

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – Physician Assistant

Applicants Name: _____

Date: _____

R=Requested

NR=Not Requested

TA = Temporary Privileges

A=Approved

D=Denied

Procedure	R	NR	TA	A	D
Record history, including past family history from patient interview and/or physician					
Perform physical exam or screen patient before being seen by physician.					
Chart and implement verbal and telephone orders for the physician.					
Counsel the patient and family as to preventive and follow-up care, medical problems and use of prescribed treatments or drugs.					
Assist with diagnostic procedures.					
Order prescription drug or medications as specifically directed by responsible physician.					
Care of minor wounds, suture removal, drain removal and dressing changes.					
Application of casts/splints &/or removal of casts/splints					
Administer IV or IM medications specifically directed by the physician					
Placement of indwelling catheters.					
Correlate care of patients with other physicians.					
Dictate history and physical					
Dictate clinical resume including discharge instructions.					
Complete summary sheet to include admitting diagnosis and operations.					
Assist on surgical procedures including the following:					
Clamping of bleeders					
Retracting					
Cauterizing					
Suctioning					
Holding and cutting					
Application of dressing					
Suturing of wounds					
Administer local anesthetics as directed by surgeon					
Preparation of allograft					
Other:					

Applicant's Signature

_____ Date: _____

PHYSICIAN'S APPROVAL

I have reviewed the privileges requested by my employee. I understand that I am totally responsible for the performance of all activities of this applicant at the Facility while functioning under my direct supervision. I certify that this individual has liability coverage in the minimum amount required for privileges.

Signature: _____ Date: _____

Medical Director Approval of Temporary Privileges

_____ Yes No Date: _____

Administrator's Approval of Temporary Privileges

_____ Yes No Date: _____

Credentialing Committee Approval of Privileges

_____ Yes No Date: _____

Governing Board Approval of Privileges

_____ Yes No Date: _____

Category of Staff

Temporary Provisional Courtesy Active Emergent
 Date: _____ Date: _____ Date: _____ Date: _____ Date: _____