

**DELINEATION OF PRIVILEGES  
REGISTERED NURSE FIRST ASSIST**

NAME: \_\_\_\_\_

INITIAL APPOINTMENT/REAPPOINTMENT  
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	GENERAL		
	Assist with patient delivery, transfer, positioning, prepping and draping as collaborated with surgeon, scrub and circulator nurses		
	Handle tissue to avoid unnecessary trauma and manipulate anatomical structures to facilitate safe completion of surgical procedures		
	Provide exposure through appropriate use of instruments, retractors, suction, sponging techniques, and by other means as directed by the surgeon		
	Provide homeostasis by clamping, coagulating, ligating, suturing, electrical cautery clips, and other means as directed by the surgeon		
	Perform wound closure as directed by the surgeon including suturing fascia, subcutaneous layers and skin		
	Assist in securing drains, cleaning of patient and dressing application after the procedure is completed		
	Assist with the transfer of the patient to PACU, accompanying team members and supplementing communication salient to positive patient outcomes		
	Conduct immediate postoperative visits with the patient's family/significant others, with the surgeon as requested or independently		
	Receive and write verbal orders at the verifiable direction of the responsible physician		

\_\_\_\_\_  
Signature of Allied Health Professional

\_\_\_\_\_  
Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

\_\_\_\_\_  
Sponsoring Physician's Signature

\_\_\_\_\_  
Date