

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - RN FIRST ASSISTANT**

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

Name \_\_\_\_\_

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

**R   G   C   N   POPULATION**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years (Fairgrounds Surgical Center, LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years   |

**R   G   C   N   PRIVILEGES WITH DIRECT SUPERVISION (a)**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Apply instruments (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of patient, positioning and draping on operating table for correct surgical exposure (1,2,3,4,5,6) |

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

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aid physician in admission process (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Answers pages from floors (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain x-ray and laboratory data (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain preliminary report such as history, prior operations, meds and allergies (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform history and physical examinations of specific patients, in conjunction with and countersigned by the supervising physician (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform patient hospital rounds and write progress notes countersigned by supervising physician (1,2,3,4,5,6)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide and document patient instructions as needed (1,2,3,4,5,6)  |
| <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 (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remove sutures/staples at appropriate time or when requested by supervising physician (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write orders as directed by and signed immediately by the physician (1,2,3,4,5,6)  |

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - RN FIRST ASSISTANT**

Initial       Renewed

Name \_\_\_\_\_

Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

**R   G   C   N   PRIVILEGES WITH SUPERVISING PHYSICIAN IN ATTENDANCE (c)**

|                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist in opening and closing of all incisions (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist with closure of skin/subcutaneous tissues (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exposing operative area for surgeon with retractors, forceps or clamps (1,2,3,4,5,6)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Holding of instruments for the surgeon while he/she works about a particular retractor or hemostat (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide hemostasis by cautery, suture ligation and clamping (1,2,3,4,5,6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retraction (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sponging (1,2,3,4,5,6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of suction (1,2,3,4,5,6)   |

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN AHP - RN FIRST ASSISTANT

Name \_\_\_\_\_

### Qualifications:

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

### SITES OF PRIVILEGE

- 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

### DEFINITIONS 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 - RN FIRST ASSISTANT

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           |

