

# ARTESIA GENERAL HOSPITAL

Name: \_\_\_\_\_

EMERGENCY MEDICINE

**\*\*NOTE\*\*** The Emergency Medicine Physician Assistant should render sufficient care to stabilize a patient's condition to the best of his/her capabilities and training, under the supervision of a physician. As diagnostic aid, he/she should requisition and interpret laboratory and x-ray studies according to the needs of the patient in making a proper diagnosis.

## EMERGENCY MEDICINE PRIVILEGES

### GENERAL PRIVILEGES

\_\_\_\_\_ Initial evaluation and stabilization of life and/or limb threatening problems.

\_\_\_\_\_ Initial evaluation of patients presenting to the Emergency Room.

### SPECIFIC PROCEDURE PRIVILEGES

Specific procedure privileges needed in emergency classification other than simple emergency care:

PRIV PRIV  
REQ. GRANTED

#### Ophthalmology

- ( ) ( ) Foreign body removal from cornea (superficial) with and without slit lamp
- ( ) ( ) Corneal abrasions
- ( ) ( ) Conjunctivitis
- ( ) ( ) Tonometry (Shiotz)

#### ENT

- ( ) ( ) Removal foreign body, ear canal and nasal passage
- ( ) ( ) Tracheotomy/cricothyrotomy
- ( ) ( ) Epistaxis, evaluation and treatment – anterior and posterior

#### Surgery

- ( ) ( ) Repair of skin lacerations, all locations (need for plastic closure referral at discretion of the emergency or attending physician)
- ( ) ( ) Wound closure involving deep structures (excluding intracavitary closure or tendon repair, or procedure requiring general anesthesia)
- ( ) ( ) Intracavitary procedures
  - ( ) ( ) Paracentesis/peritoneal lavage
  - ( ) ( ) Thoracentesis – closed
  - ( ) ( ) Chest tube placement
  - ( ) ( ) Pericardiocentesis
  - ( ) ( ) Gastric aspiration and lavage (oral/nasogastric tube)
- ( ) ( ) I & D skin and subcutaneous abscesses – all locations not requiring general anesthesia

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## Surgery Con't

- ( ) ( ) Excision/Incision
  - ( ) ( ) Thrombosed hemorrhoids
  - ( ) ( ) Painful or bleeding polyps, warts, callouses, etc.; not requiring general anesthesia
  - ( ) ( ) Removal of foreign body not requiring general anesthesia
- ( ) ( ) Burns – emergency care; primary care of severe burns requiring hospitalization
- ( ) ( ) Vein cannulization – all locations including:
  - ( ) ( ) Central venous line
- ( ) ( ) Arterial tap for blood gas determination, all locations
- ( ) ( ) Arterial pressure monitoring lines

## Obstetrics/Gynecology

- ( ) ( ) Emergency delivery and third stage care
- ( ) ( ) Removal secundines – vaginal, cervical
- ( ) ( ) Initial treatment of toxemia
- ( ) ( ) Foreign body removal
  - ( ) ( ) Vagina

## Urology

- ( ) ( ) Catheterization (urethral)
- ( ) ( ) Male and female genitalia tract infections – diagnosis and treatment

## Medicine

- ( ) ( ) Emergency care for myocardial infarction including CPR to point of stabilization
- ( ) ( ) Emergency care cardiac arrhythmias – to point of stabilization
- ( ) ( ) Emergency care cardiac failure and/or pulmonary edema to point of stabilization
- ( ) ( ) Emergency care of all systemic diseases within the capabilities of the emergency physician or under the direction of the attending physician
- ( ) ( ) Spinal Tap

## Orthopedics

- ( ) ( ) Diagnosis, treatment including splinting or casting of simple undisplaced fractures
- ( ) ( ) Joint and bursae aspiration
- ( ) ( ) Emergency care of complicated fractures and stabilization of general condition – splinting, care of wounds preparatory for hospitalization and definitive care by attending physician
- ( ) ( ) Reduction dislocation
  - ( ) ( ) Fingers
  - ( ) ( ) Toes
  - ( ) ( ) Shoulder
  - ( ) ( ) Elbow
  - ( ) ( ) Patella

# ARTESIA GENERAL HOSPITAL

## Radiology

- ( ) ( ) Diagnostic interpretation of x-ray films as an aid to diagnosis when radiologist is not available in the care of emergency problems

## Laboratory

- ( ) ( ) Interpretation of laboratory studies as an aid in diagnosis

## Respiratory

- ( ) ( ) Endotracheal intubation (nasal and oral)  
( ) ( ) IPPB  
( ) ( ) Ventilator  
( ) ( ) Transtracheal insufflation

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Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Physician \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - For Committee Use Only

RECOMMENDED

NOT RECOMMENDED

Chairman, Credential Committee \_\_\_\_\_ Date: \_\_\_\_\_

Chairman, Executive Committee \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Medical Staff \_\_\_\_\_ Date: \_\_\_\_\_

Chairman, Board of Trustees \_\_\_\_\_ Date: \_\_\_\_\_



## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, understand that in performance of my duties at Artesia General Hospital, I am required to have access to and am involved in the processing of patient care data. I understand that I am obligated to maintain the confidentiality of these data at all times, both at work and off duty. I understand that a violation of these confidentiality considerations may result in disciplinary action, including termination. I further understand that I could be subject to legal action. I agree to comply with information security policies for Artesia General Hospital concerning the privacy and confidentiality consideration of patient care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MEDICAL STAFF SIGNATURE AUTHENTICATION FORM**

Medicare regulation 482.24, authentication of signature, requires that the medical records department maintain a current list of authenticated signature, written initials, codes and stamps, when such are used for authorship.

\_\_\_\_\_  
**Physician Name and Title (PRINTED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Initials

**Approved Signature Stamps or Seals:**

Original: Credential File  
CC: Pharmacy, Medical Records



## PHYSICIAN'S ACKNOWLEDGEMENT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) requires hospitals to obtain a signed ***Physician's Acknowledgement Statement*** from any physician who is being granted admitting privileges at that Hospital.

Your signature acknowledges that you have received the following notice [42 CFR 41246 (b)]:

*Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds, may be subject to fine, imprisonment, or civil penalty under applicable federal laws.*

\_\_\_\_\_  
**Physician Name and Title (PRINTED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
UPIN/NPI #



**BYLAWS ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_, acknowledge that I have read and understood the Medical Staff Bylaws, Rules and Regulations of Artesia General Hospital.

Furthermore, I agree to abide by all such Bylaws, Rules and Regulations, Hospital Policies and Directives during the time I remain appointed to the Medical Staff or Allied Health Professional Staff of Artesia General Hospital.

\_\_\_\_\_  
**Physician Name and Title (PRINTED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature