## PROCEDURAL/NON-SURGICAL PROCTORING REPORT

## PROCTORING REPORT TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REPORT REQUEST

OBSERVED PRACTITIONER:					
20.00-EMERGENCY MEDICINE CORE (Must be procted	ored on 27 hours or greater)	MEETS STANDARD OF CARE	DOES NOT MEET STANDARD OF CARE	# HOURS	N/A
Privileges to assess, stabilize, perform history and physical exam treatment to patients presenting to the Emergency Department wi including trauma.  Privileges include provisions of those necessary to ameliorate mir to determine if additional treatment or treatment not within the scoemergency physician is necessary.  Privileges also may include airway – emergency intubation; airway pericardiocentesis, thoracotomy, chest thoracosctomy, central accardiopulmonary resuscitation, cardioversion, moderate sedation, central venous access; pediatrics; and obstetrics/gynecology.  Not included in this core are privileges to admit for inpatient care	th any condition, illness, injury, or symptoms, or illnesses or injuries, and to assess all patients pe of expertise, training, or privileges of the y – rapid sequence induction; chest procedures – cess; cardiac emergencies – including deep sedation, defibrillation, thrombolytics,			_	
		<u> </u>	DOES NOT		
<b>20.05-CORE PRIVILEGES PHYSICIAN ASSISTANT</b> (Must be proctored on 30 hours or greater)	-EMERGENCY DEPARTMENT	MEETS STANDARD OF CARE	MEET STANDARD OF CARE	# HOURS	N/A
<ol> <li>CORE PRIVILEGES: Provides care to assigned patients (Eme on-site Emergency Department physician supervision in accordagreement.</li> <li>Performs the evaluation, management, and disposition of non history and physical examinations including pelvic and rectal.</li> <li>Performs the initial evaluation/medical screening examination Department. A physician will be immediately notified and as.</li> <li>Performs diagnostic testing and medical treatment for any pelanteristic test results (laboratory studies, EKG's, plain films).</li> <li>Assist physicians with the management, education and dispositest results.</li> <li>Provides answers to questions for patients and provides test results.</li> <li>Provides answers to questions for patients discharged from Write orders including discharge orders</li> <li>Drug management and writing prescriptions for (a) schedule controlled drug formulary; (c) non-controlled medications.</li> </ol>	ordance with a delegation of service in-critical care patients. This includes performing exams. In on any patient presenting to the Emergency sume management of any critically ill patient. attent presenting to the Emergency Department. In ordinary patient. In o				
20.10- CORE PRIVILEGES PHYSICIAN ASSISTANT-EMERGENCY DEPARTMENT  MEETS  DOES NOT					
(Must be proctored on 3 procedures) 1 2	3			MEET STANDARD OF CARE	N/A
PROCEDURES: Perform the following:  Burn treatment, laceration repair, wound debridement, incision and drainage, ingrown nail resection, nail plate removal, digital/facial/tooth nerve block, subungal hematoma drainage, reduction of joint dislocations not requiring sedation, splint application, foreign body removal, cerumen disimpaction, fecal disimpaction, treatment of epistaxis, suture removal, bladder catheterization, bladder irrigation, gastrostomy tube replacement, nasogastric tube placement, peripheral/external jugular vein venous catheter placement, diagnostic/therapeutic knee joint aspiration, closed reduction of phalanx/metacarpal fractures, removal of IUD, CPR, EKG, wound packing, tonometry eye irrigation, slit lamp examination, suctioning of nose/mouth/pharynx/tracheostomy, assist physician with any procedure.					
COMMENTS:					
PROCTOR NAME PROCTOR SIGNATURE			DATE		