

Atrium Health Cleveland

Privileges: Physician Assistant (Surgery)

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
- I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

N/A – NO MAINTENANCE CRITERIA

STOP:

UNLESS YOU ARE REQUESTING NEW OR ADDITIONAL PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT

Atrium Health Cleveland

Privileges: Physician Assistant (Surgery)

Name _____

Qualifications

Surgery Physician Assistant

- Must successfully complete a recognized and accredited PA course;
- Obtain a passing grade on the PA examination;
- Be employed by **Atrium Health Cleveland** with the supervising physicians on the active Medical Staff or be employed and supervised by an active Medical Staff member(s) of **Atrium Health Cleveland**.
- Obtain a license and be registered with the Board of Medical Examiners for the State of North Carolina.

Surgery Physician Assistant Privileges

Privileges	Requested	Not Requested	Recm'd	Not Recm'd
1. History and Physicals				
2. Discharge Summary				
3. Progress Notes				
4. Order all blood work tests, radiological tests				
5. Immobilization with splints, braces and casts, physical therapy such as gait training, ultrasound, traction and other physical therapy modalities.				
6. Prescribing of drugs which is the approved formulary with the North Carolina Medical Board				
7. Assisting the surgeon in the operating room which will include the positioning of the patient as well as shaving, prepping, and draping.				
8. Assist in the operating room, which may entail retraction as well as wound closure, dressing application or splinting and casting.				
9. Post operative orders and notes will also be undertaken by the PA				
10. Pain associated with a cast may be evaluated and treated with windowing, trimming, splitting, wedging or complete cast change.				
11. Suture removal				
12. Swollen joints or bursas may be aspirated if needed for relief of pain or to assist in diagnosing.				
13. Simple wound closure of skin and subcutaneous tissues will be performed by the PA				
14. Soft tissue injection of steroids and local anesthetics may be accomplished if indicated and under the instruction of the physician.				

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Privileges	Requested	Not Requested	Recm'd	Not Recm'd
<p>15. Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine in accordance with all laws, regulations, hospital guidelines and the bylaws of the Medical and Dental Staff. The Supervising Physician shall remain responsible for all clinical activity of the Allied Health Professional.</p> <p>PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</p>				
<p>16. Emergency care of fractures and dislocations, including splinting- <i>the physician will be contacted prior to the patient leaving the emergency department and discharge.</i></p>				

Identification of Physician Assistants:

In accordance with NCMB Regulations and hospital bylaws, the physician assistant will display on his/her name

Comments: _____

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health Cleveland and

I understand that:

In exercising any clinical privileges 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.

Signed: _____

Date: _____

Atrium Health Cleveland

Sponsoring Physician (s):

In my opinion, this applicant is physically and mentally capable of performing the current privileges requested.

Sponsoring Physician (Signature) Date

Sponsoring Physician (Print) Date