

(Facility Letterhead)
(Today's Date)

In compliance with statute 17-105-101, a copy of this agreement will be kept on file at all Arkansas practice sites and with the Arkansas State Medical Board. This agreement will go into effect (list date here). It will be updated as necessary to reflect changes in the practice.

Physician Assistant Protocol and Delegation of Services Agreement for (Name of PA)

Name of Facility

List all locations PA will work

Address of Facility

Phone Number of Facility

Fax Number of Facility

Supervising Physician: _____ License #: _____

*Backup Supervising Physician/s: _____ License #: _____

*Provide list of back up physicians as they are added

Emergency services and procedures to be performed by the physician assistant in the Emergency Room of
_____: (be specific in your list as indicated in the example below)

- General patient histories including chief complaint, past medical history, social history, allergies, medications
- Perform Medical Screening Exam
- Order lab and imaging tests
- General physician exams including rectal exams and exams of the genitalia with appropriate chaperone
- Start IV's
- Venipuncture for blood specimen collection
- Suture simple wounds (no tendon, vascular, nerve injuries)
- Medication injections
- Application of splints
- Incision and drainage of superficial abscess
- Nasogastric tube placement
- Placement of urinary catheter
- Wound debridement and dressing change
- Microbiologic sampling from eyes, nose, mouth, throat, ears, vagina, rectum, wounds
- Administer local infiltrative anesthesia
- Administer supplemental oxygen
- Administer intramuscular, subcutaneous and intravenous injections
- Administer fluid and electrolyte therapy
- Apply orthopedic splints and wrappings
- Reduction of dislocated phalanges
- Heimlich maneuver
- Initiate CPR
- Bag-Valve-Mask respiratory assistance
- ACLS Certified
- Initiate referrals to appropriate healthcare professional for medical issues that require immediate intervention, out-patient follow-up or who provide care that is outside the scope of Emergency Department practice. This will be done in consultation with the supervising Emergency Department physician.
- Perform peak flow measurements
- Perform arterial blood gas sampling
- Urinary bladder catheterization (Foley catheter or straight catheter placement only)
- Anterior nasal packing
- Administer medications per the DEA schedule 3, 3N, 4, 5 (including immunizations)
- Simple foreign body removal from the eye which only involves use of cotton swabs or gentle irrigation.

Medications to be prescribed by the physician assistant (pending DEA and ASMB approval, be specific in your list as indicated in the example below)

- All non-controlled medications with the following exceptions:
 - Chemotherapeutic agents
 - Immunosuppressive agents with the exception of steroids
 - Thrombolytic agents
- Controlled medications within Schedules III, IV, V

Type and Frequency of Supervision by the Supervising Physician:

The Emergency Department physician assistant will work under the supervision of the Supervising Physician or a Back-Up Supervising Physician on duty throughout the shift.

Each patient will be presented to and seen by the supervising physician or back up supervising physician at some point during their visit, before they are discharged from the department. If a physician assistant has any reservation about any part of a patient's status or treatment, it is the expectation that they will immediately consult with the supervising or back-up physician before continuing with any diagnostic or treatment activity.

Process of Evaluation by Supervising Physician and Back-up Supervising Physician:

- The Supervising Physician or Back-Up Supervising Physician will review and countersign all documentation of the physician assistant patient encounters throughout their employment in the Emergency Department.

Printed Name of PA: _____

Signature of PA: _____ *Date:* _____

Printed Name of Supervising Physician: _____

Signature of Supervising Physician: _____ *Date:* _____

**Printed Name of Back Up Supervising Physician:* _____

Signature of Back Up Supervising Physician: _____ *Date:* _____

**(Please add appropriate signatures lines for additional back up supervising physicians)*

Signature of Arkansas State Medical Board:

PA Chairman

Date

Board Seal

