LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - PA - PULMONARY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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)
☐	☐	☐	☐	Accept lab information from laboratory (1,2,3,4,5,6)
☐	☐	☐	☐	Admit/discharge patients on consultation with supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Answers pages from floors in regards to specific patient (1,2,3,4,5,6)
☐	☐	☐	☐	Assist in filling out request forms signed by supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Dictate discharge summaries which will be reviewed and countersigned by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate and take orders for medications as directed and countersigned by the supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate and take orders for other diagnostic studies appropriate to the diseases seen as directed and countersigned by the supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate and take orders for routine blood tests as directed and countersigned by the supervising physician and interpret their results (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate and take orders for routine x-rays as directed and countersigned by the supervising physician and interpret their results (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate and take orders to include diet and activity levels as directed and countersigned by the supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Initiate appropriate evaluation and emergency management for emergency situations (cardiac arrest, respiratory distress, hemorrhage) (1,2,3,4,5,6)
☐	☐	☐	☐	Inject appropriate vaccines and medications including antibiotics, antimigraine medications, antiemetics, corticosteriods, anxiolytic agents, and analgesics (1,2,3,4,5,6)
☐	☐	☐	☐	Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1,2,3,4,5,6)
☐	☐	☐	☐	Perform and document patient education as appropriate (1,2,3,4,5,6)
☐	☐	☐	☐	Perform history and physical examination of specific patients, interpretation and evaluation of data, and formulation of treatment protocols in conjunction with supervising physician (1,2,3,4,5,6)
☐	☐	☐	☐	Perform patient hospital rounds and write progress notes countersigned by supervising physician (1,2,3,4,5,6)

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R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
☐	☐	☐	☐	Place intravenous lines when indicated (1,2,3,4,5,6)
☐	☐	☐	☐	Prepare patient/family for discharge (1,2,3,4,5,6)
☐	☐	☐	☐	Pronouncement of death (1,2,3,4,5,6)
☐	☐	☐	☐	Provide and document patient instructions as needed (1,2,3,4,5,6)
☐	☐	☐	☐	Provide and document patient teaching as deemed necessary (1,2,3,4,5,6)
☐	☐	☐	☐	Remove and/or apply dressings to observe the status of surgical incisions or wounds (1,2,3,4,5,6)
☐	☐	☐	☐	Remove sutures at appropriate time or when requested by the attending physician (1,2,3,4,5,6)
☐	☐	☐	☐	Review and document in Medical Record (1,2,3,4,5,6)
☐	☐	☐	☐	Triage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1,2,3,4,5,6)

R	G	C	N	PRESCRIPTIVE PRIVILEGES - Controlled Substances
☐	☐	☐	☐	Schedule 2 (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Schedule 2N (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Schedule 3 (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Schedule 3N (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Schedule 4 (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Schedule 5 (1,2,3,4,5,6,7,8)

R	G	C	N	PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances
☐	☐	☐	☐	Prescriptive Privileges (1,2,3,4,5,6,7,8) (See list of exclusions, if any)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - PA - PULMONARY

Name_____

Qualifications:

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

All verbal and telephone orders must be signed by the Physician Assistant within seven (7) days. All orders must be countersigned by the Supervising Medical Staff member within ten (10) days for the following:

1. For the first twelve (12) months the Physician Assistant is practicing post-graduation and initial licensure.
2. For the first twelve (12) months the Physician Assistant is practicing in a new specialty.
3. For the first six (6) months the Physician Assistant is practicing in the same specialty, but is located in a new practice area.

All written/electronic orders must be countersigned by the Supervising Physician within ten (10) days.

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 - PA - PULMONARY

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