

**ARTESIA GENERAL HOSPITAL  
 DELINEATION OF CLINICAL PRIVILEGES  
 REGISTERED NURSE FIRST ASSISTANT (RNFA)**

Requested	Granted	
_____	_____	<b>General</b>
_____	_____	1. Transcribe supervising physician's verbal medical orders to the medical record.
_____	_____	2. Administer specified treatment and therapeutic modalities as prescribed by the supervising physician for which he/she has demonstrated competency.
_____	_____	3. Assist the supervising physician in administering treatment or any medical- surgical intervention for which she has demonstrated competency.
_____	_____	4. Accompany the supervising physician to the Emergency Department for patient assessment
_____	_____	5. Document/dictate progress notes for treatments, to be reviewed and co-signed by the supervising physician.
		6. Interpret supervising physician orders for Hospital staff members.
		<b>Pre-Operative</b>
_____	_____	1. Dictate History and Physical examination to be reviewed, approved, and co-signed by the supervising surgeon (It is the responsibility of the physician to perform the physical exam).
_____	_____	2. Provide pre-operative patient education and emotional support.
_____	_____	3. Assist in preparing patient pre-operatively.
		<b>Intra-Operative</b>
_____	_____	1. Collaborate with the supervising surgeon and other professionals for an optimal surgical outcome.
_____	_____	2. Assist with patient positioning, skin preparation and draping.
_____	_____	3. Provide wound exposure through appropriate use of instruments, retractors, suctioning, and sponging techniques
_____	_____	4. Handle tissue appropriately as directed by the surgeon.
_____	_____	5. First Assistant to the supervising surgeon under his <u>direct</u> supervision (cut, sew, and tie tissue) in the Operating Room. (Surgeon must physically remain in the Operating Room), with use and manipulation of surgical instruments skillfully.
_____	_____	6. Assist anesthesia personnel with intubation and extubation if need arises.
_____	_____	7. Provide hemostasis by means directed by the supervising surgeon.
		8. Apply surgical dressings.
		9. Recognize safety hazards and initiate appropriate corrective actions.
		10. Apply principles of infection control and asepsis skillfully.
		<b>Post-Operative</b>
_____	_____	1. Assist in the safe delivery of the patient to the PACU or SCU.
_____	_____	2. Write routine postoperative patient management orders on medical record (per surgeon's protocol) which must be reviewed and co-signed by the supervising surgeon.
_____	_____	3. Interpretation of surgeon orders for members of the Hospital staff.

**RNFA CLINICAL PRIVILEGES CONT'D**

- \_\_\_\_\_ 4. Make independent rounds to assist in clinical assessment, institute and participate in post-operative patient education and discharge planning process.
- \_\_\_\_\_ 5. Dictate progress notes and Discharge Summary to be reviewed, approved, and co-signed by the supervising surgeon.
- \_\_\_\_\_ 6. Provide communication to appropriate Hospital personnel and family members.
- \_\_\_\_\_ 7. Removal of skin sutures, skin staples, and drains.

**Items specifically excluded from RNFA nursing practice in this Hospital are:**

- 1. Performing independent primary history and physical examination by the RNFA.
- 2. Initiating independent therapeutic measures not specifically prescribed by the supervising physician.
- 3. Assuming the physician's responsibility for making visitations to patients in any clinical area of the Hospital.
- 4. Altering the physician's prescriptions or medical plan of care.
- 5. Performing functions which violate the New Mexico Nurse Practice Act and/or AORN Scope of Practice for RNFAs.

Privileges Requested: Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Privileges Reviewed: Date: \_\_\_\_\_ Chief of Staff: \_\_\_\_\_

Privileges Granted: Date: \_\_\_\_\_ Chairman of the Board: \_\_\_\_\_



## 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