



LANE REGIONAL MEDICAL CENTER  
PRIVILEGES APPLICATION FORM  
First Assistant

R G A

\_\_\_ \_\_\_ \_\_\_ CORE PRIVILEGES:

\_\_\_ \_\_\_ \_\_\_ SPECIAL REQUEST:

\_\_\_ \_\_\_ \_\_\_ ASSIST AND PERFORM:

\_\_\_ \_\_\_ \_\_\_ PERFORMANCE OF HISTORY H&P:

\_\_\_ \_\_\_ \_\_\_ DICTATING:

\_\_\_ \_\_\_ \_\_\_ WRITE ROUTINE POSTOP:

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



Lane Regional  
Medical Center

1000 NE Oregon Street, Medford, OR 97504

**LANE REGIONAL MEDICAL CENTER  
PRIVILEGE REQUEST FORM  
FIRST ASSISTANT**

NAME: \_\_\_\_\_

**MINIMUM THRESHOLD CRITERIA FOR REQUESTING CORE FIRST ASSISTANT PRIVILEGES:**

**QUALIFICATIONS:**

- Minimal Requirements:
1. Licensed Registered Nurse with successful completion of an RNFA program that meets the AORN recommended education standards for RN first assistant programs; or  
Licensed and Certified Physician Assistant with documented surgical training or  
Licensed and Certified Nurse Practitioner with documented surgical training.
  2. Must have a signed practitioner's agreement with a surgeon who is an unrestricted member of the LRMC Medical Staff.

Required Previous Experience:

The successful applicant must be able to demonstrate to the surgeon that he or she has current clinical competence for the requested procedures.

Requested      Approved

**CORE PRIVILEGES:**

Privileges under the direction of the surgeon include the following:

- \* Assist surgeon with gowning, gloving, prepping and draping
- \* Assist surgeon with passing instruments or sutures and basic assisting
- \* Assist with providing exposure through use of instruments, suction and sponging
- \* Applies surgical instruments or devices
- \* Assist at all levels of surgical procedure including suture of skin and subcutaneous tissue (except plastic repair)
- \* Assist surgeon in providing hemostasis
- \* Debride skin and subcutaneous tissue
- \* Assist the physician in dressing changes

- \* Round with physician both pre-op and post-op.
- \* Assist with transferring patient from the operating room.
- \* Assist the physician with the education of discharge instructions

**SPECIAL REQUESTS: (Based on training and experience)**

	<u>Requested</u>	<u>Approved</u>
Assist and perform the application of dressings, splints and casts.	_____	_____
Performance of History and Physical (requires co-signature of physician within 24 hours)	_____	_____
Dictating progress notes and discharge summary to be reviewed, approved and co-signed by physician (within 24 hrs.)	_____	_____
Write routine postoperative patient management orders on the medical record per physician's protocol.	_____	_____
_____	_____	_____
_____	_____	_____

**Acknowledgment of Practitioner**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Lane Regional Medical Center  
First Assist Experience Supervising Surgeon's Statement**

Applicant: \_\_\_\_\_

**First Assistants MUST function in the operating room at all times under the DIRECTIONS of the surgeon.**

I will directly supervise all services provided by this Specified Professional Personnel Staffer while in the facility and will be responsible for those services. The applicant is covered by my malpractice insurance or by his/her malpractice insurance.

\_\_\_\_\_  
Signature of Supervising Surgeon

\_\_\_\_\_  
Date

## STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date