



Atrium Health Cabarrus

DELINEATION OF PRIVILEGES
SPECIALTY OF ANESTHESIOLOGY

Atrium Health Cabarrus

Physician Assistant/Nurse Practitioner
Delineation of Privileges

Name: _____

_____ Title

Department – Anesthesiology

Initial Appointment Reappointment

To be Completed by the Physician Assistant/Nurse Practitioner		To be Completed by the Primary Supervising Physician			
	Privilege Requested	Recommended with Supervision			Comments
		General	Proximate	Personal	
<i>Core Privileges</i>					
	Obtain and document medical history				
	Perform and document physical examination				
	Assess psychosocial and cognitive abilities and limitations				
	Order and interpret commonly performed laboratory, radiologic and other diagnostic studies				
	Conduct daily patient rounds and progress notes				
	Complete and document discharge summaries				
	Initiate appropriate medical therapy per established guideline				
	Develop treatment plan				
	Dressing changes				

Complete and document social services transfer/ discharge summaries					
Write appropriate orders for inpatients, outpatients and emergency patient					
Educate and counsel patients regarding their condition, progress, and discharge instruction					
Prescribe, order, administer and dispense medication according to DEA Certificate					

To be Completed by the Physician Assistant/Nurse Practitioner		To be Completed by the Primary Supervising Physician			
Procedures	Privilege Requested	Recommended with Supervision			Comments
		General	Proximate	Personal	
Draw venous blood					
Draw arterial blood					
Administer IM, IV, and SC injections of medications					
Cleaning and debriding of wounds					
Administer local infiltrate anesthesia					
Casting/splinting and orthopedic device placement					
Suturing lacerations/single and multi-level					
Lumbar puncture					
Traction application and adjustment					
Joint aspiration and medication injection					
First or second assist in surgical procedures					
Suture wounds					
Remove sutures, staples, drains					
Foreign body removal					
Incision and drainage of abscesses					
Bladder Catheterization					

DEFINITIONS FOR EACH LEVEL OF SUPERVISION

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Physician Assistant/Nurse Practitioner.

1. “**General Supervision**” shall mean the procedure is performed under the supervising physician’s overall direction and control, but the physician is not required to be present during the procedure. General supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. “**Proximate Supervision**” shall mean the physical presence of a supervising physician in the hospital, in close proximity and immediately available to provide assistance and direction to the Physician Assistant/Nurse Practitioner as needed.
3. “**Personal Supervision**” shall mean the physical presence of a supervising physician in the room with the Physician Assistant/Nurse Practitioner during the performance of a procedure.

Acknowledgement of practitioner

I have requested only those procedures for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Carolinas HealthCare System NorthEast and I understand that in exercising any clinical services granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature of Applicant

Date

Print Name

Primary Supervising Physician Statement

I have reviewed this applicant's request for clinical privileges and agree that all privileges requested will be necessary in the performance of this applicant's duties as my Physician Assistant/Nurse Practitioner. I understand that I am responsible for the clinical performance and competence of this individual and I agree to assume responsibility for this practitioner in the performance of his or her duties as outlined.

Signature of Primary Supervising Physician

Date