

Applicant Name: _____
LOUISIANA HEART HOSPITAL

RN FIRST ASSISTANT

Qualifications:

1. The RNFA must be licensed registered nurse in the state of Louisiana.
2. The RNFA must hold current certification in the operating room nursing (CNOR) by the American Operating Room Nurses Association.
3. The RNFA must be proficient in perioperative nursing practice in both scrub and circulating roles, with a minimum of two years of experience.
4. The RNFA must have completed a course in RN first assisting that includes a didactic portion and a clinical internship and utilizes the AORN Core Curriculum for the RN first assistant as a foundation.
5. The RNFA must provide evidence of current medical liability insurance.
6. The RNFA will not function as the RN circulator while assisting the operating surgeon.

Scope of Service Requested:

- Perform duties as defined within the limits of the Louisiana State Medical Board of Nursing.
- Assist with the positioning, prepping and draping of the patient; provide hemostasis by clamping blood vessels, coagulating bleeding points, ligating vessels, and by other means as direct and supervised by the surgeon.
- Provide exposure through appropriate use of instruments, retractors, suctioning and sponging techniques.
- Handle tissues as directed by the surgeon.
- Suture fascia, subcutaneous and skin tissues under the direction of the surgeon.
- Apply surgical dressings.
- Assist with transferring the patient from the operating room.
- Other: _____
- Other: _____

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 Name: _____
LOUISIANA HEART HOSPITAL

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