

# POLK MEDICAL CENTER

## Physician Assistants Functions Request

Applicant Name \_\_\_\_\_

Supervising Physician \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Please check patient care functions requested and note the degree of supervision, **direct** or **indirect**, by each.

Patient Care Functions	Direct	Indirect	Approved
HOSPITAL DUTIES			
1. Obtain history and perform physical exam			
2. Order routine tests such as: CBC, urinalysis, X-rays, EKGs <b>(to be countersigned by the responsible physician)</b>			
3. Check-up of established patients			
4. Perform and dictate discharge summary			
5. Perform and dictate history and physical exam			
6. Administration of medication such as: a. Intramuscular b. Intravenous c. Subcutaneous d. Rectal e. Blood transfusion f. Chemotherapy g. Other			
7. Entries on progress notes			
8. Admit patient to service of physician			
9. Make rounds for physician			
10. Drawing of venous blood, <b>NOT</b> to include femoral vein			
11. Drawing of venous blood, to include femoral vein		XXXXXX	
12. Writing pre-op and post-op orders on charts <b>(to be countersigned by the responsible physician)</b>			
13. See patients in Emergency Room			
MEDICAL PROCEDURES			
1. Application and removal of plaster		XXXXXX	
2. Apply and set up traction		XXXXXX	
3. Insertion of intravenous needles and catheters			
4. Insertion of Foley catheter			
5. Cardiopulmonary resuscitation <b>(EMERGENCY – NO MD AVAILABLE)</b>			
6. Insertion of nasal gastric tubes			
7. Insert nasogastric tubes and perform gastric lavage			
8. Insertion of endotracheal tubes <b>(EMERGENCY ONLY)</b>			
SURGICAL PROCEDURES			
1. Suture of minor laceration			
2. Removal of sutures			

\_\_\_\_\_  
Applicant

Patient Care Functions	Direct	Indirect	Approved
3. Closing of incisions			
4. Perform First Assistant's duties		XXXXXX	
5. Assist with minor surgical procedures in the presence of attending physician		XXXXXX	

PLEASE USE ADDITIONAL SHEET FOR ADDITIONAL PATIENT CARE FUNCTIONS, DOCUMENTATION, AND COMMENTS.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Physician

APPROVED PMC:

\_\_\_\_\_  
President, Medical Staff

\_\_\_\_\_  
Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

\_\_\_\_\_  
Date

\_\_\_\_\_ Concur with Credential Committee's recommendation and forward to governing body

\_\_\_\_\_ Return to Credentials Committee for clarification of the following: \_\_\_\_\_

**BOARD APPROVAL:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Date