

**Applicant Name:** \_\_\_\_\_  
**LOUISIANA HEART HOSPITAL**

**PHYSICIAN ASSISTANT / NURSE PRACTITIONER**

Qualifications:

1. **Physician Assistants** shall be licensed by the Louisiana State Board of Medical Examiners; attended and completed a course of training for physician assistants approved by the joint board on the regulation of physician assistants; be board eligible or board certified by an approved board.
2. PA's shall function within the Louisiana State Board of Medical Examiners approved functions.
3. **Nurse Practitioners** shall be licensed by the Louisiana State Medical Board of Nursing.

Specific Scope of Service/Privileges Requested:

**DIAGNOSTIC STUDIES**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> CBC (as well as any components separately, e.g., hemoglobin)</li><li><input type="checkbox"/> Electrolyte package</li><li><input type="checkbox"/> Metabolic profile</li><li><input type="checkbox"/> Lipid profile</li><li><input type="checkbox"/> Thyroid function tests</li><li><input type="checkbox"/> Liver function tests</li><li><input type="checkbox"/> Coagulation studies</li><li><input type="checkbox"/> Urinalysis</li><li><input type="checkbox"/> Urine culture and sensitivity</li><li><input type="checkbox"/> Sputum gram stain</li><li><input type="checkbox"/> Sputum culture and sensitivity including AFB staining culture</li><li><input type="checkbox"/> Blood culture</li><li><input type="checkbox"/> Chest X-ray of any other plain film x-ray (e.g., skull series, abdominal x-ray, decubitus chest x-ray)</li><li><input type="checkbox"/> Stool culture, D&amp;P, toxin</li><li><input type="checkbox"/> Syphilis Test</li><li><input type="checkbox"/> Wound C&amp;S, gram stain</li><li><input type="checkbox"/> Sickle cell prep.</li><li><input type="checkbox"/> Reticulocyte Count</li><li><input type="checkbox"/> Resting stress(exercise and pharmacological) echocardiogram with a physician present or immediately available in the hospital for stress studies</li><li><input type="checkbox"/> Other: _____</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Exercise and pharmacologic stress tests with or without radioisotope, with a physician present or immediately available in the hospital<ul style="list-style-type: none"><li><input type="checkbox"/> Pulmonary function studies</li></ul></li><li><input type="checkbox"/> Upper GI Studies<ul style="list-style-type: none"><li>Gallbladder x-ray</li><li>Colon x-ray</li></ul></li><li><input type="checkbox"/> Abdominal ultrasound</li><li><input type="checkbox"/> Carotid ultrasound</li><li><input type="checkbox"/> Signal averaged EKG<ul style="list-style-type: none"><li>X-rays</li></ul></li><li><input type="checkbox"/> Drug levels</li><li><input type="checkbox"/> Amylase</li><li><input type="checkbox"/> Electrocardiograms with or without rhythm strip</li><li><input type="checkbox"/> Arterial blood gases</li><li><input type="checkbox"/> Fluid gram stains</li><li><input type="checkbox"/> Cardiac enzymes</li><li><input type="checkbox"/> Sed. Rate</li><li><input type="checkbox"/> Throat culture</li><li><input type="checkbox"/> Blood lipid studies</li></ul> |
|---|--|

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**THERAPEUTIC ORDERS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Coumadin   | <input type="checkbox"/> Dipyridamole   |
| <input type="checkbox"/> Potassium  | <input type="checkbox"/> Nitroglycerin and other nitrate preparations             |
| <input type="checkbox"/> Lasix dose   | <input type="checkbox"/> Calcium channel blockers                                 |
| <input type="checkbox"/> Digoxin  | <input type="checkbox"/> Beta blockers  |
| <input type="checkbox"/> Lidocaine dose   | <input type="checkbox"/> Mild analgesics such as Davorcet N-100                   |
| <input type="checkbox"/> Antiarrhythmic medications                             | <input type="checkbox"/> O2 by nasal catheter / cannula or mask                   |
| <input type="checkbox"/> Minor tranquilizers                                    | <input type="checkbox"/> Morphine and other narcotic analgesics                   |
| <input type="checkbox"/> Indocin  | <input type="checkbox"/> Atropine   |
| <input type="checkbox"/> Intravenous fluids                                     | <input type="checkbox"/> Solumedrol and other cortico steroids and adrenosteroids |
| <input type="checkbox"/> Parenteral alimentation                                | <input type="checkbox"/> Tagamet and other H-2 blockers                           |
| <input type="checkbox"/> Lipid lowering drugs                                   | <input type="checkbox"/> Benadryl and other antihistamines                        |
| <input type="checkbox"/> Laxatives and stool softeners                          | <input type="checkbox"/> Decongestants  |
| <input type="checkbox"/> Antibiotics  | <input type="checkbox"/> Blood transfusions                                       |
| <input type="checkbox"/> Anti-epileptics  | <input type="checkbox"/> Insulin  |
| <input type="checkbox"/> Muscle relaxants                                       |   |
| <input type="checkbox"/> Ophthalmic medications which patient takes chronically |   |
| <input type="checkbox"/> Heparin drips  |   |
| <input type="checkbox"/> Other: _____   |   |

**ADDITIONAL SCOPE OF SERVICES/PRIVILEGES:**

- |  |   |
|--|---|
| <input type="checkbox"/> Venous and arterial femoral artery cannulation  | <input type="checkbox"/> Discuss results of tests, procedures and treatments with patients and their families |
| <input type="checkbox"/> Physical examinations   | <input type="checkbox"/> Urinary bladder catheterization  |
| <input type="checkbox"/> Patient history   | <input type="checkbox"/> Nasogastric intubation and extubation  |
| <input type="checkbox"/> Discharge summary   | <input type="checkbox"/> Pulse Oximetry   |
| <input type="checkbox"/> Round and charting  | <input type="checkbox"/> Administer oral, intravenous, intramuscular medications                              |
| <input type="checkbox"/> Evaluation of inpatient-consultation  | <input type="checkbox"/> Wound Care   |
| <input type="checkbox"/> Assist or directed by attending physician with emergencies                                    | <input type="checkbox"/> Suctioning of Chest Tubes  |
| <input type="checkbox"/> Recording of and dictating of data to be placed in patient's medical records                  | <input type="checkbox"/> Removal of peripheral and central venous catheters, pleural tubes                    |
| <input type="checkbox"/> Cardiopulmonary resuscitation (under physician's direction when possible, alone if necessary) | <input type="checkbox"/> Managing and removal Intra-aortic Balloon Pump                                       |
| <input type="checkbox"/> Instruct patients and families regarding proposed tests, procedures and treatments            | <input type="checkbox"/> Thoracentesis  |
|  | <input type="checkbox"/> Removal of temporary transvenous pacer wires   |

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**In making application for appointment of privileges as an Allied Health Professional, I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested. I hereby agree to uphold the standards of practice at the Louisiana Heart Hospital and to adhere to those privileges granted to me and to abstain from those activities not granted. I certify that I have read the Policy for Credentialing Allied Health Professionals.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**I certify that the above applicant has had appropriate instruction and experience as an Allied Health Professional and can perform the above scope of services, and that I am aware of the policy governing Allied Health Professionals. I hereby agree to assume responsibility for his/her performance as an Allied Health Professional.**





\_\_\_\_\_  
Supervising/Sponsoring Physician (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising/Sponsoring Physician

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,  
Louisiana Medical Center and Heart Hospital