

ALLIED HEALTH PROFESSIONAL STAFF
REQUEST FOR PRIVILEGES

Requested:

Approved:

ASSIST - UNDER DIRECT SUPERVISION OF PHYSICIAN ON NURSING UNITS

- ___ Insertion/removal of drains _____
- ___ Anterior nasal packing for epistaxis _____
- ___ Application of traction _____
- ___ Apply cast and remove cast _____
- ___ Removal of impacted cerumen _____
- ___ Sprains _____
- ___ Strapping _____
- ___ Casting _____
- ___ Splinting _____
- ___ Fractures _____
- ___ Strapping _____
- ___ Casting _____
- ___ Splinting _____

Requested:

Approved:

MAY PERFORM INDEPENDENTLY AT THE DIRECTION OF PHYSICIAN
WITHOUT DIRECT SUPERVISION

- ___ Dressing changes _____
- ___ Provide patient education _____
- ___ Transcribe verbal orders from the physician _____
 to be countersigned within 24 hours
- ___ Urinary bladder catheterization _____
- ___ Take wound cultures _____
- ___ Remove suture at direction of surgeon _____

ALLIED HEALTH PROFESSIONAL STAFF
REQUEST FOR PRIVILEGES

Requested:

Approved:

OTHER (List in detail)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby request the above privileges for which I am trained and experienced to perform. I understand that the privileges requested may differ from those finally approved. I further understand that the completion of this form does not preclude me from requesting additional privileges in the future.

Signature of Applicant

Date

I hereby sponsor above signed applicant while acting under my direction and/or while attending to the needs and concerns of my patients only.

Signature of Sponsoring Physician

Date