verify training and/or education.

To apply for the following procedures, the threshold must be met. (Through number performed or training/educational)

Privilege	Requested	number performed	Threshold	Approved
Pack & remove packing			100	
Clean & debride wounds			50	
Perform incision & drainage of superficial abscesses			25	
Remove drains			50	
<b>The following are</b>	<b>Not available</b>	<b>in the urgent care</b>	<b>setting</b>	
Applying & removing orthopedic casts of nondisplaced fx			50	
Administer local infiltrative anesthesia			50	
Suture simple lacerations			50	
Nasal packing for epistaxis			10	
Assist in the OR at the request of the operating surgeon. Such cases include: skin closure, surgical 1st assist, surgical 2nd or 3rd assist, assist in delivery room.				

I understand that in making this request, I am bound by the applicable rules and regulations of the medical staff and policies of the hospital, and thereby stipulate that I meet the threshold criteria for each request.



Signature \_\_\_\_\_

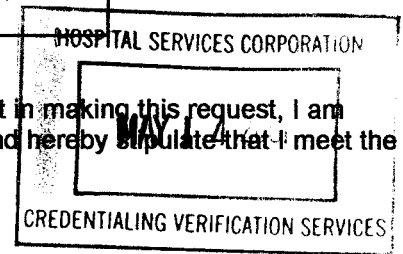
Date \_\_\_\_\_

**MIDLEVEL PRACTITIONER  
PRIVILEGES FOR GENERAL MEDICAL/SURGICAL/CARE**

**AREA OF PRACTICE:** \_\_\_\_\_

<b>PRIVILEGE</b>	<b>REQUESTED</b>	<b>APPROVED</b>
<b>CATEGORY 3</b>		
Pt education & Counseling covering such things as health status, test results, disease processes and discharge planning		
Consultation with medical staff		
<b>CATEGORY 2</b>		
Perform and document complete medical history		
Perform and document complete physical examination		
Record diagnostic impressions		
Write orders for diagnostic tests; activities therapies, diet and vital signs		
Drugs as on formulary ** IV fluids, blood & blood products; oxygen		
<b>CATEGORY 1</b>		
** Assist in endoscopic procedures		
<b>CATEGORY 0</b>		
Manage cardiorespiratory arrest utilizing cardiac life support		
Endotracheal intubation		
Umbilical catheterization of infant		
Venipuncture of infant		
<b>URGENT CARE</b>		
Urgent Care (Enclose ACLS certificate)		

All privileges that begin with asterisks are not available for Prime Care setting. I understand that in making this request, I am bound by the applicable rules and regulations of the medical staff and policies of the hospital, and hereby stipulate that I meet the threshold criteria for each request.



\_\_\_\_\_ Signature \_\_\_\_\_ Date