

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - OPTOMETRIST**

Initial       Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested   G = Recommended As Requested   C = Recommended with Conditions   N = Not Recommended**

**R   G   C   N   POPULATION**

|       Adults: 13 - 65 Years

|       Geriatrics: Over 65 Years

**R   G   C   N   PRIVILEGES WITH SUPERVISION (b)**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accept lab information from Laboratory on floors (1,2,3,4,7)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit/discharge patients in consultation with supervising physician (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Answer pages from floor in regard to specific patient (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist in filling out request forms signed by supervising physician (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check that appropriate imaging studies are available and displayed properly (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check that the instruments and equipment to be used are available (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dictate discharge summaries, which will be reviewed by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1,2,3,4,7)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have special equipment/material available as needed for certain procedures, under direction of surgeon and through hospital's centralized procurement of supplies not routinely stocked (1,2,3,4,7) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and institute management therapies as directed by the supervising physician (1,2,3,4,7)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for diagnostic studies appropriate to the diseases seen as directed by the supervising physician (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for medications as directed by the supervising physician (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for routine blood tests as directed by the supervising physician and interpret their results (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for routine imaging studies as directed by the supervising physician and interpret their results (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders to include diet and activity levels as directed by the supervising physician (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform and document patient education as deemed necessary (1,2,3,4,7)  |

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**R   G   C   N   PRIVILEGES WITH SUPERVISION (b)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform patient hospital rounds and write progress notes (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-op visit to see patient following surgery to determine status of operative eye, and then notify physician regarding status (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare patient/family for discharge (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare the patient for physician's evaluation (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-op visit to see patient prior to surgery to answer questions (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient instructions as deemed necessary (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient teaching as deemed necessary (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove and/or apply dressings to observe the status of surgical incisions or wounds (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review and document in the Medical Record (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule diagnostic and/or surgical procedures (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1,2,3,4,7)

**R   G   C   N   PRESCRIPTIVE PRIVILEGES - Controlled Substances**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3 (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3N (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 4 (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 5 (1,2,3,4,5,6,7,8)

**R   G   C   N   PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescriptive Privileges (1,2,3,4,5,6,7,8) (See list of exclusions, if any)
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**LEHIGH VALLEY HEALTH NETWORK**  
**CEDAR CREST & I-78 PO BOX 689**  
**ALLENTOWN, PA 18105-1556**  
**CLINICAL PRIVILEGES IN AHP - OPTOMETRIST**

Name \_\_\_\_\_

**Qualifications:**

Will function in joint collaboration with the physician or physician group with which she/he is associated.

**SITES OF PRIVILEGES**

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 4 – Fairgrounds Surgical Center
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 12 - LVH-Schuylkill Surgery Center

**DEFINITION OF SUPERVISION**

(a) **DIRECT SUPERVISION** - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.

(b) **SUPERVISION** - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.

(c) **SUPERVISING PHYSICIAN IN ATTENDANCE** - Physical presence of supervising physician in room.

\* **ATTENTION SUPERVISING PHYSICIAN:** Your signature, title and date are required on the first line of the signature page of this document.

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL AREA AHP - OPTOMETRIST

Name \_\_\_\_\_

### Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*Recommendations\*\*\*

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

### EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

### SUPERVISING PHYSICIAN (AHPs ONLY)

_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date

