



Baylor Scott & White

TEXAS SPINE & JOINT HOSPITAL

TYLER

Joint ownership with physicians

DELINEATION OF PRIVILEGES

CRITICAL CARE - TELEMEDICINE

NAME: _____

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Assess, evaluate, diagnose, treat, monitor, and provide consultation to patients in the intensive care setting		
	Obtain history and perform limited physical exam with assistance of nursing staff		
	Initiate emergency resuscitation and stabilization measures on any patient		
	Order and interpret appropriate diagnostic tests		
	May initiate/revise and enter orders for medication and treatments in the medical record, including standing orders		
	May record pertinent data on the medical record, including consultation and progress notes		
	Evaluation and management of emergent situations (including, but not limited to cardiac arrest, respiratory distress, injuries, hemorrhage)		
	Airway management and oxygen therapy, including noninvasive positive pressure ventilation and ventilator management		
	Prescriptive Orders – Over the counter, prescription only, and Controlled Substances to include 2, 2N, 3, 3N, 4, 5		
	Collaborate with all members of the healthcare team in planning, implementing, monitoring and evaluating comprehensive healthcare for adult critical care patients		
	Provide patient/family education and counseling		

Physician's Signature

Date

ALLIED HEALTH:

Practitioner's Signature

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 Printed Name

Sponsoring Physician's Signature

Date